

agreed to raise the salaries of the nursing staff throughout. The question of a reduction of hours was under discussion, but unfortunately it was a question of money.

Miss Musson said that as a member of the Board of Management of the General Hospital Miss Bartleet had done a great deal to help nurses, and had taken much pains to understand the questions affecting them.

Mrs. Bedford Fenwick described the steps taken by the National Council of Trained Nurses, when the National Insurance Act was still under discussion, to bring to the notice of the Chancellor of the Exchequer the need for including Trained Nursing in the benefits provided, and the standard which should be adopted for nurses of the insured sick.

When the Act was passed without the inclusion of Nursing Benefit it was realised that its amendment was still possible, and she had brought the question before the Association of Approved Societies. It took many months to have it understood, but it became one of great interest, and eventually a Standing Committee to which the question was referred for consideration, recommended the establishment of a State Nursing Service. As they were aware, the Chancellor of the Exchequer now proposed to devote a considerable sum for the establishment of a Nursing Benefit. The question of remuneration was an important one. She was certain that if this were adequate the nurses would be forthcoming. She did not think that the salaries and emoluments paid to nurses of the insured sick should be less than £3 a week.

No class of persons were worse paid than midwives. Their remuneration was most inadequate; they must have better facilities for education and be better paid. The late Dr. Matthews Duncan twenty-five years ago had claimed that nursing must be developed on the same lines as medicine, and that nurses should be trained in medical, surgical and obstetric nursing, and the evolution of midwifery pointed that way.

RESOLUTION.

The following Resolution was then put from the chair and carried unanimously:—

"That this meeting of the National Council of Trained Nurses cordially welcomes the establishment by the Chancellor of the Exchequer of a Nursing Benefit for the millions of persons insured under the National (Health) Insurance Act, and respectfully urges that the Regulations shall safeguard the interests of the public by providing that none but fully-trained nurses shall be admitted to the National Service."

THE GROWTH OF SCHOOL NURSING IN LONDON UNDER THE COUNTY COUNCIL.

Miss Helen L. Pearse, Superintendent of School Nurses under the London County Council, presented the next paper on the Growth of School Nursing in London, under the County Council.

Miss Pearse said that under the School Board

for London the poor physical condition of the children in public elementary schools began to impress itself on head teachers and managers, and they obtained the voluntary help of the Queen Victoria's Jubilee Institute for Nurses in a few schools; their work was to give help and alleviation to small injuries and in chronic conditions of disease and dirt. The nature of this work, however, soon led to its discontinuance. No attempt was made to make the work educational or to apply it systematically over the whole of London. An important event took place in 1902, when Dr. James Kerr was appointed Medical Officer (Education) to the Council. Seeing the good work started so imperfectly, which might be done by the nurses in the schools, he persuaded the Committee to appoint one nurse. This first school nurse was appointed in charge of an enormous district. She was called a "ringworm nurse," and went about investigating ringworm cases and visiting the parents to impress upon them the need for treatment. The work of this nurse was considered so useful that the number was gradually increased, first to three, then to six, and then to twelve, and in 1906 to thirty-two.

For some time past the Medical Officer of Health for the Borough of Marylebone had been allowing children to be cleansed at the disinfecting station, giving them a bath and disinfecting their clothes, and St. Pancras followed with excellent results. A proposal was made by the Medical Officer to organise the work all over London, and by gradual increase of facilities this was still being done. Since 1910 agreements had been arranged with the Local Borough Councils to allow their premises to be used and, on request, they investigated the home conditions through their sanitary officials, taking action whenever necessary by cleaning the house and removing and stoving the beds. Twenty-four nurses were engaged in this branch of work; they followed up the children found verminous in school, and in cases of gross neglect parents were prosecuted and fined.

The work of the nurse had steadily grown, and was now a recognised part of the educational programme, and she was required to assist the medical inspector in his work in the schools and helped to co-ordinate the treatment resulting from that work.

In 1907 the Superintendent of Nurses was appointed to control and systematize the work of the nurses. Arrangements were made for regular visits to the schools, and the examination of all children suggested for exclusion under the cleansing scheme, with the object of establishing a standard of cleanliness.

Later, two Assistant Superintendents were appointed to help in this supervision and visit the secondary schools, to which the scheme had now extended.

London was now divided into five divisions, three had 20 nurses' districts, and the fourth about 30 nurses' districts. In each division there were Treatment Centres and Cleansing

[previous page](#)

[next page](#)