

## NURSING ECHOES.

An important proposal to secure powers to enforce the registration and inspection of nursing homes in the county of Surrey, in connection with a General Powers Bill to be promoted in the next Session of Parliament, was reported at the last meeting of the Surrey County Council. It is hoped that the effect of these powers may be to safeguard the patients entering nursing homes by ensuring that the accommodation provided is suitable for the purpose, and that the premises are properly equipped and kept in a proper sanitary condition. There is a strong feeling on the part of the public that many private nursing homes are run purely for profit, and without adequate guarantees that the patients will receive the attention which they have a right to expect from the high fees charged. Under an Act, already in force in the County of Middlesex, anyone starting a nursing home must apply for registration to the local authority, and must furnish proof that the premises are suitable and properly equipped, or the licence may be refused.

We hope that the Surrey County Council will also require that, to be eligible for registration, the applicant must give proof that the members of the Nursing Staff are trained and registered nurses. Too often the public pay highly for skilled nursing in such homes, and are nursed by uncertificated nurses, and even members of the domestic staff may be put on duty to watch critical cases.

The Rev. G. B. Cronshaw, Chairman of the Radcliffe Infirmary, Oxford, at the recent Quarterly General Court of Governors, reported that the Maternity Department was still very busy, and in that connection one important change had taken place; the Acland District Nurses had given over their midwifery work to the Maternity Department. He was proud to notice in an article that Oxford was classed with four other towns as having the best record for maternity and infant welfare work in the kingdom; its record, so far as infant mortality was concerned was one of the best. In return for their taking over the District work, the Acland District Nurses were going to work for them. The stigma had always been thrown upon voluntary hospitals that after patients had been discharged the hospital did not care what became of them. In order to remove that stigma, the Committee of Management had made an arrangement with the District Nurses that when patients left the hospital the District Nurses would visit them in their homes, and see how they were progressing. The nurses would submit reports, and if it was found that some little thing was wanted to make a person more comfortable, it would be done, and, if necessary, patients would be taken back into hospital. This was an experiment which was to be tried first in the City, as that area was easiest to manage, but if it proved successful, then they would hope to extend it to the County.

It is being increasingly realised that "team work," which has proved valuable within hospital walls, can also, with advantage, be employed outside them. A certain proportion of cases can undoubtedly be discharged from hospitals sooner than would otherwise be the case if they are handed over to the care of district (we hope, registered) nurses, thus permitting beds to be utilised for more urgent cases.

Speaking at the recent prize-giving to the nurses at the Poor Law Infirmary, Portsmouth, the Medical Superintendent, Dr. MacPherson, said he was sure the nurses would always do their training school credit. Their work was harder than that of the medical men, and he thought the time should come when nurses should be placed on an equal level with the medical profession. Nursing was the most honourable of all the professions open to women.

That the nurses must work hard is evident from a statement incorporated in an extensive report of the Infirmary Committee, recommending reforms which would cost an additional £3,000 per annum. The Committee stated that the nursing staff at present engaged was just sufficient to do the nursing work at the Infirmary, but no allowances were made for holidays, sickness, absentees, attendance at lectures and operating theatre, &c. Taking these depletions into consideration, the staff was insufficient to ensure that no nurse worked more than 56 hours per week. It recommended the appointment of one additional Sister, and five additional Staff Nurses.

The sad death of a trained nurse, a patient at the Kingston and District Hospital, who had had a nervous breakdown, directs attention to the anxious nature of these cases, and the great care necessary in their supervision. The deceased nurse got out of bed, walked to a balcony just outside the ward, and, surmounting an iron railing, fell to the ground below, a distance of about 20 feet. She died shortly afterwards from syncope and shock following a fractured pelvis and fractured right thigh. At the subsequent inquest, held by Dr. M. H. Taylor, J.P., a verdict of "Suicide whilst of unsound mind" was returned.

The night nurse deposed that the deceased was restless, and she gave her a sleeping draught, according to the doctor's instructions. She went to sleep, and witness was in the ward, not far from her, until 3.50 on Thursday morning, when she appeared still to be asleep. Witness went to the kitchen for some hot water for another patient. As she passed the deceased she seemed all right, and did not move. While in the kitchen she heard someone groaning. She returned to the ward and saw that Miss Watson was missing from her bed. The deceased was lying on the ground below the balcony.

Answering the Coroner, she said the balcony led from the ward, and the door was kept unlocked in accordance with the Ministry of Health regulations, as the balcony was an emergency exit in case of fire. The patients knew of it, and that the door was unlocked.

It would take her only about five minutes to go to the kitchen, which was on the same floor as the ward.

Dr. Vernon Davies said that the case was a borderland one, and confirmed what the nurse had said in regard to the balcony.

The Coroner said that, so far as he could judge, the authorities had taken every precaution that they could reasonably be expected to take. In our opinion, a nurse should not have to leave a ward for five minutes, whether "borderland cases" are included among the patients or not, in order to go to the kitchen in the course of her duty to another patient.

[previous page](#)

[next page](#)