VI. NURSING AND PUBLIC HEALTH IN ENGLAND

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N U R S I N G A N D P U B L I C H E A L T H

I N E N G L A N D

THESIS

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Nursing has been considered a profession only since the establishment of training schools with a definite standard of curriculum. In early English History there were almost no doctors, and none at all outside the important cities. The Monks and nuns, all self taught, became the prescribers for the community, white noblewoman, who had a great number of servants and people dependent upon them, also developed skill in the art of healing. Educated persons, both men and women, were taught a little "physic" and surgery as part of their schooling.

After the Reformation in about 1517, monastaries were everywhere suppressed, and the Church hospitals were taken over by the cities. The nursing went into the hands of the servant class, whose best work was very poor. A great deal of what we regard as nursing service was done by the doctors, and where there were medical schools the students did hospital nursing. The personal services of bathing, attending to excrete, etc. were considered nothing but servants' work. The "nurse" was little more than a ward maid, and there could not have been much real nursing done.

Nursing in any real sense of the term practically ceased to exist at this time, and it was forgotten that any well bred or refined woman could be a nurse, except perhaps in her own family.

Only among the religious groups did nursing remain an interest and

anything resembling technique survive.

The nurses were so ill fed and treated, and overworked that no one would do the work that could get anything else to do. The average nurse was lacking both in skill and morals.

Some of the hospital rules that were set up in about 1789 will show conditions:

"No dirt, rags, or bones shall be thrown from the windows.

Nurses are to punctually change the bed and personal linen of the patients as follows--

Sheets once in two weeks, shirts once in four days, drawers and stockings once a week or oftener if found necessary.

All nurses who disobey orders, get drunk, neglect their patients, or quarrel with men, shall be immediately discharged."

In protest of these conditions the selfish, easy-going indifferent to her patients' comfort, Sairy Gamp was portrayed by Dickens. Not all nurses were like her, but she represented a large majority.

In 1854, Florence Nightingale, the founder of Modern Trained Nursing arrived in Crimea to take charge of caring for the sick and wounded soldiers. With her arrival began the advent of real nursing service in the strictest sense of the word.

While she was still at work in the Crimea a movement in England began to honor her in some permanent manner. In her care of the sick and wounded soldiers, she had showed what real nursing meant. Sir Sid-

ney Herbert, the Secretary of War, who was a very good friend of hers and sympathized with her ideas, suggested a fund which should be established which should be used to provide training for nurses, and for their living and protection. To him must be given the credit of devising means for founding the training of nurses with proper prestige and efficiency.

Many prominent people contributed to the fund and £ 60,000 were soon collected. Miss Nightingale accepted the task of administering the fund, and when she returned from the East, she began at once to work on it. St. Thomas' Hospital was selected as the place for the experiment of training nurses in a new and systematic way, on a non-religious basis, a school which provided nursing leaders in the true Nightingale tradition ever since.

The old St. Thomas' Hospital building was located in Southwork and in 1862 was taken over by Londen Bridge Railway Company along with the sites. The present hospital built and opened in 1871.

Because of her ill health, Miss Nightingale was unable to take personal charge of the school, and Mrs. Wardraper was chosen for the position, however Miss Nightingale acted as chief advisor on every detail of the work.

The Training School was opened in 1860 in the old Southwork Hospital. On June 24, the first probationers, fifteen in number, entered.

Besides training in the hospitals, the nurses were to live in a home fit to form their moral life and discipline. The upper floor of a new wing of the hospital was fitted up as a home with separate bedrooms, a common sitting-room, and two rooms for the nurse in charge. From the

fund which had been collected to enable her to establish a training school, the students' board, washing, and uniform besides her lodging were provided, with £ 10 for personal expenses.

The Chaplain addressed them twice a week. The matron's discipline upheld the strictest standard of propriety of the Mid-Victorian young women. The least flightiness was reprimanded and any pronounced flirtation was severely punished. Mrs. Gamp had to be replaced and swept away, in part, by Mrs. Grundy.

Miss Nightingale herself selected most of the candidates for training. She was especially keen at character reading, and almost unerring in her judgment of people. Those who saw the early Nightingale nurses were struck by "the bright, kindly, and pleasant spirit which seemed to prevail them." She always called the nurses her"daughters".

The course of training was only one year, but the nurses were required to remain in the hospital for three years. For the first year they were called probationers; for the second, "nurses"; for the third and after, Sister, or head nurse. They worked alongside the old-style nurses, whom they only gradually replaced.

