

background which this experience will give them they will return to their work with the American Committee in the Devastated Regions "prepared to further and to head the growing interest in trained nursing and its logical outcome, public health nursing in France." The plan has been backed by one scholarship from America, and another in the offing, and it is expected that the nurses will leave France to take up this course early in the New Year.

### HIC JACET 1920.

Snowdrops, just peering above the ground,  
Know you the veteran year creeps past  
Unto his end, from the round and round  
Of his busy hours, at last?

You only knew him a sturdy wight,  
New born, like you, in the winter cold;  
You lingered not thro' the noonday height  
To see him grow tired and old.

He will not wake, but you rise again  
To droop white wings o'er his heedless face.  
For buried years can there aught remain  
But a narrow resting place?

C. B. M.

### KING EDWARD'S FUND AND NURSES' HOMES.

The Prince of Wales presided, on December 14th, at the meeting of the General Council of King Edward's Hospital Fund for London, at St. James' Palace, and in an admirable speech he announced that the total amount to be distributed by the Fund this year was £700,000. The large hospitals received very handsome grants, the London, as usual, heading the list with £13,000. Grants were made to the following hospitals in aid of Nurses' Homes and improved quarters:—Chelsea Hospital for Women, Great Northern Central Hospital, Guy's Hospital, Hendon Cottage Hospital, London Hospital, London Temperance Hospital, Mothers' Hospital of Salvation Army, Queen Charlotte's Hospital, Queen Mary's Hospital for the East End, Royal Free Hospital, Royal Waterloo Hospital for Children and Women, Royal Westminster Ophthalmic Hospital, St. John's Hospital for Diseases of the Skin, St. Mark's Hospital, St. Mary's Hospital, Plaistow, St. Thomas's Hospital, and Wimbledon Hospital.

Representatives of the London Hospitals have decided to form a regional committee for London of the British Hospitals Association. Lord Knutsford described the meeting, at which the decision was made, as a meeting of relatives at the bedside of a sinking patient. "Although we feel inclined to weep," he said, "that is no reason why the patient should not get better."

### CONFERENCE ON BURNING QUESTIONS.

(Continued from page 341.)

#### Resolution III.

#### A SUPPLEMENTARY REGISTER OF COTTAGE NURSES.

At the "Conference on Burning Questions" convened by the Royal British Nurses' Association and held at 11, Chandos Street, Cavendish Square, W., on December 3rd, Miss Florence Wise, Chairman of the Association of Trained Nurses in Public Health Work, proposed the following resolution:—

That this Meeting of Trained Nurses emphatically supports the General Nursing Council for England and Wales in its decision not to establish a Supplementary Register of Cottage Nurses.

This Meeting is of opinion that if the title of "Registered" is bestowed upon Cottage Nurses, as such, both trained nurses and the public will be deprived of the privileges and protection to be effected through the Nurses' Registration Acts.

Miss WISE said that she rose to propose a resolution protesting against the State Registration of Cottage Nurses as such. One of the members of the General Nursing Council was reported to have said at a recent meeting of the Council that "Cottage nurses were invaluable people, they did work in the homes of the poor that the trained nurse would not, and perhaps should not, do, and were required to be midwives, besides having trained in nursing." Quite so, they were midwives, and, as such, had their assured, legalised position. But just let them imagine, or try to imagine, the storm of indignation that would be aroused if a trained nurse not holding the certificate of the Central Midwives' Board were to undertake any of the duties of a midwife. It passed one's powers of imagination.\* She denied that Cottage Nurses would do things that fully trained nurses would not do, so far as any part of nursing was concerned; but much that was undertaken by the Cottage Nurse was neither a nurse's nor a midwife's work, such as the family cooking and the household cleaning. It did not require even a few months' training in nursing to fit a woman for such tasks as these. No; the district midwife should be the district nurse in rural areas, at any rate, and work which was neither nursing nor midwifery should be left to the home help.

A reason often given for the continuance of this deplorable system was that Nursing Associations could not afford fully trained nurses. Why not? Could the people who assumed responsibility for the funds of these Associations not afford a fully trained nurse when they or any members of their families were ill?

It was the business of each individual nurse to make it clearly understood that we would not have perpetuated this system of one quality for the cottage and another quality for the castle or the manor house. We must also see to it that cheap philanthropy—either by the provision of the inefficient worker, or by the inadequate payment of the fully equipped worker, must cease. She need scarcely

\* It would be illegal and she would be liable on summary conviction to a fine of £10.—ED.

[previous page](#)

[next page](#)