

THE NURSE AND THE STATE.

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Nurses Registration (Ireland) Act, 1919.

This enactment received the Royal Assent on December 23rd, 1919. The Nurses Registration Bills for England and Wales and for Scotland were also passed in the same year.

The following Memorandum is appended to the Bill, which was introduced into Parliament in the year 1914 by Dr. Addison, Dr. Chapple, and others.

NURSES REGISTRATION BILL, 1914.

Memorandum.

This Bill has been prepared at the instance of the Central Committee for the State Registration of Trained Nurses, which represents by delegation the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for the Promotion of the Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association, comprising not less than 30,000 medical practitioners and nurses.

Hitherto no minimum standard of knowledge for professional nurses has been defined or enforced. The object of the Bill is to ensure that the community shall have a guarantee that the nurses they employ are skilled in their professional duties, and through standardisation to give security to the public that the services of fully qualified nurses shall be readily obtainable.

The Bill establishes a "General Council for the Registration of Nurses in the United Kingdom," composed of persons appointed by the Privy Council, the Local Government Boards in the United Kingdom, associations of registered medical practitioners, and direct representatives of the nursing profession. The duties and powers of this Council are defined in clause 10 of the Bill; amongst the most important of them are the standardisation of training, and the examination and registration of nurses.

In 1905 a Select Committee of the House of Commons on registration of nurses, which took evidence during two

sessions, unanimously reported that "Your committee are agreed that it is desirable that a register of nurses should be kept by a central body appointed by the State."

The registration of trained nurses is in force in Cape Colony, Natal, the Transvaal, and the Orange River Colony in South Africa, in New Zealand, in the provinces of Ontario and Manitoba in Canada, in the State of Queensland, Australia, in the Bombay Presidency in India, in 38 of the United States of America, in the German Empire, and in Belgium.

THE NURSE AND THE STATE.

Introduction.

The status and the education of the trained nurse is a subject that demands public attention: it is, therefore, appropriate that the Statistical and Social Inquiry Society of Ireland should have full particulars regarding the enactment for the registration of those persons who are charged with the care of the sick, and the administration of the numerous branches of Public Health activity that are now opening up among the community.

The task of writing a paper which will deal comprehensively with this important subject must be approached with diffidence, and the hope that its shortcomings will not be criticised too severely.

So far back as the year 1894, I first became officially appointed Lecturer to the Dublin Metropolitan Technical School for Nurses, which useful Association was founded, principally through the energy and foresight of Miss Margaret Huxley, who is the acknowledged pioneer of trained and scientific nursing in Ireland. I was succeeded by Dr. E. MacDowel Cosgrave, now an ex-President of the Royal College of Physicians, and the author of a standard work on the subject, who has been so good as to attend here to-night with the object of increasing our knowledge on the subject with his experience.

Biblical.

Passing on to a short review of the development of the nursing of the sick:

The meaning of the word "Nurse" is "one who affords nourishment"; and in the Bible in the few places in which the word occurs it is used chiefly in reference to those employed in the care of young children.

“ But we were gentle among you, even as a Nurse cherisheth her children.”

Kings and Queens are designated nursing Fathers and Mothers.

It is not claimed that these references exhaust all that might be learned from the study of the Bible. Nevertheless, they attribute the qualities of devotion to duty, and the care of the helpless to the Nurse in those remote days, just as we find them preserved in the twentieth century, enhanced by professional experience and education.

Mythology.

The value of the Nurse in the practice of medicine is not recognised in Heathen Mythology, although the power of healing has been ascribed to Hygeia, the daughter of Æsculapius, and the emblem of the serpent is always associated with her statues; thus equipped, she has been adopted as the badge of the Royal Army Medical Corps.

The serpent is the emblem of the healing art in Mythology, and indicates the earliest human idea on the subject, from the observations of primeval man, on the instinctive actions of animals: the serpent periodically discarding his outer coat was observed to partake of a special herb, which facilitated the process.

In the 2nd Book of the Æneid of Virgil the simile of the snake emerging from his discarded slough is applied to Pyrrhus appearing in his shining armour.

“ Vestibulum ante ipsum primoque in limine Pyrrhus
Exultat, telis et luce coruscus aëna
Qualis ubi in lucem coluber mala gramina pastus
Frigida sub terra tumidum quem bruma tegebat
Nunc, positis novus exuviis nitidusque juventa
Lubrica convolvunt, sublato pectore terga
Arduus ad solem, et linguis micat ore trisulcis.”

The foregoing simile is rendered by Dryden, thus:

“ Before the gate stood Pyrrhus threatening loud
With glittering arms, conspicuous in the crowd;
So shines, renewed in youth, the crested snake
Who slept the winter in a thorny brake,
And casting off his slough, when spring returns,
Now looks aloft and with new glory burns.
Restored with pois'nous herbs his ardent sides
Reflect the sun, and raised on spires he rides
High o'er the grass, hissing he rolls along
And brandishes by fits his forky tongue.”

Egypt.

When I first contemplated attempting this paper, before the War, I asked the assistance of our distinguished countryman, Mr. Lawrence Edward Steele, M.A., to help me with the light of his experience in Egyptology. His courteous and interesting reply is as follows:

“ I am afraid there is nothing to tell you of the existence of “Nurses for the Sick” in Egyptian records; there are references to Wet Nurses and Midwives, but I believe the earliest references to anything approaching our idea of a Nurse is in Greek and Roman times in connection with the Temples, notably that of Æsculapius.

“ It may be interesting to know that the Priests of the goddess Sechemet (mother of the famous Imhotip, the originator of the science of medicine in Egypt) were specially famous for their medical knowledge.

“ The Nurse of the King was apparently an honoured official in Court, but as a man is so described in one of the inscriptions, this reduces the term to a mere honorific title.

“ As to Midwives, it has not escaped you that the names of two among the Hebrews—Shiprah and Puah—are preserved—Exodus i., 15. You will also know that the Ebers Papyrus is the authority for medical knowledge among the Egyptians. If you care to refresh your memory of this, you will find an excellent account of the contents of the Papyrus in Erman’s ‘Life in Ancient Egypt.’ . . . I am very sorry that I cannot give you more information, but I am pretty certain that nothing is known about ‘sick nursing,’ as it did not exist among the Ancients.”

