

training can be said to be complete without at least a few months spent in these wards. She will learn what real nursing can be; she will learn how best to arrange contracted aching limbs that they may be comfortable; she will learn the art of preventing bed sores in patients who are to remain in bed for years, how to heal up those sent to her by less skilled colleagues. She will marvel at the cheerfulness of human beings under the most trying conditions; she will learn much of human nature and improve her sense of humour. Again, she will find that the patients themselves are really interested in her future career; you see, it is partly their work. One of these women patients was visited by a League member who had done particularly well after finishing her training. As I went round the ward I asked her if she had been pleased to see her old nurse.

"Yes! and very proud of her, too; I never let her slip one little detail when she was doing things for me, as I feel that the reason God lets me go on living in this helpless condition is that I can be of use in helping to make good nurses of those who look after me."

If all the voluntary hospitals were to send their nurses for two periods of three months during their training, this would help somewhat; it would provide teaching interest to the trained nurses, care for the helpless, and good experience for the probationer. But this would not be enough. Domestic workers should be obtained to relieve the nurses of all duties that were not nursing: to fetch and carry, move screens, change water for the nurse who is washing patients, bring clean linen, etc. Even so, most of the patients need washing and changing four-hourly or oftener, night and day; mouths need frequent treatment; feeding must be done; many cannot even wipe their own noses when necessary; nearly all need more than one nurse when handled.

Nurses must be bright and cheerful; must have a little time to spare to talk to the patients (many have outlived their friends), must be able to give time to help those who are able to knit or crotchet, teach new patterns, and encourage the invalid not to lose by inaction any powers which still remain.

Assistant nurses do much of this work at present, often gaining a little knowledge and then going out and competing with the trained nurse, being exploited by small nursing homes and institutes. It is these women to whom we are now being asked to give the status of a Registered Nurse. There are some devoted women who have given, and are content to give, their lives to these patients. All honour to them.

Perhaps the solution might be found by employing as part-time workers some of those nurses who are unable to continue their profession because of home ties, but who could be spared for about four hours daily. Those who have married and been left widows with children of school age and who must keep a home for them; some whose parents have become aged and who need a daughter living at home.

Then there are many nurses who find as time goes on that the work of a heavy acute ward is too much for them—they long for a little home of their own, with a garden or a dog; others have to provide a home for a sister or parent.

If public assistance authorities would make these posts for trained nurses all non-resident, some part-time, give all the title of "Sister" (as was done in the War), I feel sure that the problem would not be so great.

In dealing with Class 1 we are not quite in the same position. Here are people requiring much the same help and care as would be given by a lady's maid in another walk of life; they could be ranked more among the aged and infirm though sick to a minor extent, and needing some trained supervision.

Here, then, is scope for those who would have liked to be nurses but who cannot attain to the theoretical standard required.

Here, again, the posts of attendant might be non-resident, with a reasonable salary and prospects of a pension in old age.

Here are the points I suggest for your consideration:—

1. Who should look after those partially disabled people for whom no actual nursing is needed?
2. Can any better provision be made for those slowly dying of incurable disease?
3. How can we best provide for the helpless patients who may live in the same condition for years? Are we to allow them to be taken from our training schools and handed over to an inferior grade of nurse without making any protest?

THE ADDRESS WARMLY APPLAUDED.

At the conclusion of the Address there followed long and enthusiastic applause. The President expressed warm thanks for the admirable manner in which the matter under discussion had been presented, and with the speaker's consent it was agreed that it should appear in leaflet form.

The President pointed out that the establishment of a separate Register of an inferior grade of nurses would be a serious blow to the General Register, claiming that the nursing of the chronic sick is general nursing, and they had a right to the highest standard of nursing possible, and it was the duty of the Authorities to provide it. She further alluded to the serious disaster which had befallen the status of the General Registered Nurse when the Government in connection with the new Midwives' Act sanctioned the employment of midwives as general nurses without holding the State qualification, and informing the Local Authorities how a subsidy could be obtained for this purpose, a very grave breach of contract with the nurses who had placed their names on the General Part of the State Register.

The majority of the nurses had been wilfully misguided in not opposing this provision in the new Midwives' Act. To further depreciation of their legal status, Registered Nurses must offer determined opposition.

The President then proposed from the Chair the following Resolution and invited discussion.

RESOLUTION.

This Meeting of members of the British College of Nurses, while warmly sympathising with the provision of the most efficient nursing care for the chronic sick, is of opinion that this desirable end cannot be attained by the institution of an inferior grade of State Registered Nurses.

It therefore urges the Government to require such expenditure by Local Authorities as will ensure the provision of efficiently trained Registered Nurses for the poor, of the same standard of training as is defined as essential under the Nurses' Registration Act for nurses for the General Public.

DISCUSSION.

Compulsory Registration.

Miss M. S. Cochrane, R.R.C., Vice-President, expressed the opinion that it would be a disastrous blow to the general trained nurses, should an inferior grade of nurse be admitted to the State Register. In alluding to the serious menace at present when nurses who had failed to pass the State Examination swelled the untrained competition against the General Registered Nurse, she was of the opinion that nothing would obviate this until Parliament passed an Act to make it illegal for unregistered nurses to practise. If it is allowed to go through that nurses with two years' training in chronic sick nursing are admitted to the State Register, it will end in the General Register of highly qualified nurses ceasing to exist, and the inferior grade of

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