The students service as assisstant nurses in the wards, receiving instruction from the Sisters and the Resident Medical Officer. Other members of the Medical Staff gave them lectures; and there was the formidable "Monthly Sheet of Personal Character and Requirements," to be filled out by the Matron for each nurse. The Moral Record was under five heads: punctuality, quietness, trustworthiness, personal neatness and cleanliness, and ward management (or order). The Technical Record was under fourteen heads; some of them with as many as ten or twelve subheads. "Observation

of the Sick was especially detailed. Under each head, Moral or Technical, the record was marked as "Excellant, Good, Moderate, Imperfect, or O."

At the end of the year's course the names of the nurses who had done satisfactorily were entered on the hospitals' register of nurses, and those who served creditably in a hospital for a further completed year were awarded grauities of £ 3-£ 5 according to two classes of efficiency.

After training, the nurses were expected to serve in hospitals or institutions. They were never designed for private duty, but for executive positions in hospitals. At the end of the first year, six of the thirteen who completed their training were admitted as nurses at St. Thomas', two were appointed as nurses in Poor Law Infirmaries, and applications were under consideration for others. They became the pioneer heads of training schools all over the world. Scotland, Canada, United States, Australia, and even Germany obtained heads for many of their early training schools from the among the Nightingale nurses. Up to 1890, during its first 30 years, the school trained 1005 nurses.

It is most always the case with any pioneer movement, the idea of a training school was net with severe opposition. Of one hundred physicians whose opinion was asked, only four were in favor of it. They felt that the nursing at St. Thomas' was very good as it was and could see no need for changing it. They themselves had given the nurses what little training they had received, and said, "Nurses are in much the same position as housemaids, and need little teaching beyond pauetive-making and the enforcement of cleanliness; and attention to patients' wants." They considered the nurse nothing but a servant. Only few took the opposite view and understood what the movement meant.

However, to Miss Nightingale taking care of all of the details and methods, the work proved a success. The doctors were one by one convinced of the superiority of the new method and gradually came to have their approval. They found their own work lighter and their field broadened, because they were able to do things which they had not attempted before because of incompetent help.

Miss Nightingale characterized the essentials of a nurses' training school as two:

First, that nurses should be technically trained in hospitals provided for the purpose.

Second, that they should live in homes fit to form their moral lives and discipline.

She made the statement that, "Nursing should not be a profession. It should be a calling. The art is that of nursing the sick. Please mark, not nursing sickness---------. This is the reason why nursing proper can only be taught by the patients' bedside and in the sick room or word. Lectures and books are but valuable accessories."

In the early days of nursing training schools, the students were taught to have definite responses to definite situations without any attempt being made to develop initiative or judgement. She was not allowed to use her own intelligence or voice an opeonion; nor were there any courses in the curriculum to develop either initiative or judgment.

For the 60 or 70 years after Florence Nightingale established her school of nursing at St.Thomas' Hospital, nursing developed rapidly, but unevenly; more and more nurses were required and the curriculum of training became increasingly heavy. Mrs. Straig, a famous Scotish matron of the

early Nightingale School tells that "gentleness, cleanliness, and the care of the patients' bath were the nurses chief duties. To allow the nurse to take a temperature was considered a "treat", for strictly speaking, it was the doctor's work.

To-day, the concepts have changed. Nursing education now attempts to develop the student not only as a course, but as a nurse to tackle any kind of a situation. Nurses in some of the nursing homes are administering intravenous injections, unaided and without supervision. She is to society, socially, physically, mentally, morally, and culturally as well as vocationally. Present day demands that a nurse have a high degree of intelligence and that she be allowed to use it.

Florence Nightingale tells us that "Nursing should be approached as a science and practised as an art with devotion and intelligence."

To-day, in England, the student going into the nursing profession spends three years in the hospital receiving practical training. Very little theoretical experience is gained. The three years is spent doing medical and surgical bedside care. The nursing care received is good, but the course as it is presented offers little opportunity for advancement or skill in any of the specialized fields.

Very little maternity or children's care is taught during the three years course. Maternity training or midwifery is a course of one to two years after training., but to be a licensed midwife, the nurse must take a two years course at the end of her training period.

At the end of her first year of training every student must take a preliminary state examination, and for any course of specialized training, the student must have first passed the preliminary examination.