Before passing from the realm of Egyptology, it may be permissible to relate an incident, with which the name of the late Professor George Stokes, D.D., is connected: In 1888, having been recently appointed Librarian of Marsh’s Library, Professor Stokes asked me to call on him, as he was in a difficulty. It appears that he had discovered in the library a box containing the greater part of a mummy, and he was much relieved when I very readily undertook to take the responsibility of its disposal out of his hands, with the assurance that no public enquiry of any kind was necessary.

On examining the bones, with the help of the late Professor Edward H. Bennett, we found that the right humerus was abnormal, owing to a congenital malformation; so that

after the lapse of possibly 5,000 years we were able to arrive at the diagnosis of a "diseased condition" which existed during life. The specimen is preserved in the Museum attached to the Medical School of Dublin University.

Mediæval.

Passing on to the earliest Christian times, we find the same dearth of information. It is clear, however, that the care of the sick and wounded formed the chief work of the Sisterhoods of those days. For centuries cultivated women have devoted themselves to this calling.

As early as 390 A.D. St. Jerome tells of a charitable Roman lady, Fabiola, who built a hospital in Rome, and tended the sick with her own hands. The religious Orders carried on the work and kept the light burning through the dark ages of Nursing.

During the Crusades, Orders of Knighthood were founded to protect and care for the Pilgrims visiting the Holy Sepulchre, though these lost sight in later years of the original object of their foundation. The Knights Templars were at first devoted to work among the wearied travellers to Jerusalem. The Knights Hospitallers of St. John kept for many years their tradition of a friendly hospitable care of poor pilgrims, but they became later a rich, fighting community, and the hospices which they established were more resting-places or hostels than places for nursing.

The care of the wounded appears to have been left in these early days entirely to men, unless the wounded were so fortunate as to reach a feudal castle (where, as in *Ivanhoe*), he might find some gentle Rebecca to tend him.

It is thus we imagine that Shakspeare's sick people are nursed—Falstaff by Mrs. Quickly, his hostess, who describes his passing away, "babbling of green fields"; and Lady Macbeth, attended by her faithful gentlewoman, who, having answered all the doctor's searching questions, retires with his directions:

"Look after her,
Remove from her the means of all annoyance,
And still keep eyes upon her."

So it is the Nurse, "amateur but gentle," who is left to "minister to the mind diseased."

Shakspeare, too, in spite of the fact that there was no recognised body of Nurses, nor any such thing as training, gives what Florence Nightingale quotes as the best defini-

tion of a Nurse, when Imogen in her boy's dress is described by her master as:

"A page so kind, so duteous, diligent,
So tender over his occasions true,
So feat, "so Nurse-like."

And it was before the revival of nursing that Longfellow wrote *Evangeline*, and gave us the picture of "Patience and abnegation of self and devotion to others," which is his ideal of a Sister of Mercy. Does not *Evangeline* prefigure "The Lady of the Lamp" in the lines:

"Many a languid head, upraised as *Evangeline* entered,
Turned on its pillow of pain, to gaze while she passed,
for her presence
Fell on their hearts like a ray of the sun on the walls
of a prison."

But while the true Nurse existed among the Sisters of Mercy and good women in the home, the art of nursing and the training of paid nurses were non-existent. In the early part of last century the deplorable state that prevailed was not exaggerated by Charles Dickens in "*Martin Chuzzlewit*," or by Wilkie Collins in his novel, "*Basil*," wherein the following description of the Nurse in attendance on a dying lady appears:

"The first sight of this woman, on her entrance, sickened and shocked me: all that was naturally repulsive in her was made doubly revolting by the characteristics of the habitual drunkard, lowering and glaring at me in her purple bloated face. To see her heavy hands shaking at the pillows as they tried, mechanically, to arrange them: to see her stand, alternately leering and scowling at the bedside (an incarnate blasphemy in the sacred chamber of death) was to behold the most horrible of all mockeries, the most impious of all profanations. No loneliness in the presence of mortal agony could try me to the quick as the sight of that foul old age of degradation and debauchery defiling the sick room, now tried me."

The hospital nurses were not only rough and untrained, but were almost, without exception, addicted to drink. A quotation from the letter of a prominent gentleman of that time shows how public opinion assented to this low standard. When the Nightingale Fund was inaugurated for training nurses in 1856, the following was written: "Lady — thinks the fund great humbug. The nurses are very good now; perhaps they do drink a little: poor people; it must be so tiresome sitting up at night."

This shows the complacency and apathy of the public, even after the scandals of the Crimea had been exposed.

Florence Nightingale.

The great change to the attitude of the present day was due to the wonderful work and personality of Florence Nightingale. Born in 1820, just 100 years ago, and educated for a life of ease and social eminence, she was from her girlish days stirred by an interest in nursing and desire to give herself to that career.

Overcoming the opposition of her family, she, in 1850, paid her long projected visit to Kaiserswerth, and in 1851 took up her residence there for a few months. Here, in a little town on the Rhine, a young pastor, Flidnetr, had founded in 1823, on an unpretentious scale, an institution for reforming prisoners, an infant school, and a training school for nurses.

From this beginning sprang many institutions for Deaconesses in France, Switzerland, America, and many other places, and here Florence Nightingale learnt much that was of value—though of nursing, in her sense of the word, she found the standard as low there as elsewhere.

It was in Paris, in 1853, that she studied "Nursing," visiting the sick and inspecting the hospital arrangements under the Sisters of Charity, and it was this experience which fitted her for what she called her "first situation," the Governesses' Home in Harley Street. Here, though not allowed to train nurses—always her dearest wish—she remained in touch with doctors and medical associations—all unsuspectingly preparing for the great part she was to play in a few months' time.

The story of her work needs no recapitulation here. The suddenness of her call, her letter crossing that of Sydney Herbert, and all being ready in five days after she had received it; the terrible need at the front, and the energy, devotion and skill with which difficulties were overcome, and abuse rectified in administration, in sanitation, and in details such as food, clothing, ventilation and cleanliness.

In this work Miss Nightingale's first company of about forty nurses bore a distinguished part. They had been carefully chosen by her when the call came, some from the Sisters of Mercy at Bermondsey, and a few from London hospitals, such as St. Thomas', and some from Protestant institutions such as St. John's House, which supplied nurses to King's College Hospital.

A later company of Nurses went out with Miss Stanley to join the Hospital Staff at Scutari, and it is a matter of no small interest to us that among these were a number

of Sisters of Mercy from Baggot Street Convent and from other Convents in Ireland.

