

giving as to the application of the severest test to Poor Law nurses. In fact, the Association as a whole is pledged to a policy of higher education for nurses, and the successful efforts made to protect Poor Law Nurses in the rules and regulations issued by the General Nursing Council have earned a large measure of gratitude from thousands of devoted and capable young women who are tending the sick, the poor, and infirm in the Poor Law institutions of the country. As an indication of the keen interest which is being taken in developing the organisation of the nursing profession, it may be mentioned that the Isle of Wight and Dorset Branch has suggested that male as well as female nurses should have representation on the Executive. The difficulty about male nurses is that very little information as to their numbers, training, &c., can be obtained. Every effort has been made by the Sub-Committee, and so far only two places have been found where there is a regular service for training and certification of male nurses, viz., at the National Hospital for the Paralyse and Epileptic and the Hackney Poor Law Hospital at Homerton. However, now that the regulations for the registration of male nurses have been approved by the Minister of Health, and one seat has been allotted to them on the Nursing Council, it may be possible to do a great deal more for this branch of the profession in the near future. It will be seen, therefore, that so far from there being any opposition to Nursing progress and development on the part of Poor Law administration, not only is the opposite the case, but there is every anxiety to preserve the warmest spirit of co-operation. There is little doubt that the forthcoming election of the Nursing Council will arouse great interest in the Poor Law service, especially as it has been given direct representation.

NEW YEAR'S HONOURS.

The New Year's Honours are largely official, and recognition of women far from adequate. Dr. William Heaton Hamer (Medical Officer of Health for London), has received a Knighthood; but we looked in vain for the name of Miss Helen L. Pearse in the list—the Superintendent of the London County Council School Nurses, whose work for the health of London's children has been untiring for many years—a C.B.E. would have been very gratifying to the Nursing Profession in this connection.

Miss Helen Louise Iles, Acting Matron, New General Hospital, Baghdad, Iraq has got a M.B.E. (Civil Division).

Miss Annie Blanche, Sister, Sister-in-Charge of Nursing, Presidency General Hospital, Bengal, has been awarded the Kaiser-I-Hind Medal of the First Class for Public Service in India.

Mrs. Isabel Kerr, lady doctor in charge of the Leper Home at Dichpalli, Hyderabad (Deccan), has received the same honour.

A QUESTION FOR THE PAYING PATIENT.

First the *Referee*, now *Truth*, has admitted the opinion, anonymous, of course, of medical men wishing to place untrained nurses who have worked in Nursing Homes on the General Part of the Nurses' State Register. Presumably these gentlemen approve the system whereby from ten to twenty guineas a week is charged in these institutions for "skilled" nursing, and where when admitted patients are presumably "nursed" by untrained women. This system since the war has been widely adopted by engaging V.A.D.s, and expecting trained nurses to work alongside—and in some instances instruct—these probationers.

Truth states:—

"My correspondent points out that a nurse, after three or more years' training in a general nursing home, knows her work from A to Z, though she may not have passed any examinations and does not possess a hospital certificate, and that to compel her to work for a year in a hospital in order to qualify for registration cannot appreciably increase her practical skill, nor give her more than a smattering of theoretical knowledge. The injustice, if injustice it is, is obviously due to the Act having left the power of discrimination in the hands of a professional body on which the hospital representation is overwhelming, and the conditions are in marked contrast to those in which "existing" midwives and "existing" dentists have been allowed to come upon their respective registers. It should be sufficient, my correspondent points out, for a nurse to produce evidence (1) of suitability of age and good character; (2) of at least three years' training in a general nursing home, prior to November 1st, 1919, in which the patients are medical, surgical, and maternity cases; (3) of practical ability from at least three doctors whose cases they have nursed during their training."

What does the unfortunate Paying Patient think of this system? We know what we think—that it is fraudulent in the highest degree, and should be put down by law. That the unprotected sick admitted to nursing homes—where their lives are at stake—have a right to demand that their medical attendants shall recommend no "home" where untrained and unskilled nurses are employed, and that if they pay for professional nursing skill they shall receive it. Our advice to every patient is to ask if his nurse is a certificated general hospital trained nurse, Registered by the General Nursing Council, and be no longer content to be swindled in this particular, in the future, as he has been in the past.

Moreover, medical practitioners who are advocating the recognition of experience in nursing homes, gained at the expense of paying patients, as the standard of efficiency for registration, should have the courage to sign their names in the publications in which they advocated this type of swindle.

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