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EDITORIAL.

RIGHT AGAINST MIGHT,

We have noted objection upon the part of advocates of the semi-trained assistant nurse to our statement that these workers are being prepared to care for the poor.

Our experience in life has been that those persons who can pay can command the best of materialistic conditions, and those who are paid for must accept or leave what is offered to them.

We think the following paragraphs, reprinted from the *Public Assistant Journal*, which is usually well informed, supports our contention:—

ASSISTANT NURSES.

Essex Committee and Nurse-Midwives.

"Essex Public Health and Housing Committee have written to the County Councils Association with regard to the question of assistant nurses, now understood to be under examination by the employers panel of the Rushcliffe Committee. The Essex Committee express the opinion that, unless existing nurse-midwives who are not State Registered Nurses are recognised as assistant nurses, the position of district nursing associations, upon whose activities many scattered rural areas are largely dependent, will be seriously prejudiced.

"The War Emergency Committee of the Association have passed a resolution to the effect that, in the opinion of the Committee, whatever definition of 'assistant nurse' is ultimately adopted by the Rushcliffe Committee must, for the reasons given by the Essex Public Health and Housing Committee, be sufficiently wide to include non-State Registered Nurse-midwives who are employed either by a local authority or by a body receiving a salaries grant from a local authority and are engaged in domiciliary nursing. The Association's representatives on the Rushcliffe Committee have been instructed accordingly."

As all our readers may not be aware, the Rushcliffe Committee is the Committee set up by the Minister of Health last autumn, with the consent of Parliament, to consider the salaries of Registered Nurses, and so far as we know Parliament has never consented to the inclusion of the semi-trained nurse. On December 11th, 1941, the Minister announced to the House of Commons that he had decided to set up a separate Committee to draw up agreed scales of salaries for midwives on a national basis, and stated: "I am

glad to be able to say that Lord Rushcliffe has expressed his readiness to act as Chairman of the Committee for midwives as well as of that for nurses. Some nurses' and midwives' posts involve the practice both of nursing and midwifery, and I shall require the Committee to consult together before making recommendations in regard to overlapping matters of this kind."

It will be realised that the recommendations of the Essex Public Health Committee are advocating that the poor shall be supplied with district nurses who must be midwives because the law prevents the practice of midwifery by unqualified women, but that their nursing need not necessarily be of the legal standard of the Registered Nurse, and the standard of nursing must be sufficiently wide to include non-registered nurses in domiciliary nursing.

In plain English, the poor, as advocated by the Essex Public Health Committee, are to be nursed by semi-qualified persons—unrecognised so far by the State.

Those of us who are interested in nursing in rural districts are well aware that the service offered, usually under the authority of the Queen's Institute of District Nursing, is recognised primarily as a *nursing*, not a midwifery service, and the officials appointed to defined districts are known as the "District Nurse," not "District Midwife," although they hold the legal midwifery qualification.

Thus if the Registered Nurse is to be eliminated and the assistant nurse substituted, will not this unjustifiable system bear out our claim that the semi-trained woman is being prepared by public authorities to nurse the poor?

It is to be hoped that the Minister of Health and the Rushcliffe Committee will seriously consider this matter before by any means recommending a system which penalises a class of sick persons by inferior standards of nursing because they are poor.

Rich and poor when sick should command the same standard of medical and nursing skill, and we hope the poor in rural districts will make this demand emphatically. If not now, we are informed, any such contempt for humanity is to be severely dealt with after the war. Of course, the services of this Journal are placed at the disposal of our fellow-men in support of right against might.

Elsewhere in its current issue will be found the opinion of the Editor of the *Queen's Nurses' Magazine*, who considers "that it takes the very best nurse to become a Queen's Nurse," a conviction with which we heartily agree.

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