To the Reverend Mother and Sisters of Bermondsey, Florence Nightingale gives unstinted praise, and she remained a life-long friend of the Reverend Mother Clare, the foundress of that Society.

It is notable that all through her life-work Florence Nightingale consistently appealed to "Statistics," and used them as the foundation and buttress of her schemes. It was almost part of her religion to regard "Statistics" as an indispensable means of discovering the Divine Will and Law in the World.

One of the chapters of her life is headed "*The Passionate Statistician*"; and one of the well-merited honours bestowed upon her was her election as an honorary fellow of the Statistical Society of England in 1858. Her admiration for Quetelet the Belgian, and her friendship for Dr. William Farr, first Medical Superintendent in the General Register Office of England and Wales, endorse her reliance on and her study of Statistics in every work in which she engaged.

William Farr.

The following extract, taken from the first Report of the Registrar-General of England, contains the words of the great chief of British Medical Statistics, Dr. William Farr, which are worthy of reproduction for their truth and power:

"Any improvement in the treatment of disease and any addition to medical science will tend ultimately to the diminution of human suffering; but the registration of "causes of death" is calculated to exercise a still more direct influence on Public Health. Diseases are more readily prevented than cured, and the first step towards their prevention is the discovery of their exciting causes: the Register will show the agency of these causes by numerical facts, and measure the intensity of their influence.

"The annual rate of mortality will be found in some districts to be 4 per cent., and in others 2 per cent.—in other words, the people in one set of circumstances live for 50 years, and in the other—which the Registration will indicate—they do not live for more than 25 years. In these wretched districts nearly 8 per cent. of the population are constantly sick, and the whole community is withered to the roots; their arms are weak, their bodies wasted, and

their sensations embittered by privation and suffering: half of life is passed in infancy, sickness and dependent helplessness.

“In exhibiting the ‘high mortality’ of a district, the ‘disease’ by which it is occasioned and the ‘exciting cause’ of the disease, the abstracts of the Register will prove—that, while part of the sickness is ‘inevitable,’ and part can only be expected to disappear before progressive and social amelioration, a considerable portion of the sickness and deaths may be suppressed by the general adoption of ‘hygienic measures’—which are in actual but partial operation—for diseases are the ‘iron index of misery’ which recedes before strength, health and happiness as the mortality declines.”

Florence Nightingale.

Not only in Miss Nightingale’s great schemes of “army reform” for “Indian health” and “English poor law” did her statistical research help her—even in the Crimea, when confronted with practical difficulties of the most pressing kind, she studied the death-rates and noted the outstanding figures, which pointed to gross mismanagement. In her nursing reforms, too, she founded everything on hard facts, and prepared the way with industrious study and research. These Nursing Reforms fall under three headings, and as a matter of history may be referred to as:

- 1st—Reform of “Hospital training.”
- 2nd—Reform of “Workhouse nursing”; and
- 3rd—Institution of “Nurses’ Homes for attendance on the Sick Poor.”

In the first of these reforms, Florence Nightingale was the great figure, though not actually the first to perceive the need and take the field. It has been said that “She was the founder of modern Nursing, because she made public opinion perceive, and act upon the perception, that Nursing was an art, and must be raised to the status of a trained profession.” (In these later days, too, public opinion on this point needs continually to be kept alive and alert).

Having aroused public opinion, and obtained a hearing through the fame of her work in the Crimea, she proceeded to further this work by writing, her influence, and her use of the Nightingale Fund.

Her notes on Nursing, published in 1859, were immediately recognised as an epoch-making book.

In June, 1860, the Nightingale Training School for Nurses was opened at St. Thomas’s Hospital. This school

remained the model for many others, and for many years supplied Matrons and Superintendents to other Institutions which thus came directly under the influence of the Founder.

The second part of the crusade—namely, the reform of "Workhouse Nursing"—was initiated when Miss Agnes Jones (an Irish lady belonging to Fahan, near Londonderry) and one of Miss Nightingale's trained Nurses, was sent to Liverpool Workhouse Infirmary, in 1865, with a staff of trained nurses and the nucleus of a Nursing School.

This project is alluded to as one of her life-long wishes. She says: "I am sure it is not for us to talk of "civilisation," for I have seen in our English Workhouse Infirmaries neglect, cruelty and malversation, such as can scarcely be surpassed in semi-barbarous countries."

This experiment, financed by private munificence, was a complete success, and led ultimately to a series of Poor Law reforms.

Miss Nightingale's notes on Pauperism, though never published, were read and used by the Reformers who drew up the Bill of 1867; this Bill separated the Insane from the Sick, the Infectious from the Non-Infectious cases, gave increased air space to the Inmates, and established Dispensaries in the Metropolis.

The third reform—namely, the establishment of District Nurses for attending the poor in their own homes—must be regarded as the proper sequel to Workhouse Reform. In 1874, Miss Nightingale wrote a pamphlet on the subject, and a letter to the *Times* on the Metropolitan Nursing Association drew attention more pointedly to the existing needs of the poor. In this letter she insisted (characteristically) that nothing second-best would be good enough for the sick poor, that such Nurses must be "Health Missionaries," and that there must be "a real Home within reach of their work for the Nurses to live in." How closely her ideas and ideals have been followed, those who know the work of the Jubilee Nurses in the districts in which they have been already established will bear witness.

Retrospect, Dublin.

The subject before the Society brings each of us back, so far as we can trust our memory, to our personal experiences. In or about the year 1867 I have seen scarlet fever passing through a family of twelve children, ranging from infancy upwards, and claiming two victims, no trained nurse being available. Later on, about 1872, I have visited the Dublin Hospitals: there were no trained nurses

at that period. Eventually the hospitals were supplied with trained nurses; reforms had been slowly advancing and assumed a concrete basis on the foundation of D.M.T.S.N. ("The Dublin Metropolitan Technical School for Nurses") on December 16th, 1893.

For the following account of that pioneer and successful Institution I am indebted to its Founder, Miss Margaret Huxley:

D.M.T.S.N.

