

Royal British Nurses' Association.

(Incorporated by



Royal Charter.)

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

ASSOCIATION OF TRAINED NURSES IN PUBLIC HEALTH WORK CONFERENCE.

(Concluded from page 115.)

MISS LE GEYT'S ADDRESS.

The last speaker at the above Conference held at 194, Queen's Gate, S.W., on 18th ult., was Miss Gladys Le Geyt, who said:—

I wonder if there is any fortunate person present who escaped the reverberation of that thunderbolt, the Geddes' Committee Report, at the end of last week? Health Service and Education to be mulcted, and all the constructive progress achieved in the last decade or two, shorn of all hope of expansion, or margin for experiment. Salaries decreased, insurances increased, staffs reduced to a point of depletion, and so forth and so on.

At this juncture, it is obviously of vital importance that those engaged in Public Health Work should band together, not only in a Trade Union but also in a social and educational society, such as the one under the auspices of which we meet here this afternoon (The Association of Trained Nurses in Public Health Work) so that we may co-operate in making our several departments more than ever *essential, intensive and progressive* even in the face of tightened purse strings.

History goes to prove that Britishers, men and women, are at their best when thwarted; and this time it is going to need all the skill of which the past can boast to sail our taut little craft of Maternity and Child Welfare clear of the dire atmosphere of the "doldrums," that zone where there is no breeze to carry a sail along, and where a dreadful listlessness is said to fall upon the crew.

Any constructive public service handled in the manner recommended by that Committee (composed mainly of shipping magnates) would be inevitably engulfed in the doldrums.

How are we to achieve an intensive result in our work? We must prove to the Ministry of Health the necessity of raising the standard required for appointments and consequently must demand a scale of remuneration to attract the best trained and right personalities into the work of health visiting.

It is profitable sometimes to remind ourselves how and why Health Visitors came into existence. A glance into the past helps to keep the perspective correct. To put it briefly, we were

introduced experimentally as an effective means of dealing, by home visitation, with the Infant Mortality Rate. To women Sanitary Inspectors is due the credit of the spade work in connection with home visitation, but their multiple duties prevented their touching more than the fringe of Child Welfare Work.

The years between the Notification of Births Act, 1907, and the N.O.B. Extension Act of 1915, mark the period between the experiment of appointing Health Visitors and their permanent establishment as an essential section of the Public Health Department of every County and Borough in England.

Where do we stand seven years later in 1922?

Child Welfare has become an integral part of the State's responsibilities and a still greater need has been established; *the care of the expectant mother*. And the creation of Mothers' Clinics seems to have at last touched bed-rock in this work of race preservation.

Next came the recommendation of the L.G.B. in the Maternity and Child Welfare Act (1918), which states:—"The Health Visitor's district should, where practicable, be so arranged that it is served by one centre." In my opinion that phrase gives the situation in a nutshell—and the Welfare Centre is the kernel. The Local Centre must be active, vigorous, producing what the mother needs, assistance in relation to herself and the child, and what she will eventually demand in the way of teaching for the prevention of diseases.

Who in the world can have the interest of the mothers and children so much at heart as the Health Visitor? Who is responsible for the N.O.B. visit, and the general supervision of that child's physical condition until the child goes to school? Do you realise, if the Geddes' Report recommendation is adopted to exclude all children under 6 years of age from elementary schools 600,000 children in England and Wales (so it has been computed) would be turned out of school and, presumably, thrust back under the care of the Public Health authorities and the Health Visitor would be responsible for yet another year of visiting. How does that strike you as an addition to work on less pay?

There is one other factor which stands out for further consideration on the part of the Health Visitor.

[previous page](#)

[next page](#)