

and, in refusing to issue a Prescribed Scheme of Training, the Council is *putting the convenience of the hospitals before the interests of the sick and of the nurses.*

#### The Nursing Homes' Act.

The Nursing Homes' Act, passed in 1927, is valuable up to a certain point, but there are some aspects which fall short of the mark. To begin with, it should have been made compulsory in the Act (not permissive only) that Registered Nurses should participate in the inspection of these homes; it is absolutely absurd to find inspection of such homes entrusted to medical practitioners and sanitary inspectors only—people highly qualified in their own particular branches, but without the pretension to even an elementary training in nursing. Without the participation of Registered Nurses in the inspection we hold that it is absolutely impossible to achieve efficient inspection of Nursing Homes. It is most unfair to the Matrons in charge of these Homes that they should not have a member of their own profession participating in all inspections. Also, under this Act, we consider that it ought to have been provided that patients, who, incidentally, are paying high fees to Nursing Homes, should be nursed by Registered Nurses.

#### Economic Questions.

Then there are many questions connected with economics; the Nursing Profession is still very much underpaid, and the arrangements for pensions extremely inadequate. Moreover, matters in the economic field are rendered more difficult by the excessive numbers of nurses who are being turned out of the hospitals every year, all entering an overcrowded market; this brings me to a very serious aspect of the hospital question—the fact that the patients in hospitals are being, to a very great extent, nursed by student nurses—by probationers. Only recently, for instance, we read in the newspapers of the disastrous result of permitting probationers to give hypodermic injections unsupervised. The sick poor require as efficient and skilled nursing as do the rich, and it is an absolutely wrong principle that such large numbers of nurses should leave the hospitals as soon as they are qualified in order that their places may be taken by the student nurses, simply because the services of these can be obtained at a very much lower cost. This point is all the more worthy of consideration from the fact that the majority of the patients in our hospitals now are paying patients.

#### Private Nursing Staffs of Hospitals.

Then there is another "live question" in this connection. Is it justifiable that large voluntary hospitals should be running co-operations, or staffs of private nurses? What would happen if the Universities suddenly announced that they were in the future going to maintain a panel of doctors for private practice. Would not the British Medical Association be on the war path immediately? Yet, that an association of nurses should criticise such action on the part of the Nursing Schools is regarded in England as an impertinence! In the Colonies the hospitals do not take this course in order to help fill their coffers. In Australia every Association has been able to agree on and maintain a fixed minimum fee for private nurses, for there the nurses have no competition from their schools. And one would not so strongly condemn this action on the part of the English hospitals if they were not deliberately underselling the nurses who are in independent practice. But they are, many of them, sending out their nurses at a smaller fee than those in such practice can accept because, owing to the beneficence of the public to the hospitals, they can house those nurses between their cases, whereas the nurse in private practice bears this expense herself.

It is much to be regretted that, in the House of Commons,

there is no Minister who is responsible for the voluntary hospitals, and to whom questions concerning them can be addressed; these are absolutely a law unto themselves, and here again, unless you get publicity in Parliament, you will not get reforms.

#### No Registered Nurse on the Departmental Committee on the Working of the Midwives' Acts.

Another question on which nurses have felt very strongly is the refusal of the Minister of Health to add a State Registered Nurse to the personnel of the Departmental Committee on the Working of the Midwives Acts. I have not time to go deeply into this question, but you will all agree that there is a very intimate relationship between nursing and midwifery, and I am sure that you will hold that the highly qualified nurse with the dual qualification of nursing and midwifery is a most important factor in connexion with maternity and child welfare, in so far as these come under the consideration of this Departmental Committee. It is quite true that nurses' organisations were invited to give evidence before the Committee, but of what value is expert evidence without expert knowledge on the Committee to receive it? The thing is absolutely futile!

These are some of the important questions which are interesting our Profession at the present time. There is a large number besides which I have not time to touch upon, such as the criminal law in connection with those who have been afflicted with encephalitis lethargica, matters connected with tuberculosis, infant welfare work, and all those other branches of nursing and public health work in which our Profession is keenly concerned, in its efforts to minimise suffering and promote good health.

#### A Few Words to Younger Colleagues.

Now I just wish to say a few words to my younger colleagues here. I have referred to the fact that it is with certain feelings of sadness that I came to this platform to-day. Among those who are here I miss many familiar faces; many of those, who have helped us in the long battle for the Registration Acts, have passed into the Great Beyond, those who lived self-sacrificingly, unpopularly, "lived dangerously" for our Profession. There were giants in those days and, in the early days of nursing organisation, they found themselves up against gigantic difficulties; then the very idea of organising the Profession, far less of organising it through Parliament, was regarded as little short of sacrilege. Prejudices, vested interests, every sort of obstacle had to be combated; things are easier for you now that the Registration Acts have been won, but there are many great reforms still to be sought, and it seems to me that now, when we are seeking to enlist the sympathies of new Members of Parliament, it is the psychological moment for the younger members of the Profession to get together, to be active in promoting reforms such as I have suggested. Foundations have been laid upon which they can rear a mighty edifice if they will. Fellow Nurses, I am not one of those who believe so very much in rolling up numbers in organisations; looking into history, and especially into the history of our own Profession, I find that great achievements have always been won by a few people—bearing an idea, an impulse for their time—getting together and getting on with their job. People who are not afraid of obstacles however huge, people who are prepared to "live dangerously"—and, incidentally, people who do not live dangerously do not live at all, they simply exist—go out—leave nothing living or progressive behind them. But those who "live dangerously" are the real adventurers of life, the real creators, and if we are to help those pioneers who, from time to time, come into every age with the impulse or the idea that is needed, then it is up to us also to keep clear the channels through which their ideas and creative aspirations must flow, and surely one of

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