

War Office by one of their own officers, good quarters, good food, good service, liberal off-duty time, and good care when ill, on full pay for twelve months and half-pay for six months, if necessary.

Miss Browne concluded by enumerating the necessary qualifications, and mentioned that there were at present some six vacancies for Staff Nurses who could be appointed at once. Anyone present obtaining an appointment would never regret it.

THE TERRITORIAL FORCE NURSING SERVICE.

Miss Browne stated that Miss Haldane, the Chairman of the afternoon, had originated the idea of this Service and that it was in a great measure owing to her continued interest in the Service that it had been so successful.

It was on March 6th, 1908, that a meeting of London Matrons was called at the War Office at which Lord Haldane presided, and the details of the scheme were laid before it by the Chairman and the Director General.

An Advisory Council of nursing and lay members was then formed at the War Office and Queen Alexandra signified her willingness to be President, the Chairman was the Director General of the Army Medical Service, and Miss Haldane, Vice-Chairman. The organization of the Service included a Matron-in-Chief at the War Office, as Executive Officer. Local Committees whose main duties, in connection with each hospital were to enrol the sisters and nurses willing to serve in time of imminent national danger, to revise the Roll annually, to submit the names of the Matrons whom they recommended for appointment to the Territorial Force hospitals, and to serve as a nursing committee on the mobilization of the Territorial Force.

The speaker then detailed the duties of the Principals, Matrons, and the conditions of appointment to the Service. She mentioned the usefulness of a knowledge of foreign languages, and said that there ought to be in each hospital at least a dozen Sisters and Nurses who could speak French and German fluently.

POOR LAW NURSING AND ITS PROGRESS IN SCOTLAND.

Miss M. Wright, Matron of the great Poor Law Hospital at Stobhill, Glasgow, remarked that retrospection was seldom cheering, and this was true where Poor Law nursing in the eighteenth century, and previously was concerned. The patients were nursed by pauper inmates, special attention being given to those who were able and willing to give the pauper-nurse money, but those whom nobody owned were sadly neglected. Drastic changes were necessary. In 1880 trained nursing was introduced at the Barnhill Poorhouse Hospital, Glasgow. Craiglochart Poorhouse Hospital, Edinburgh followed suit in 1881, other hospitals followed, and since 1893 the training

of nurses had been steadily going on, and even the remote country Poorhouses had now their trained nurses for the sick poor.

Poor Law Hospitals were now, in many instances entirely separated from the Poorhouses, the nursing departments were organized in the same way as those of well managed infirmaries, and a certificate was given at the end of three years' training after examination. The Local Government Board for Scotland also held examinations twice a year, and granted certificates. The patients had the best chance of regaining health and strength, everything was done to make chronic and incurable patients comfortable and happy, children were born into the world amidst clean, comfortable surroundings, those admitted had every opportunity of development, and received the necessary care to rid them of disease which might otherwise ruin their lives.

Comparing the training in civil hospitals and poor law hospitals, Miss Wright enumerated the advantages of each, and said that nurses were looking forward to the day when State Registration of Nurses would be put into force. General and Poor Law Nurses would then have the same standard of uniform professional training, and the same examinations, and this would be wholly in the best interests of the sick.

Miss Wright hoped the day was not far distant when all nurses would have shorter hours, and said that after 12½ hours on duty it was impossible for probationers to study.

In conclusion she pointed out that if a woman did not enter a training school prepared to give her best, no school could make her a good nurse.

COLONIAL NURSING.

Miss Alice Middleton (Secretary of the Colonial Nursing Association) then presented a paper on its work, which began by sending out two nurses to Mauritius in 1896. Since then it had sent 280 nurses to private work, and the work of the Association had attracted the attention of Mr. Joseph Chamberlain, when Secretary of State for the Colonies, and 531 nurses had been recommended for work in connection with that State Department by the Committee.

MISSIONARY NURSING.

Miss P. Baldwin, Mission Nurse for Diabekr, Turkey, spoke of the Missionary Nurse, her opportunities for work, and the great need of workers. She said that the pioneers of the profession had a great love and pity for suffering humanity, and an intense desire to give practical expression to that love in efficient service. It was this love that led hundreds of the best nurses to the slums of big cities, to the factory and colliery centres, to the lonely places of our own land, and to the dark and disease-stricken places of other lands.

In considering the suitability of a nurse for missionary work, Miss Baldwin said that she must be strong and healthy, with a good fund of

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