"On 16th December, 1893, a meeting was held at the National Eye and Ear Infirmary, 13 Molesworth Street, to consider a plan for the better technical education of Nurses in Dublin. At this meeting there were present the following members of the Medical Profession: Richard Hayes, Charles B. Ball, afterwards a Baronet; James McCullagh, Joseph Redmond, afterwards Knighted; William Thomson, afterwards Knighted and C.B.; Joseph Pratt, Michael McHugh, and Guy P. L. E. Nugent. Also the following Hospital Matrons: The Misses Huxley, MacDonnell, McGivney, Hughes, Campbell, Close, St. Clair, Lee, Poole, Kelly and Phillips.

"The meeting was unanimous in its approval of a scheme for a Central School, where Probationers should receive systematic teaching and undergo a uniform examination, in addition to the more important teaching already given in the Wards of the Hospitals. It was arranged that one representative of the Medical Staff and the Matron of each co-operating Institution should form the Governing Body.

"The Presidents of the Royal College of Physicians and the Royal College of Surgeons were invited to act as Patrons and *ex-officio* members of the Committee. Doctors Walter G. Smith and Thornley Stoker, afterwards Knighted, were the first Patrons.

"It was thought that the cost of providing lecturers, examiners, rooms, materials, etc., would amount to about £100 per annum, and that the expenses should be divided between the participating Hospitals in proportion to the number of Probationers sent by each. Eventually it was arranged that a fee of £1 for each pupil would be charged for the complete course of lectures and examinations—viz., Anatomy, Physiology, Hygiene and Invalid Cooking.

"At the meeting held in May, 1894, it was unanimously decided to ask Dr. Ninian M. Falkiner to undertake the

lectures (which honour he willingly accepted), and held the office for one year. The cooking demonstrations were given by Miss Hetherington.

"Dr. Falkiner was succeeded by Dr. E. MacDowel Cosgrave, who continued to hold the office until 1906, when Dr. Ella Webb succeeded him and lectured till 1915; from that date Dr. Percy Kirkpatrick carried on the teaching to the year 1919, when the work was undertaken by Dr. Pearson and Captain Speares, conjointly.

"During the whole period of 26 years of the existence of the School, Dr. Richard Hayes has acted as Hon. Treasurer—a long record of very helpful and kind service.

"In the year 1913, a paid Secretary was appointed. There have been as many as 1,420 attendances in one Session."

District Nurses.

At the same time that the organisation for the establishment of a Training School for Nurses in Dublin was proceeding, another centre of usefulness was developing—namely, for the foundation of a Home for the supply of Nurses to attend the sick poor in their own homes. This work was inaugurated in Liverpool in 1859, and afterwards followed in Bermondsey. Dublin holds the valued record of being the third city in the Empire which recognised the great importance of this work.

In the year 1876, St. Patrick's Nurses' Home was founded by Anne Lee Plunket, wife of William Lord Plunket, Archbishop of Dublin. Her portrait, presented by her sister-in-law, Lady Ardilaun, adorns the Committee Room of the Home. At her death, in 1889, the work was continued (mainly through the benevolent energy of the late Miss Jane Thompson, whose memory is gracefully perpetuated by the erection of a beautifully executed stained-glass window in St. Patrick's Cathedral; as were the memories of Miss Nightingale and Miss Jones, by similar mementos, in the New Cathedral of Liverpool).

Shortly afterwards the pressing requirements of the poor in North Dublin city were relieved by the foundation of St. Lawrence's Catholic District Nurses' Home; both of these beneficent institutions were incorporated as training schools for District Nurses and affiliated with the Queen Victoria's Jubilee Institute in the year 1894.

I will not delay the meeting by enlarging on the service done by these noble institutions, but confidently recommend their continued support to the consideration of the charitable public. And here I wish to interpolate that in England the working classes contribute largely to the

support of the District Nurse. For example, in the Report of the Warrington Nursing Association for the year 1918, the accounts show that out of a total collection for the year of £659, there was £311 contributed by the Working Men's Committee, and £26 in small fees—more than half the total.

Before concluding my remarks on this subject, may I be permitted to suggest that there is opportunity for a great and useful development of the District Nursing system. The financial problems that have developed in the train of the War have had the effect of reducing many of the middle classes to a state bordering on privation. These people who, in pre-War circumstances would have, in the event of illness, employed a trained Nurse, now, owing to financial stress, find such an expense completely beyond their means. It appears to me that this distressing state of circumstances may be largely mitigated by increasing the useful functions of the "District Nurse" and arranging a reasonable and graded system of payment for her services.

These two questions—1. The best method of obtaining the weekly pennies of the industrial classes; and (2) the supply of the benefits of District Nursing to the overburdened and struggling middle classes appear to be worthy of the consideration of the Society this evening.

Registration in America.

In order to place the modern aspect of the "Nursing" question before your notice, I have been in communication with Dr. Augustus S. Downing, Assistant Commissioner and Director of Professional Education in the University of the State of New York, who, with great courtesy and promptness, has furnished me with literature, from which the following has been extracted:—

By Article 12, Public Health Law, Registration of Nurses became a Law, April 27th, 1903.

Who may practice as Registered Nurses.—Any resident in the State of New York, being over the age of 21 years and of good moral character, holding a diploma from a training school for Nurses connected with a hospital or sanatorium giving a course of at least two years, and registered by the Regents of the University of the State of New York, may practice as a registered Nurse. Nothing in this article shall be considered as conferring any authority to practice medicine or to undertake the treatment or cure of disease.

The control of education and examination is in the hands of the University of the State of New York, who appoint—

1. A Board of Nurse Examiners.
2. A Nurse Training School Council.
3. An Inspector of Nurse Training Schools.

The interests of "Nurses" who were in practice prior to the passing of the Act were protected by clause 252—"Waiver of Examinations." "Any person possessing the qualifications mentioned, who shall have been graduated before or who were in training on the 24th April, 1903, and shall thereafter be graduated, and of such persons now engaged in the practice of Nursing and who have had six years in the practice of Nursing in a general hospital prior to 1903, may, on giving satisfactory evidence to the Regents, waive the examination.

Community Nursing Service.

Although the Public Health Nurse has not as yet been established in New York by enactment, there is little doubt but that the education of public opinion, stimulated by the experience of the Influenza epidemics of 1918 and 1919, will shortly produce further legislation in this direction by our energetic cousins at the western boundary of the Atlantic Ocean.

