

NURSING IN PRIVATE PRACTICE AND PUBLIC WORK.

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There has been a good deal of correspondence recently in the Nursing Press leading to discussion on the whole question of the present status and future prospects of the nurse in private practice.

The matter was dealt with in a paper read by Miss E. J. Haswell, on "Modern Developments of Private Nursing," at the Congress of the International Council of Nurses, in Montreal last July, in which she urged the necessity for the establishment of *Organisation* for the fully trained and State Registered Nurse in Private Practice.

At present the trained and fully qualified private nurse is dependent on a few doctors who are known to her personally for her patients.

She is handicapped in her profession by the unfair competition of many partially trained women who are not registered, but who are prepared to accept work and give their services for a smaller fee, undeterred by the injury they are doing to State Registered Nurses.

She is further embarrassed by those hospitals with training-schools that maintain a staff of private nurses, and by co-operations which have on their lists many half-trained and unregistered women.

The position of the nurse in private practice must always be unstable until the general public realises that, for its own safety, it must demand the guarantees of State Registration from its nurses.

In view of the Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1928, "On the State of the Public Health," and the Report of the Chief Medical Officer of the Board of Education, on "The Health of the School Child," and the Local Government Act of 1929, there can be no doubt that the whole of the services of the skilled and trained nurses of the Kingdom are going to be required and utilised for, and by, the Public Services and the State Hospitals.

Under the guidance of the Ministry of Health we, as a country, are waking up to a new sense of responsibility towards the great problem of personal and national survival.

- (a) How is an Imperial race to be reared?
- (b) How are children to be so nurtured as to grow up into healthy and productive adults?
- (c) How are healthy men and women to retain their physical and mental health and grow in grace, knowledge and capacity?
- (d) How are the sick and diseased to be treated in such a way as may return them, healed, as soon as possible, to the ranks of the workers and breadwinners?
- (e) How, in the last resort, is disease to be prevented?
- (f) How are dysgenic forces (which are undermining racial health) to be defeated and human existence controlled?

Surely, in the answering of all these questions, nurses must take an active and responsible part.

Diseases which may be infective, or which unduly shorten life at its most productive period, or which cripple capacity, are no longer purely personal matters, but are the growing concern of the State and the Local Government Authorities.

Nurses, and especially midwives, are closely concerned with the infant mortality rate and the saving of infant life, and surely the time has come for nurses to rouse themselves and apply their attention and training and skill to the serious problem of the pre-school child for whose nurture and care there is no proper organisation.

In Sir George Newman's report we read:—

"In 1928 the number of children under five who died was 62,782, and many more are maimed in one way or another by the conditions that killed the 62,000.

The Susceptible Age.

"The result is that one-quarter to one-third of the children admitted to school at five are in need of medical attention before they can receive the education which the State provides for them. If they could be helped before they are five we should do something, sensible as well as scientific, to turn off the tap of this great burden of disease and defect which tracks these children into their school life. The age under five is the susceptible age for body and mind. It is the crucial age, psychologically as well as physically.

"If we give the child up to five at least as good a chance of physical health as the school child obtains, the result will be sure. At present, the pre-school child gets very little chance at all, and that is the plain reason why, in these precious, neglected years the seeds of disease are sown.

"Whether we solve the problem by extending the advantages of the existing school and infant services to all children below five years of age, or by the establishment of special institutions—nursery schools, day nurseries, nursery classes, or domiciliary health visitation, or by a convenient combination of these methods—is a matter of judgment, resource and circumstance. But it is imperative that it should be solved."

But whether by extending the existing School and Infant Services, or by the establishment of special institutions, more nurses, and especially more nurses with specialised training, are going to be required for the successful carrying out of these schemes.

Maternity Services.

A "service which secures to every woman such assistance as is needed to ensure for her a safe journey through pregnancy, a well-conducted labour with the minimum of danger to herself and her child, careful nursing and post-natal care." Such a service can only be achieved and maintained by co-operation between the doctor and maternity nurse, and should secure the final abolition of the handy-woman acting as midwife.

To carry out the further conditions of this service additional nurses will be required for ante- and post-natal clinics—for the supervision of the patient during pregnancy, for the after-care of the mother, and safeguarding the child.

For this particular branch of work the medical officer will require the assistance of a midwife with post-certificate experience in obstetrics and ante-natal work.

It will be the policy of State hospitals and smaller municipal maternity homes to co-operate with the ante-natal clinics and to provide beds for maternity cases.

[previous page](#)

[next page](#)