There is no university affiliation with any of the hospitals in England to-day. This can be readily understood when we realize that the Medical schools are hospital schools and not a branch of any university. There is a movement at present among nursing schools to obtain university affiliation. The first may be either with Birmingham or Oxford. However, nothing definite has been settled as yet.

Dr. Harold Balms stated that "Nursing in Great Britain under present conditions is a craft rather than a profession, and that the system of training in various hospitals is not true education, but is simply a form of apprenticeship." Every hospital wants to train its own probationers, not because it is equipped or staffed for the purpose, but simply because it's cheaper to get the work of the wards done by young probationers than by fully trained nurses. Consequently, there are more training schools than there would be if the education of the nurses was the first consideration. In England and Wales there are no less than 723 approved hospitals attempting to give partial or complete training to nurses; and in the whole British Isles there are only 40 medical schools considered qualified to train future doctors.

The fact that probationers are responsible for the actual ward work means that a large part of their time, which should be given to observing the patient's symptoms, and learning to understand the actual effect of nursing tasks, is taken up by the constant repetition of mechanical tasks many of which are domestic rather than medical in character.

The type of instruction which she receives is usually quite apart from her actual ward work, and is seldom or never demonstrated upon the patients she is supposed to be studying and nursing. Her lectures and demonstrations are given right away from the ward, and only too often, at a time

when she has just come off duty and is far too tired to devote real attention to them; while in the wards themselves she never hears a single hour's lecture upon the symptoms and treatments of her patients. The lack of regular systematic clinical instruction is perhaps the greatest educational defeat in the present system of education.

The hours spent on duty are longer and of more varied time interval than those here in the United States. They work a ten hour day with a fifty-six hour week. Day nurses usually come on at 7:00 A.M. with a short interval about 10:00 A.M. for a light lunch. Forth-five minutes at 12:15 P.M. or 1:00 P.M. is given for lunch, and a half an hour for tea. Dinner is served at 8:00 P.M. when the nurses come off duty. Time off during the day is given after 10:00 A.M. when the rush is over, in the afternoon, or after 6:00 P.M. at night. The policy of giving one day off a week is increasingly being adopted.

The students do not receive any reimbursement during their period of training, but a great deal of money is spent on their housing facilities. Recreational facilities have been greatly improved. Recently built nurse's with swimming pools, roof-gardens, and dramatic stages seem luxurious. It would be difficult to find training schools now where each girl hasn't her own bedroom, radio, or tennis courts, and dances and other recreation provided.

Post graduate courses are offered at qualified hospitals in mental nursing, mental defectives, midewifery, as mentioned before, and tuberculosis nursing, as well as sick children's nursing.

Beginning in 1932, Preliminary students trained in preliminary training schools established in some hospitals for six to fifteen weeks under the

direction of the "sister tutor". The sister tutors are graduate nurses who have taken a post-graduate course in teaching, for it is considered essential for her to be able to impart her knowledge to others regardless of how brilliant a student she was herself.

The name was first given to Miss Gullan when she was appointed sister tutor to the Nightingale Training School, St. Thomas's Hospital, 1914. She was placed in charge of the education of the nurses; however, it wasn't until the Nurses Registration Act in 1919 was passed that the position became general.

Much criticism has been offered of this particular position. The sister tutor is probably lecturing and coaching from twenty to twenty- four hours weekly. In addition, she is responsible for the organization of all lecture courses and for the candidates entering for the State Examination. All of this requires a great deal of secretarial work and she may have one, two, or three assisstants working under her; however, these may be untrained, inexperienced teachers who are gaining the necessary knowledge to take up sister tutors' posts. She often has the education of one-hundred to three-hundred student nurses in her hands. It is little wonder that she has practically no time to visit the wards and departments, to attend post-graduate lectures and read the medical and nursing journals as she should do to keep her knowledge up to date. Neither is she paid enough. The opportunities of the position and the salary are not enough to keep these women from accepting more favorable positions, thus leaving the field sadly lacking in qualified persons.

As somewhat of a solution to the serious problem of the defficiencies of the system of nursing education in England, the Block System was started

in January 1939 at the University College Hospital. This system is an alteration of the method of arranging the theoretical training, and at the time it went into effect the length of time in training was altered. Previously, it was three years and ten weeks, but students entering after January 1937 have a four year agreement with the hospital, three years of training and one year as a trained staff nurse.