The activities of the Public Health Nurse in New York may be briefly summarised as follows:

1. She educates the public in the care and prevention of sickness.
2. Prevents and relieves "tuberculosis."
3. Helps to prevent poverty.
4. Performs field-work for dispensaries and hospitals.
5. Saves the lives of new-born babies.
6. Saves lives of industrial workers.
7. Prevents communicable diseases among children.
8. Carries out emergency work in the time of epidemic disease or public catastrophe.

The War.

A paper of this description would hardly be complete without a reference to the "Nursing Service and the War," and an account of some details of the huge Military Hospital Unit (the Lord Derby War Hospital), to which I had the privilege of acting as Assistant Registrar during that period. I am precluded, however, from so doing without the permission of the Army Council, so will content myself

by offering a well-deserved tribute of appreciation to the Army Matron and Army Sisters, and also the Civilian Matron and Civilian Nurses who served in the Hospital. All were competent, patriotic, and devoted, and in no instance during four years of increasing pressure did I observe an act of neglect of duty, or yet a slackening of self-sacrificing endeavour among the Nursing Staff of that great War Hospital or its Auxiliary Branches.

Conclusion.

In conclusion, it is my desire that the discussion which takes place to-night should be one of useful suggestion to the Minister of Health and to the Public Health Council of Ireland, and therefore venture to offer the following references for consideration: Regarding the Nurse—The standard of her physical health; the age for commencing professional training; her preliminary education and examination; her professional training both in the hospital and the school; and her final examination before being registered as a trained Nurse. Further, the creation of an advanced diploma in Nursing Science; the Public Health or Community Nurse, to administer the numerous activities concerned with the Health of the People that are now being instituted; and the extension of the District Nursing system to meet the requirements of the public.

On the part of the public it is our duty to provide that the remuneration of the Trained Nurse is adequate; that her working hours are reasonable; that her holiday is sufficient to permit her to recoup her strength after her arduous professional duties; and that a suitable pension be attainable when the faculty of exercising her nursing skill becomes impaired.

Report of the Discussion which followed on the Reading of the above Paper.

THE CHAIRMAN (Professor Oldham).—I am sure that you have all heard with great pleasure this paper from Dr. Falkiner. I think that Dr. Falkiner has as his main purpose to give an opportunity to prominent workers in this movement to speak on the subject at this very proper time. It is not often in life that pioneers have the advantage of living to see the achievement of their objects. Too often the pioneer dies simply with the light of hope in his eyes and he does not live to see the fruits of his efforts. But in this movement, and in the *Nurses Act*, I think we can congratu-

late quite a number of devoted pioneers in having realized a definite achievement, which, of course, is only the starting point for a further advance. At all events, it is very proper that in the year 1920, the centenary of the birth of Florence Nightingale, this topic should be considered, and we are very fortunate that we have been favoured to-night by the presence of quite a number of visitors who are peculiarly qualified to speak on a matter which they have had very much to heart for a great many years. I hope they will favour the Society with their views on the subject of the paper.

SIR JOHN R. O'CONNELL.—I wish to convey my most sincere appreciation of the excellent paper which Dr. Falkiner has read to us to-night. The Society has for a long time been deeply indebted to Dr. Falkiner for his unselfish, active, and very useful service to the Society. We all feel this very deeply, but we also feel a little aggrieved that Dr. Falkiner should have hidden himself when his knowledge and information would be of such great use to the Society. Although he has served the Society so unselfishly, he might have written more papers and expressed himself more frequently in the Journal and on the rostrum on all those subjects in which he is so extraordinarily capable of doing useful work for us. We are very grateful, however, that on that subject which of all others he is capable of speaking, he has given us a most admirable paper to-night. I believe that I express the feelings of every member of the Society, and also of those visitors who are with us to-night, when I say that we are extremely grateful for this most interesting paper. We hope that the subject which he has dealt with so well to-night will be treated of in some of its other interesting forms and aspects in another paper to be read before the Society.

Mr. S. SHANNON MILLIN said—Unfortunately I am not in a position to comply with the desire expressed in the conclusion of the paper that the discussion should take the form of useful suggestions, but, at the same time, as a member of the Statistical and Social Inquiry Society, I am pleased to see Dr. Falkiner make his first appearance on our rostrum. For close on twenty years he has occupied the position of one of our Honorary Secretaries, and during that time his characteristic modesty has kept him in the background.

In the course of his interesting paper, Dr. Falkiner gave us references to Nursing in the Biblical times, in the Egyptian records, and in the various periods of English

Literature down to the present time. But there is one omission, if I might be permitted so to call it, which with your permission I shall supply. It is a description—one of the most beautiful ever written—of Hospital and of Nursing life:—

“ These beds around me ranged along the gilded wall,
 Where the wounded lie and moan in their lingering
 agonies,
 Where the gentle white-capped Sister beside her patient
 sits,
 And from couch to couch in silence the grave
 Physicians move,
 And 'mid noble stately figures, bent to soothe the
 dying, flits,
 Like a gleam of God's own Heaven, the sweet face of
 Her I love.”

Those lines were written by G. F. Savage-Armstrong, a distinguished *alumnus* of Trinity College, and are a beautiful tribute to the work of that noble-minded woman, Florence Nightingale, the pioneer of all hospital work. Anyone who has been, as I have, in a sick bed far away from the near and dear ones at home, can realise the accuracy of the description that the “gentle white-capped Sister” comes as a “gleam of God's own Heaven.” What the nursing sisters have done during the recent war I shall not venture to describe, as no one can adequately measure the services they rendered to humanity. But I sincerely hope that Dr. Falkiner's paper will have the desired result in arousing public attention to the necessity of giving to the Nursing Society that liberal support which it so justly deserves and so amply merits. I most heartily endorse the concluding paragraph of Dr. Falkiner's paper, and hope that the State will not fail in its duty to provide the necessary funds so that Nurses may pass a comfortable old age, when nature demands that they shall cease from rendering their benevolent and important services to mankind.

In conclusion, I would suggest that now, when the Nurses have been formed into a Society, they will use every effort to put an end to that Abomination, commonly known as the “handy-woman.” If ever there was a case which required the skilled and trained hand, it was in such cases as the services of the “handy-woman” are requisitioned. The system has been abolished in the national interests of every country other than Ireland, where, even in its modified form, as in Belfast, it is productive of much evil.

