

are really the direct link between the patient and his home through the Lady Almoner or the General Practitioner. This Nurse also has to be an adept at preparing for minor operations at home and many a General Practitioner has been grateful for her up-to-date knowledge and sound common sense. There seems to be nothing too simple or too difficult for her to tackle—baby cases of difficulty seem to find her particularly ready—the Medical Officer of Health and School Medical Authorities all co-operate with Queen's Nurses.

I think one very interesting point to be made in this work is the question of co-operation with School Nurses. We have not yet spoken of this group of Trained Nurses, but I understand that in the majority of districts they—the School Nurses—are not allowed to undertake any domiciliary nursing at all—no nursing of patients in their own homes. This means, of course, that from Hospital to which the child may have been referred from the School, via School Nurse's report and Medical Officer, the child passes into the hands of the Queen's Nurse.

I gather this is felt to be unduly hard financially because the Education Authorities will not give a grant to the Queen's Association for services to children of school age. Apparently from Maternity and Child Welfare Departments grants are sanctioned for domiciliary nursing but none from the Education Authorities.

Of course, Private Nurses, Visiting Nurses, Queen's District Nurses, are all working with the outstanding main object—care of the sick in their homes. But the financial point of view is different. Queen's Nurses may nurse some patients who would seem able to pay a Visiting Nurse, but not all Visiting Nurses keep to their fees—some are taking, I understand, as low as 2s. 6d. per visit (Visiting Nurse usually asked 3s. 6d. to 5s.).

Some Co-operations of Private Nurses are even charging this lower sum temporarily.

The Queen's District Nursing Association exists for service of the sick poor in their own homes. After the War conditions were different—perhaps there was no room for a Nurse in our modern dwellings and flats, so the word "poor" was omitted. Much depends on the population. From this need arose Provident Schemes, whereby all in an area pay a certain amount annually. This has proved good where new estates have been opened out. The Queen's Association have been asked to supply a Nurse and inquiry was made in reply as to what funds could be raised.

Some districts collect 1d. per week, others 5s. per year and pay the Nurse again when she calls.

It is stated that a round sum to estimate as required to allow for one Nurse is £200. More wealthy districts can support one unaided—or even more to help provide the less fortunate areas—*e.g.*, the way some people subscribe to workpeople's Hospital Fund and Provident Schemes also. It is sometimes felt wiser to fix an annual income maximum under which patients may be considered for free nursing. Preferably all should pay even 1d. in the pound.

For the Nurses I gather it is better for them that they do not live of necessity in the district in which they work. Community life or Hostel life being preferable; or of course living with relations is permissible and can be a happy arrangement.

Every visit actually costs 1s. 4d. to 1s. 6d. and Nurses work only with a doctor, except in emergency, when she may visit at once but a doctor is called later. A variety of duties tends to keep the Nurse well up to date with methods and procedure. Further, the regular off-duty hours allow further study and Post-Graduate work if desired.

I appear to be touching chiefly upon the work of Private Visiting and District Nurses. I am not forgetting many others working outside Hospitals, including the Prison Nursing service, Army, Navy, Air Force, School Matron, nursery Nurses, but time will not allow for close detail and many of these have already their own organisations for safeguarding the interest of the Nurse.

The School Nurse Health Visitors are not actually engaged with Nursing. This explains my referring chiefly to these three.

Generally the question of supply of Nurses to the sick public is one which is exercising the minds of many. Such a variety of workers, some working independently, some as members of Co-operations or Hospitals controlled by trained staff understanding needs and requirements. Some still allowing themselves to be members of a unit the control of which is not by trained heads.

The Nursing Homes Administration Act of 1927 endeavoured to insure some supervision as to conditions both for patient and Nurse. This is not yet working, in the view of some, very satisfactorily, especially concerning the ratio of trained to untrained Nurses employed. Much could be done if local authorities could be persuaded to reconsider their local by-laws and revise their existing arrangements for inspection of Nursing Homes.

Similar inquiry is needed and some control advocated in connection with Nurses' Co-operations.

Our subject, "The Nursing Care of the Sick Outside Hospitals," is one which offers very considerable scope for discussion, suggestion and comment.

It will doubtless be common knowledge to many that increasingly is recommendation being made that some domiciliary nursing be provided during the training of a Nurse, thus widening the scope of general nursing training. Also that the aspect of prevention should be definitely stressed.

We have ever to remember that increasingly we have a duty as members of our profession—may we say a duty of almost worldwide importance? Overseas and here in our own country we should be ever anxious to improve the nursing services available to allow that the privilege and gift of good health be as far as in us lies assured to adult, child, rich and poor, regardless of race or creed.

As one who has spent much time in Hospital work, both voluntary and municipal, I am only so interested in the achievements, problems and interests of work in the homes of the sick. There must be contact between the two—Hospital and away from Hospital—and the idea of any section being the Cinderella of the profession must be removed from all minds. Much has been done—much remains to be done. In the multitude of counsellors is wisdom. We must pool ideas and suggestions for the good of all.

I thank you for your attention and shall follow with appreciation the speakers to come.

An interesting discussion, opened by Miss M. Wenden, S.R.N., followed Miss Milne's paper.

COLLEGE OF NURSING.

Mass Meeting for Nurses.

The College of Nursing announces that a mass meeting for general-trained nurses will be held on January 24th, in the Great Hall, Caxton Hall, Westminster, at 8.30 p.m. The main purpose of the meeting is to listen to "the nurse with a grievance," who is invited to air them. This should arouse a lively discussion, and we hope the platform will play up and thoroughly enjoy the fray. Admission is free to all general-trained nurses.

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