One of the difficulties presented was that although the length of time in the hospital was lengthened, the number of students taken in each year could not be decreased. Since they required the school building for the nurses in their second and third year of training as well as for preliminary students, they take three sets of preliminary students instead of four, but a larger group is taken at a time. The second and third year blocks are fitted in between the preliminary groups in the spring and fall. Half of the nurses in each year of training return to the schools at a time, making a class of about thirty-six pupils.

The Preliminary course of ten weeks now counts as part of the first year of training. All the classes and lectures during this course, including anatomy and physiology, are given by tutors. At the end of the term an examination in anatomy and physiology is given by a physician or surgeon or the hospital staff; an outside examiner takes the subjects of dietetics and practical cookery. A ward sister examines the pupils in practical nursing..

The Second Year nurses enter shortly before they are due to take their Preliminary State Examinations. New subjects taken in this term include; bacteriology and pharmacology. The course of lectures and demonstrations in nursing is continued and a more advanced series of dietetics lectures is

given. A surgeon and physician or the hospital staff give lectures in anatomy and physiology, the emphasis being now on the application of the subjects to surgery and medicine. Some of the pupils in this Second Year Block have already taken their Preliminary State Examination. The time that the rest of the class spend in special preparation for the examination, is spent by them in extra tutorials in other subjects, or in cookery demonstrations and practices.

In the third year the students have lectures in surgery and medicine, including special branches. Nursing classes correlating with the lectures are given with demonstrations of special nursing procedures. In each term an average of two hours study time daily is provided.

The students have a day off on Sunday. In the Preliminary term, this is preceded by a long evening from 4:00 P.M. Saturday, and in the second and third terms by a half day Saturday. The day begins at 8:00 A.M. (7:40 breakfast). The first year students have daily off duty from 2:00 P.M. to 5:00 P.M., or 3:00 P.M. to 6:00 P.M. with an evening from 6:00 P.M. to 10:00 P.M., occassionally. Senior students have off duty daily from 5:30 P.M. with one afternoon from 2:00 to 5:00 P.M. a week.

More tutorial classes in small groups are given in the second and third terms there in the first year. Visits to outside places of interest are arranged in all three terms, and in the third term the nurses go in groups to special departments inside the hospital. The arrangements of the lectures and classes throughout the three years is roughly as follows:---

Preliminary Term (10 weeks)

Anatomy and Physiology (taken as one subject)- - - - - - - - - - 24 lectures

Elementory Science and Hygiene - - - - - - - - - - - - - - - - - 16 hours

Theory of Nursing and First Aid- - - - - - - - - - - - - - - - - - 20 lectures

Practical Nursing and Bandaging- - - - - - - - - - - - - - - - - - 72 hours

Dietetics- -7 lectures

Cookery Demonstrations -17⅓ hours

Cookery Practice - 20 "

Second Year Term (3 weeks)

Dietetics- -6 lectures

Bacteriology -4 "

Pharmacology -3 "

Applied Physiology -6 "

Applied Anatomy- -6 "

Theory of Nursing- 18 "

Practical Demonstrations - 24 hours

Third Year Term (4 weeks)

Surgery--general - 12 lectures

" --special -4 "

" --gynaecological- -6 "

Medicine--general- 11 "

" --special- -2 "

Nursing--lecturer- 16 "

" --demonstrations- 12 "

Under this Block System of training the separation between teaching and clinical practice is made even wider , and the system has not proved a great success.

During the war, nursing authorities realized the need for an accepted standard of nursing training and in 1919, the Nurses Registration Acts for

England, Wales, Scotland, and Ireland were passed. By these Acts statutory bodies, called the General Nursing Councils, were created. These are composed of members elected by state registered nurses, also of members appointed by the Ministry of Health and the Board of Education. These councils are responsible by law for the conduct of the national examinations in nursing, and for keeping the registers of those who are qualified, whether on the general part of the register, or on any of the supplementary parts for male, mental, mental deffectives, sick children's, or fever nurses. The councils, which work in closest cooperation, also undertake the consideration of desciplinary cases, the control of state nurses' training schools. A nurse cannot qualify to the state register unless she has spent the prescribed time in a hospital or hospitals approved by the Council. Every nurse, whether she specializes for the general or any supplementary part of the register has to take the Preliminary State Examination in simple nursing procedures, anatomy, physiology, etc. The result is that, however specialized their subsequent work, all state registered nurses must have attained a certain standard of practice and theory.

Although state registration is not yet compulsory, it is essential for any nurse who wishes to take a position of importance.