Dr. COEY BIGGER.—I have to thank the Social and Statistical Society for their kind invitation and Dr. Falkiner for his most interesting and instructive paper. I am afraid I cannot speak in the very fluent manner of the previous speakers, but I will mention two or three points which have occurred to me. First of all, my mind goes back to my early days in the profession, some 35 years ago. At that time, in the district to which I was appointed, there was a society for the nursing of the sick poor, and I remember well the attention, the kindly interest of the nurses, and their devotion to duty, and this has been before my mind ever since. I have often expressed the hope that at some future date we might have district nurses in every district in Ireland. In the last four or five years, you all know, public health matters have received an impetus and the State has come to the assistance of voluntary effort. The State is now ready to pay the expenses for the nursing of certain classes of cases. First of all, there is the nursing of Tuberculosis. The State also pays half the amount for Child Welfare, and now this last year we have the medical inspection of school children. Here again the State will come in and pay half. The State offers to pay for nursing services to the child from birth up to the time of leaving school. As we all know, this is the most trying time as regards sickness. It is the time that the mother of a family requires most assistance. Unfortunately, these grants have to be paid through local authorities, and the local authorities are not the same for all. You have one dealing with Child Welfare and another with Tuberculosis, and so on. I hope that in the next Public Health Bill there will be some co-ordination, or that they will be all under one authority, say the County Council, who would be able to make up one half the cost and the State the other.

I think it would be most desirable if we had a Voluntary Nursing Association in every county. Ladies of the district could look after and help the nurses, and go with the nurse and take an interest in the cases, and so on, and in that way help the nurses to get in touch with every case of illness.

If the local authorities relied entirely upon appointing the nurses it would mean that there would be no supervision, whereas a voluntary association could do much to supplement and encourage the work of the nurse.

SIR JOSEPH GLYNN.—I have listened with pleasure to Dr. Falkiner's paper. In connection with my own Department, the National Health Insurance Commission, we have during the past year arranged on the Western seaboard a scheme of District Nurses in connection with the Lady

Dudley Jubilee Nursing Association. There are in Ireland a class of people known as Migratory Labourers, who go to England and Scotland every year to work. While there they are insured, but at home, as they are small farmers or the children of such, they are not insured. As they draw no benefits under the Insurance Acts in this country, the money which is paid on their behalf while in Great Britain is sent to the Irish Commission to be spent on some scheme for their benefit. We considered that the best thing we could do for them was to establish Jubilee Nurses in the districts from which these Migratory Labourers come, and we have, accordingly, made arrangements for six nurses in Galway and Mayo, and are about to appoint some in Donegal.

I was particularly interested in Dr. Falkiner's reference to the Crimean War, and to the nuns who had gone out as nurses, as it reminded me of a dear old nun who taught me my first letters. She had gone with the Sisters of Mercy from Carlow to the Crimea, and on her return had founded the Convent of Mercy, Gort, County Galway. I often heard my mother tell how, after the Crimean war, there were some troops stationed in Gort who had served in the war, and that it was a regular practice for some of the men, after Church-parade on Sunday, to fall in again and march to the convent to visit their old nurse. This lady wrote a diary of her experiences, which was afterwards seen by one of Queen Victoria's Lords-in-Waiting when on a visit to Lough Cutra Castle. The manuscript was borrowed and sent to the Queen, who wrote a very gracious letter to the convent and conferred the Royal Red Cross on old Mother Aloysius.

Now that the lay nurses have come into their own, and their rights are being recognised, one is apt to forget the pioneers of all our Nursing, and not to give sufficient credit to the Catholic Religious Sisterhoods. In this connection I would like to read portion of a letter from Mother Mary Aikenhead, the Foundress of the Irish Sisters of Charity, written in 1833 from Sandymount to the Commissioners for the establishment of the Irish Poor Laws:—

“ Our convent has been established at Sandymount,
“ Parish of St. Mary, Donnybrook, City of Dublin, about
“ three years. The object of our Institution is to attend to
“ the comforts of the poor, both spiritual and temporal; to
“ visit them at their dwellings and in hospitals, to attend
“ them in sickness, to administer consolation in their
“ afflictions, and to reconcile them to the dispensations of
“ an all-wise Providence in the many trials to which they
“ are subject.

“ There is no dispensary in this neighbourhood, and the poor have no other medical aid than such as we can bestow. In the course of the last summer the cholera morbus broke out in the villages of Sandymount, Irishtown, Ball’s Bridge and Ringsend, and raged for five weeks with great violence. We found some in the agonies of death, without the means of procuring even a drink; many perished without medical aid, till at length the bounty of Lord Anglesea, who contributed £20 from his private purse, added to £20 given by the Hon. Sidney Herbert, and a private subscription of £30, enabled us to open an hospital containing twelve beds, which were constantly full to the termination of the epidemic. The same subscription enabled us to give medicine and relief to 100 external patients, attacked with incipient cholera, and since that period we have continued to administer medicine under the charitable advice of a medical practitioner in Dublin. . . .

“ We are at all times ready to lend our assistance in superintending hospitals, or administering relief to the sick at their own dwellings in fever or cholera morbus; and most sincerely deplore that we have not the means to erect an hospital where our care of the sick might be attended with more beneficial results than any we can possibly effect amid the desolation of their wretched homes.”

The whole letter gives a great insight into the condition of Dublin during the Cholera of 1833.

There is another Nursing Order in Dublin which is not so well known as it ought to be—namely, the Little Sisters of the Assumption, in Camden Street. My reason for mentioning it is because I think its methods of visitation and attendance on the poor might be copied in any large scheme for the nursing of the poor in their own homes. Where the mother of a family is sick, the Sister comes in the morning and gets the children ready for school, gets their breakfast, and then attends to the patient and the home. When these matters are finished, she gets things ready for the children’s dinner, and goes home to her convent for her own meal. She is back before the children are home from school. They are fed, the patient is attended to, and the husband’s supper left ready for him on his return from work. The Sister then returns to her convent after a good day’s work well done. The importance of this class of nursing is that it combines the housekeeper with the nurse, and is eminently suited for the poor in cases where the mother is ill.

DR. E. MCDOWELL COSGRAVE.—The first point Dr. Falkiner's scholarly paper brings before us is the shortness of the period in which professional nursing has developed. Modern nursing dates from the Crimea, but had a delicate childhood, its real progress only occupying the last forty or fifty years.

