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EDITORIAL.

THE POSITION OF THE DISTRICT NURSE AND MIDWIFE IN RELATION TO PUBLIC HEALTH SERVICES.

The important paper by Dr. R. A. Lyster, B.Sc., Medical Officer of Health to the Hampshire County Council, and a member of the Central Midwives Board, presented at the opening session of the Conference on Infant Welfare at Carnegie House, 117, Piccadilly, W., last week, on the above subject, is one which deserves careful consideration.

Dr. Lyster emphasises the following points as the result of his experience:—

1. The desirability for the continuous elimination of the part-time officer from official Public Health work.
2. The more complete recognition of the essential principle that public money must not be expended by private individuals, but must always be expended under the direct control of public bodies.
3. The marked tendency in the way of combination of the various Public Health duties of Public Health Officers.

Dr. Lyster made the following points:—

That the employment of the district nurse (a private practitioner) in definite public duties, under no real public control, is opposed to the first principle laid down; the handing over of large sums of public money to be expended by nursing associations is opposed to the second. He is furthermore of opinion that a careful examination of the position must reveal the fact that no real combination of duties is effected by adding official duties to those of a district nurse.

There had recently, said Dr. Lyster, been a movement to unify the Public Health Service, and to allow the same staff to deal with maternity and infant welfare work, school work, tuberculosis, and measles.

In regard to this we would point out that where the staff is small there is a difficulty in combining these duties, as it is certainly not ideal for a Health Visitor concerned with

maternity and infant welfare work to undertake also the school work, where she may at any time come into contact with infection.

Dr. Lyster states that the district nurse belongs to a sweated industry; that she is grossly underpaid, liable to be treated most unjustly, and to be dismissed arbitrarily, if she fails to please the local personages who have constituted themselves the local nursing association. Further, the average level amongst district nurses is greatly below that among whole-time Health Visitors.

Moreover, the district nurse works from the individual standpoint, and throughout her work is imbued with the impression that in order to retain her post she must retain her local popularity, and do nothing to displease anyone. Therefore, unless she can put the whole blame for the discovery of unsatisfactory conditions on someone else's shoulders, she very wisely fails to discover such conditions, either amongst children or houses. The first discovery would make her unpopular with parents, and the second with certain members of her committee, which has the power to dismiss her.

We think Dr. Lyster's remarks must apply to village and cottage nurses, whom local lay potentates delight to patronise and underpay, and who, having no adequate professional training as nurses, and usually a limited general education, are tempted to be servile in self-protection.

The highly trained Queen's Nurse has, as a rule, a very well-developed public health conscience, and is a most valuable worker, though we quite agree that when she undertakes Public Health work it is desirable that she should be a whole-time official. Her hospital, and subsequent social and Public Health training, give her an exceptionally valuable experience in dealing with all kinds of people and problems.

We entirely agree with Dr. Lyster that where there is expenditure of public money there should be public control.

[previous page](#)

[next page](#)