Specialized hospitals such as tuberculosis sanitoriums, women's hospitals, orthapedic and hydropathic centers, which conform in certain ways to the requirements of the examining bodies can be affiliated or associated with other suitable hospitals, so that four years, or three and one half year's training in the two hospitals, instead of the usual three years in one hospital, can furnish a satisfactory and approved general training as well as a specialized training.

The state examinations are conducted in two parts, the preliminary examination which is the same regardless of the part of the register for which the nurse wishes to qualify and which is usually taken when the student has been in training at least one year, and the final examination which cannot be taken till the applicant is thirty-one years of age. The examinations are held three times a year, and candidates have to produce beforehand the necessary fees, a statement of good character from the matron, and a marked chart which is issued by the council and which contains a recommended scheme of practical work and nursing technique. As the nurses are taught various procedures, these procedures are marked in the chart. When skill has been obtained in their performance, the mark is made into a cross.

The subjects, written, oral, and practical, which are required for the preliminary examination include elementary anatomy and physiology; hygiene; and the first part of theory and practise of nursing, which includes ethics, the general nursing care of patients, ward management, simple "settings", treatments and preparations, the measuring of drugs, and the preparation and administration of diets.

In the general part of the register, the final examination includes such subjects as gynaecology; venereal diseases,; sepsis; anti-sera and vaccines; preparation for operation in private homes as well as the usual hospital surgery technique; common treatment of surgical tuberculosis; eye, ear, nose, and throat diseases and treatment; medical nursing; diseases of the skin and ductless glands; immunity from and treatment of infections fevers; disinfections, incubation period and compulsory notification; materia medica and therapeutics; food values; special diets, the value and danger of proprietary products; and sickroom coodery. The theory and prac-

tice of nursing for the final examination includes the more complicated set-ups and treatments, such as artificial feeding, intravenous and subcutaneous infusions, aspirations and first aid, the names and uses of instruments, ordinary technical terms and abbreviations, test meals, etc.

By methods observed both in England and the United States, it appears that in British hospitals the nurses are given more responsibility for more treatments than are carried out by nurses in America, but they have considerably less note taking and case-study work to do.

The Public Health Service in England started in the rural areas and had its real beginning when the Maternity and child Act of 1918 became compulsory. Like many other movements in England, there was no definite plan laid down but the organization arose in response to the growing demand that more provisions should be made for the care of Mothers and Children.

The poverty of the more rural communities made it necessary that the facilities and people in the place at that time be employed.

Other counties organized a staff of whole time health visiting nurses, who undertook the combined offices of health visiting, school nursing, and tuberculosis visiting; the sick nursing and midewifery being left to the district nurses. In some counties where the district nursing association was not sufficient to cover the needs of the district, the "handywoman" from the village went into the homes and nursed the sick, and also the mothers under a doctors care. However, she was forbidden by law to practice Midewifery.

The earlier idea of the health nursing service was that it was onln in towns that health supervision was necessary, but when this service was made available in rural areas, the prevalence of physical defects and constitu-

tional diseases was found to be as great as in the urban districts.

In the beginning, neither the district nursing service or the public health service was very warmly welcomed by the rural mother. Naturally, being a clever and resourceful person accustomed to dealing with any kind of a situation with what she had at hand, the work of the health service seemed needless to her. However, as the value of the work became apparant, and especially when she and her small family derived some practical benefit from it, her opinion changed.

Because of the geographical problem presented and scattered population, the full application of preventive medecine is greatly hindered, but under the Public Health Act of 1925, the local authorities are empowered to give popular education in health. This has proved a step forward and has seen many of the difficulties overcome.

To-day the health visitor's training includes midewifery, a grounding in social economics and legislation, sanitary science, experience in infections and contagious diseases, maternity and child welfare work, school nursing, etc. The examining body for Public Health nurses under the Ministry of Health is the Royal Sanitary Institute with its sixteen recognized training centers, including the College Of Nursing.

District or visiting nursing done by trained nurses, who work under organized supervision has been in existence for less than ninety years. It had its origin in England under the auspices of Mrs. Fry (1840), and the Society of St. John's House (1848).

To a philanthropic citizen of Liverpool, Mr. William Rathbone, however, is due the credit of starting organized nursing care for the poor by means of a system of daily visits by properly qualified nurses. This was called

"District Nursing", the name by which it is still known. The method by which this was carried out was to form a group of people interested, known as a District Nursing Association, who undertook to raise funds for the support of a nurse (or nurses) and, through a committee elected from among their number, to be responsible for the engagement and payment of a nurse and the general supervision of her work.