Dr. Falkiner hardly does justice to the pre-trained nurse period. If there were no nurses there was plenty of nursing, and the goodman, ripped by the tusks of a boar, or spitted by his opponent's spear, was carried home to his wife, who probably applied a poultice of simples. How many present-day wives would pass that test?

It always happens that as specialists arise the general level of knowledge falls, and so in latter years, whilst trained nurses are better, home nursing is worse. The splendid work done by the V.A.Ds. was the outcome of a call on this undeveloped power.

My professional life, like that of Dr. Falkiner, bridges over the period from the untrained nurse to the present finished product. In hospitals there used to be a few elderly nurses and a constant succession of strong country girls for nurses and wardmaids. The first sign of trades union feeling I observed was when the nurses objected to their ranks being recruited from the wardmaids.

Some of these old nurses were wonderfully good; every hospital has traditions of such. One I knew had an extraordinary power of detecting typhus, another had an uncanny knowledge of who was going to die. As students we relied absolutely on the former, and were never deceived; if ill, and the latter had decided against us, I verily believe that contentedly, if not cheerfully, we would have given up the ghost.

I often wonder if these nurses were really so good, or whether they were like tall people amongst pigmies, and whether they still exist, the higher general growth obscuring them.

To two other points in the paper I would like to allude. First, the Dublin Metropolitan Technical School for Nurses, in which I had the honour to be Lecturer and Examiner for eight years. It was a voluntary effort to carry out what is now to be compulsory—the establishment of a uniform standard of education for nurses. It is wonderful how much the nurses learned in a short intensive course. Many of their papers would have reflected credit on medical students who get months of instruction where nurses get weeks, and the general average of answering was high. It is not as easy to make nurses proficient in practical work, as their previous

education is of the brain and not of the hand. The second point is the District Nurse. Like every medical man practising in Dublin, I have frequent opportunity of utilising her services and know what a blessing she is to sufferers of narrow means. I know no sight more beautiful than the District Nurse hurrying along with her attaché case containing some help and comfort for every patient on her long round. No woman does harder work, and no work is more cheerfully done.

LADY RUSSELL.—My knowledge of nursing has been gained by being president of the branch of the District Nurses in my own district. When we came to live there, about twelve years ago, we found the district in the hands of "handy women," who attended to a case for a shilling. I felt that this was an injustice to the poor. At that time Lady Aberdeen had started an association of District Nurses, and we got together a committee of ladies and started an association, and with the help of charitable people in the district raised a sum of money and started District Nurses. This has been working for the past twelve years. I am sorry to say that we want midwives more than anything. I would like to say that the nurses are not quite so badly paid as some of the speakers here think.

Miss MICHIE.—District Nursing, or work amongst the sick poor in their own homes, was established, on an organised basis, by the late Mr. William Rathbone, of Liverpool, in 1859. This, however, is not the first time we hear of district nursing, as we find that Queen Matilda established a Religious Order in 1148, with the original intention of securing repose for the souls of her two children. This Order was chartered in 1273 by Queen Catherine, widow of Henry III. We hear of it again in 1357, when Queen Phillippa, wife of Edward III., directed that, amongst the duties of the Brothers and Sisters belonging to the Order, they should visit the sick and infirm in their own homes.

In 1887 the work was given a great impetus, when the late Queen Victoria devoted part of the money (£72,000) which was contributed and presented to her by the women of Great Britain and Ireland, as a Jubilee Memorial—hence the name of Jubilee Nurse.

The work amongst the sick poor in the City of Dublin was commenced in 1876 in St. Patrick's Home. This work has gone on by leaps and bounds; at present nurses are working in 30 out of the 32 counties in Ireland. Later St. Lawrence's Home was established. The above are the only Homes in Ireland where the nurses can receive their special training

in district nursing, and between them train an average of 20 nurses every year, who are placed out in different parts of the country. Many of them are working in the most remote and isolated places in Ireland. In Innishbofin, Co. Galway, for instance, where the nurse is 15 miles from the nearest doctor, 7 of them over the open Atlantic. She has no telephonic or telegraphic communication with the mainland, and is often cut off from it for weeks at a time on account of storms. There are over 1,000 people on the island, so you can imagine the work requires a woman of great resource and self-reliance. Arranmore, Co. Donegal, is another island where the nurse is entirely responsible in stormy weather, when the doctor is unable to reach the island.

The district nurse should have sound health, both in body and mind, have received a liberal education, be possessed of plenty of common sense, resource and tact, a sense of humour, thoroughly interested in and have sympathy with the poor.

She should be trained in a good general hospital, and, if possible, have midwifery training, so as to increase her knowledge and sympathy. The special training in district nursing will enable her to adapt her hospital methods to work amongst the sick poor in their own homes, and teach her how to manage the people. Whilst nursing is the primary duty, and the one for which she has been specially trained and fitted, the preventive and educational side is more and more recognised and demanded, so she must have at least an elementary knowledge of hygiene, sanitation, and all the laws which affect the people in their own homes—such as the Infant Life Protection Act, and the National Insurance Act, as it affects her patients, especially with regard to maternity benefit. One of her chief duties is to educate the people up to a higher standard of living, as well as to nurse them, so she must have a thorough knowledge of preventive medicine—tuberculosis for example. Perhaps no one can do so much to prevent the spread of this disease as an intelligent, well-trained district nurse. She can, when visiting the homes of her patients, detect early symptoms, and suggest that medical advice be obtained without delay. She must understand, and be prepared to carry out, all the duties under the Child Welfare Act, and in the near future will be asked to undertake the nursing duties under the Medical Inspection of School Children Act, and in districts where a dental clinic is established she will have to assist with it.

It is right to say that no body of women have so much influence as district nurses: their work brings them into

contact with every class of people, and in country districts, often in emergency, and until a private nurse can be secured, they have to assist to nurse the better class people. Many of the middle class, or the new poor who cannot possibly afford to pay for a private nurse, are thankful to be able to avail themselves of the services of the district nurse. This arrangement works well, provided always that the poor have the first claim on the services of the nurse, and are not in any way neglected. In this way people get to know the value of a well-trained nurse, and realise how much she can do to help the poor, and they are not only willing to pay the fee for her services, but in many instances become life-long subscribers to the fund. One of the many duties a nurse has often to undertake is to assist the husband and various members of the family to get work. This generally entails much correspondence and a considerable number of visits to the employer, especially if the employee has not proved a very efficient worker, but if she has sufficient perseverance she will usually succeed.

