

that the proposed action of the London County Council in relation to the registration and inspection of nursing homes was first brought to her notice at a meeting of the National Council of Trained Nurses on March 12th. A protest was made by the National Council in regard to the proposal that these powers should be vested in the Metropolitan Borough Councils as an extension of the Disorderly Houses Act.

Feeling that the Superintendents of Nursing Homes should themselves take action in such a serious matter, Mrs. Stabb said that she undertook to visit as many Homes as possible and obtain signatures to a petition strongly objecting to the Borough Councils as the registering authority.

Her work in this connection had impressed upon her the urgent need for co-operation amongst Superintendents of Nursing Homes, and consultation with a number of Superintendents showed that many were keenly alive to the need for co-operation, but too busy to work out a scheme unaided.

The result was the formation of an Association of Superintendents of Nursing Homes, the objects being to maintain a high standard of nursing in the Homes, and to protect the professional and economic interests of the Superintendents.

The day of small Private Homes was threatened by the large homes run by syndicates, and unless the Superintendents would join together heartily and enthusiastically to maintain a high standard, and thus protect themselves, small Private Homes would soon become few and far between. She asked everyone to make the Association known, so that a large membership might give it weight and power.

DISCUSSION.

Miss Buckingham, Matron of the Queen's Hospital, Birmingham, who opened the discussion, said that until a Nurses' Registration Act was passed, not now surely very far away, each nurse was a law to herself, just as each hospital was solely responsible to itself for the training, or lack of training, it provided for its nurses. A nurse's actual value to the community was largely in proportion to her means, as if she had to earn her living entirely without help it was unlikely that she would go in for extra certificates such as midwifery and massage, without the most rigid economy.

If training were regarded in the light of apprenticeship, nurses in training could not be considered as badly paid, but Sisters and teachers were undoubtedly insufficiently remunerated.

In order to get the fullest value out of hospital training a probationer should previously have had a thorough domestic training at home. Miss Buckingham reminded nurses that they should take pains in applying for posts, the kind of letters written prejudiced or advanced their chances.

State Registration of nurses would, she believed, modify many present-day arrangements. By that time she hoped that the hospitals would be

no longer supported by voluntary contributions, but would be under the State.

In the discussion which followed, Miss Huxley, Miss Carson Rae, Miss Musson, Miss M. Gardner, and Miss M. Wright took part, after which the Chairman called on Miss A. C. Gibson, late Matron of the Birmingham Infirmary, to read the last paper of the Session.

AN ORGANISED SERVICE FOR POOR LAW NURSES.

Miss Gibson said that the Guardians of Rural Unions had never realised the sick as a class. It had been stated that there was a great improvement in the nursing in the smaller workhouses because the number of nurses in them in a few years had increased from 5,000 to 7,500. It was difficult to get at Poor Law figures. The question was how many of these nurses were partially or fully trained. The probability was that most were not trained at all.

Whenever it was suggested that the poor in small unions must be nursed, it was alleged that nurses could not be obtained. Because the Local Government Board said that a thing was impracticable, this did not necessarily follow. It was not a heroic position for the State to take up to say that it could not find nurses for sick persons for whom it was responsible. She reminded the Conference that the persons in rural workhouses who were crying out for nurses were not of the class of pauper patients.

The sick in the upper classes might be unworthy, but they could command the best nursing.

The rural unions received many of the hard working respectable poor, agricultural labourers who had never had a living wage. Illness, the result of hard work and of conditions under which they lived, came upon them, and they were relegated to the rural workhouse. They were entitled to proper care. The large infirmaries turned out every year enthusiastic well trained young women. How many remained in the Poor Law? The great majority took all the advantages it affords and then shook its dust off their feet and went into a perfectly different environment.

She pleaded that the Local Government Board should be urged to form a representative committee for dealing with the question. It would be perfectly easy to arrange that during a four years' course one year should be spent in a small infirmary. Chronic cases demanded even more excellent nursing than many that were acutely ill. She concluded by moving the following resolution:—

RESOLUTION.

"That this meeting respectfully calls upon the Local Government Board to consider the advisability of forming a Poor Law Nursing Service."

This was seconded by Miss M. Wright, Matron of Stobhill Hospital, Glasgow, and carried unanimously.

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