Florence Nightingale took a keen interest in the District Nursing movement and the whole standard of work was raised as the result of a higher social and educational standard being required in the nurses employed.

Growth became fairly steady and Associations sprang up in all parts of the country, but there was no type of organization or co-ordination until Queen Victoria consolidated the whole movement by turning it into a national one. Due to the rising interests and Queen Victoria's influence. England was the first country to form a national organization for District Nursing.

In the 50th year of her reign, the women of Great Britain and Ireland collected a large sum of money, and of this she set aside £ 70,000 for the promotion and provision of improved means of nursing the sick poor in their own home, and founded by Royal Charter, in 1889, the Queen Victoria's Jubilee Institute for Nurses for the training, support, and maintenance of women to act as nurses. The Charter provides that the Queen of England shall be the Patron of the Institute and the Governing Council is composed of members nominated by the Queen, representative of nursing and kindred interests throughout the country and representatives of Nursing Associations and nurses.

Toward the end of 1927, it was decided that it would be less confusing

in the years to come if its name were altered from that of Queen Victoria's Jubilee Institute for Nurses to that of Queen's Institute of District Nursing, which took place shortly after.

Large sums of money have from time to time been raised to suppliment the income from the original gift which very soon became inadequate, but the Institute is dependent to a certain extent, on annual subscriptions, donations and the affiliation fees payed by the Associations. No State aid is received.

From early days, advising and teaching have been regarded as an important part of a Queen's Nurse. And in many small rural areas the duties of Health Visitor, and (or) school nurse as well as midwife are being combined with that of the Queen's Nurse.

A nurse wishing to become a Queen's Nurse must have received three years' training in a hospital recognized by the government as a training school, and before enrollment, she must be a state registered nurse. To be a midwife or willing to under go midwifery, training is desirable, but not essential, unless she wishes to work in a rural area, or is aiming at a position of responsibility.

After she has been accepted, the student is sent to a District Training Home in London or the provinces where for six months she undertakes practical work under the close supervision and instruction of a superior tendent, learning law to deal with her patients and their friends in their own homes, have to work with the appliances available ia a hospital, and how to adapt her nursing knowledge to the utmost conditions of her work. She is given a theoretical course as follows:

Hygiene, domestic and general, including sanitary law, communicable

diseases, school medical service, etc----------14 lectures

Maternity and child welfare including legal enactments and venereal diseases. (Practical work at school and clinics)----------10 lectures

Tuberculosis (Attendance at a dispensary for further instruction)----------8 hours

Elementary social economics----------6 lectures

District Nursing----------3 lectures

Diseases of Eyes, Ears and Throat from a nursing standpoint (Teaching at an Eye Hospital extending over two weeks)----------2 lectures

Between the lectures, the students study and are helped and coached by their superintendent.

At the end of the course, there is a qualifying examination, but enrollment as a Queen's Nurse does nor depend on the examination alone. The monthly reports sent by the superintendent during training and that of the expert, who sees the candidate's practical work towards the end of the course, are considered in conjunction with the results of the examination and the whole must reach a certain standard. When the result is satisfactory, the name of the candidate is submitted to the Patrom and she receives the badge which is the distinguished mark of a Queen's Nurse. Work is then given her with an affiliated Association, and where she goes depends on the kind of a position for which she has given evidence of being suitable, and the part of the country in which she wishes to work.

The first month of training is always a trial one and at the end of the month, each nurse signs an agreement to work as a Queen's Nurse, wherever her services may be required, for one year from the date on which the training ends. She receives salary with board, lodging, laundry and uniform during training, and her services for one year, at an increased salary, are

in return for the Training Home Fee paid by the Institute. Midwifery Training is also given fees of cost on similar terms.

When District Nursing was started, it was entirely on a charitable basis, but this was not satisfactory. It tended to pauperize the less desirable class and prevented the self-respecting from making use of the services of the nurse. Consequently, it became customary to ask patients to give donations or to contribute in some other way to the funds of the Association. Even that did not meet the case, for those who received most often gave least, and a demand grew up for some definite ruling as to what was expected in return for services received. This gave rise to the"provident system," which is now the financial basis for nearly all associations in rural parts of the country,and which is considered by far the best method of raising funds in those areas. The subscription is, generally, not less than a penny a week for each household, and for this free nursing is provided.

