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## EDITORIAL.

## THE CENTRAL COUNCIL FOR DISTRICT NURSING IN LONDON.

The Central Council for District Nursing in London, the objects of which are to systematize the arrangements for District Nursing throughout the County of London, and to promote the adequacy and efficiency of such nursing, held its annual meeting, on February 25th, in the Conference Hall at the Offices of the Local Government Board, S.W. Sir William J. Collins, M.D., K.C.V.O., presided.

The adoption of the Report of the Executive Committee was moved by its Chairman, Sir Arthur Downes, and the Executive submitted the draft of the Annual Report for 1918, which was approved, and its publication authorized.

The activities of the Council have included the publication of the Directory of District Nursing and Streets List for London, and the further organization of the movement for systematic district nursing in cases of measles, through the utilization by the Borough Councils of the services of District Nursing Associations.

We reported, at the time, the results of a Conference convened in London, arranged by the Council, with special reference as to the position of District Nursing Associations in relation to Maternity Nursing. The main difficulty in the way of the organization of Maternity Nursing through the District Nursing Associations is want of money, but the Trustees of the London Parochial Charities have recently given £500 for this purpose, and the Executive Committee were on Tuesday instructed to take steps by way of public appeal, or otherwise, to obtain financial support for the further extension of maternity nursing and other district nursing services, by the voluntary associations of London.

The point of special interest to district nurses was the resolution proposed by Mr. David Pennant, embodying the opinion of the Council, that the salaries of district nurses should be increased. The resolution was adopted, and the Executive instructed to take action thereon.

Mr. Pennant said they would have to pay the district nurse an initial salary of £50 a year to put her in the financial position she was in before the war. But that was not all. He compared the salaries of Queen's Nurses with a three years' certificate, six months' special district training, and four months' midwifery, with those of Health Visitors, with no standardized qualifications, to the disadvantage of the highly skilled Queen's Nurse. The nurse who became a Health Visitor had, he said, less work and more pay.

He next compared the position of the Queen's Nurse with that of a Village Nurse, with a year's inclusive training in midwifery and nursing, and said the salary of the latter pushed hard on that of the Queen's Nurse.

The reason was that the State paid entirely for the Health Visitor, and in the other case the State paid largely for the training, and part of the salary of the Village Nurse. There was danger of the depletion of the ranks of highly trained district nurses.

This is a result we have always foreseen, but the efficient nursing care of the sick is the concern of the State, and if private philanthropy does not provide for the highly skilled worker a salary, and environment which attract the right type of woman, then the State must intervene and do so.