For the patient, it is more satisfactory to pay a regular amount, when he is well, with no charge during or after illness. There is at that time more strain on his resources, and having to make some contribution towards the cost of nursing is then more of a hardship than paying a small amount regularly.

An association may not pay a nurse less than the minimum salary laid down by the Institute (there is no maximum), and it is responsible for seeing that her living conditions and arrangements are comfortable. In a town, nurses always live together with a superintendent in charge, and, so far, this arrangement has proved satisfactory, both for ths staff and the work. When a nurse is alone in a position, or with another nurse, furnished rooms or a cottage are provided or she may make her own living arrangements,

and many nurses have a relative or friend to share their home.

The Association is also responsible for the provision and upkeep of the bag carried by the nurse, its fittings, and all the necessary appliances, also for the cost of transportation.

The hours of work do not, as a rule, average more than fourty-four a week, but when a nurse is working alone they are apt to be very irregular, especially when midwifery is undertaken. For two or three weeks she may be on duty many hours, but this is compensated for by weeks of light work. When several are working from a center, the superintendent arranges for one nurse to assist another as may be required, thus keeping the hours on duty more regular. Serious cases only are visited on Sunday and one half day a week with one clear weekend about once a month are free. The nurses have an annual vacation of one month.

Every nurse is visited at least twice annually by an inspector (or supervisor) who is herself an experienced Queen's Nurse and these visits are made for the purpose of maintaining a high standard of helping, stimulating, and encouraging the nurse, giving expert advice to her, and assissting generally.

The steadily increasing needs for midwives in rural areas, the shortage of the supply, and the economic difficulty in sparsely populated districts showed the necessity of an organization in the particular locality which could deal with such matters on a county basis and out of this need grew the County Nursing Associations. It was obvious, too, that something more than just a midwife was needed, for no sooner was she settled in the community than everyone turned to her for advice and assisstance in all types of illness, and there was danger in this if she had had no other training other

than that of a midwife. Yet, there was no means of supporting, and not sufficient to work for a nurse and a midwife; while the supply of trained nurses, able and willing to undertake both nursing and midwifery was hopelessly inadequate to the demand, even when funds were available to support them. As a solution to the problem, the County Nursing Association decided to hear the cost of training women for work as midwives and in addition, giving them such teaching in "home nursing" that would enable them to be useful in cases of illness under the supervision of an expert nurse. The training given them extends over a period of eighteen months covering midwifery and home nursing, and is given in a Home where this particular training is standardized. One of the conditions which a County Nursing Association accepts when affiliating with the Institute, and most are in affiliation, is that these Village Nurse-Midwives,(these should not be confused with a Cottage Nurse who reside in patients houses, undertaking a certain amount of house-work as well as nursing. There are no Cottage Nurses in connection with the Institute) are not to be used in districts where, owing to the size of the population, there is more illness than they are competent to handle. Fully trained nurses must then be employed. County Nursing Associations are responsible for local Associations, which work in sparsely populated areas and provide Village Nurse-Midwives, and for Associations in affiliation with the Institute which employ fully trained nurses.

It is the popular belief in England to-day in Public Health, Education and Training does not need a nursing background in all cases. At present, the contraversy lies between those with the ability to teach but with no personal experience of the subject taught, and those with plenty of experience but with little training in the art of teaching it.

Here lies the fundemental difference in English and American aspect of Public Health Nursing. We believe a nursing background essential and they do not. Consequently, they have many and varied so called public health workers who are not nurses. We have no recognized public health workers who are not a trained nurse.

Their system of nursing education, is to our point of view, nothing more or less than a course an medical or surgical bedside care, requiring anywhere from three to five years post-graduate work to attain an education, comparable to our three years of hospital work.

On the other hand, from their point of view, they believe in Florence Nightingale's theory that lectures and book work were not part of a nurse's training.

They do not have any university affiliations, and most of our leading schools of nursing are connected with some well recognized university. Over in England, the universities do not have the facilities to inaugurate such courses since their medical schools are affiliated with hospitals rather than universities, and here, our medical schools are a school in a university.

In spite of the many and varied differences between our system of nursing and the English system, each country can gain valuable knowledge from the other in methods and ideas. Above all, both realize, I'm sure, that nursing education to-day owes its beginning to Florence Nightingale, the Founder of Modern Nursing Education.