Money for the support of the nurse can be raised in various ways:—

1. Voluntary contributions from well-to-do people who are interested in the poor.
2. Contributions from Public Funds for work done under the Child Welfare Act, Dental Clinic, School Nursing, and Tuberculosis.
3. Contributions from prospective patients:—
Labourers, 1d. per week—4/4 per annum; artisans, small farmers, small tradespeople, and others of that class, 7/6 to 10/- per annum.
4. Fees for services rendered, 2/6 and upwards per visit from the middle class.

Experience shows that the poor of the working classes should be asked to contribute towards the support of the district nurse, as they appreciate her far more, and they are not pauperised. The chief object is to try to help them to help themselves, provided always that free nursing is given in necessitous cases. The Managing Committee can always reserve to itself the right to reduce or remit the fee, or annual subscription.

It is the work of the Committee to fix and collect the fees and subscriptions. As the work of the district nurses is so valuable, and indeed a necessity to the community, and more especially to the coming generation, many people consider they should be entirely supported by public money. This, in my opinion, would be a misfortune, as it would

almost certainly mean a lowering of the standard of work. The ideal to aim for is a combination of charity and State support, so as not to lose the human touch with the people.

The nurse should be paid a living wage, and be able to look forward to a pension, when her working days are over. It is somewhat difficult to fix a living wage at the present moment, as what would support a nurse in moderate comfort to-day might be a starvation wage in twelve months time, if the prices of the most necessary articles of food and clothes continue to rise.

The age limit is also difficult to fix. Many district nurses are young at 55 and even 60. 55 is an average age. It is a well-known fact that the life of a district nurse is much longer than that of her sister who is doing private nursing. The pension should be contributory, and should be sufficient for every reasonable need.

The work of the district nurses is little heard of, except in the few places where they are actually established. The chief reason is that there is not a large building to attract the public eye; no showy uniform, nothing but just quietly dressed women going about amongst the poor in the various cities, towns and country districts, trying to help those who in many instances are unable to help themselves. The educational influence of these same nurses is far-reaching, and has done more to raise the standard of the living of the poor than all the other philanthropic agencies put together. The principal reason for this is that they go to the homes of the poor as working women to help their working sisters, and to show them how to manage with the things they actually have in their homes, and not as "Lady Bountifuls," to give doles in money or kind. Every talent or accomplishment a nurse may have will at some time be useful in district work. The best type of women are required for this branch of the service, especially in the isolated districts. They have absolutely no one to consult in an emergency and must decide everything for themselves.

Miss HUXLEY.—The able paper to which we have listened with so much interest reminds me of far-off days when each hospital was wrapt up in its own interests, one felt the isolation and the great need of a nursing standard, and of co-operation between the many training schools. At that time each hospital was a law unto itself as regards the education of its nurses, and their education was almost entirely dependent on the generosity and goodwill of the medical staff and of the matron, who, after their busy day's work, more or less regularly, gave the nurses a lecture. One can

easily understand that, though much good work was achieved by this method, it left much to be desired as regards system and regularity in the teaching. From this condition of affairs sprang the idea of the Dublin Metropolitan Technical School, a central place where a qualified lecturer gave definite courses of instruction to the nursing staffs of all the participating hospitals. To the present day this school has proved most useful.

Formerly doctors employing a nurse did not know what instruction she had received, or what skill in dealing with a patient she possessed. One can appreciate the anxiety of medical men when leaving a serious case in charge of such a person. In illustration, I remember, long before the advent of surgical homes and motor cars, supplying a nurse for a case of the late Professor Bennett, who amputated a thigh in the patient's own house at Rathgar. Late one night he received a message that he was urgently wanted, his patient had hæmorrhage. Unusually heavy frost and snow made horse travelling both difficult and slow. He took about two hours to get to the house. Imagine his state of feeling all this time, struggling to get there quickly, and expecting to find that the patient had bled to death in the meantime. Fortunately the nurse had been taught how to arrest hæmorrhage, and he found her compressing the femoral artery, to which action the patient owed his life. This is only one instance of many others that could be mentioned. I think everyone is agreed that a skilful, conscientious nurse gives something money cannot repay.

As to the public, when they secure the services of a nurse, they must often wonder what she knows, and whether she is competent to deal with any emergency that may arise during the absence of the medical man. Although the Dublin Metropolitan Technical School has done something to improve these conditions, much remains to be done to standardise our education before the public can feel great confidence in us. After a long struggle, State recognition has been granted to us, and now we hope, with an official register, our conditions will be brought into line, and both the medical profession and the public will have the means of knowing whether the nurse employed by them is what she represents herself to be—surely a decided advantage to all; and more than this, we hope and expect to be of service to the Minister of Health in his efforts to improve the standard of health of the nation.

Miss REEVES.—Standardisation of training and examination before registration must tend to improve the training

and education of the nurse. In the past, numbers of candidates applied for training because they did not care for studying. In fact, nursing was the calling for the dunce of the family. I consider that only the best brains, the best character, the best physique, and the best education are good enough for the nursing profession. Educational authorities have never, as far as I know, taken any interest nor prepared students in any way for the work. I would like to hear of definite teaching being given with a view to hospital work. A knowledge of Hygiene, Domestic Economy, Elementary Anatomy and Physiology, and Arithmetic might reasonably be expected from candidates for training.

If it was possible to establish a Preliminary School or Centre in Dublin from which we could obtain probationers who have grasped the elementary knowledge and have proved themselves fit for training, it would be a tremendous advantage to the hospitals and to the candidates themselves. In many large hospitals in England Preliminary Schools have been established and have been found most useful, here it is difficult owing to the size of our Institutions. The Metropolitan Technical School has done a great deal in the past, and I think if it could develop on these lines it would greatly add to its usefulness.

Three years' training in the wards is now everywhere accepted as the minimum, and indeed the time is short enough to acquire all the knowledge that is necessary to fit the nurse for the work in front of her.

Lectures and examinations alone will not make a good nurse, but she needs them as well as the discipline and practical every-day work among the patients and in the wards.

The more knowledge that can be gained the more interesting the work becomes, and it is the duty of everyone concerned to put them in the way of acquiring the necessary knowledge to combat and prevent disease. The serious financial position of our Voluntary Hospitals at present seems to hinder progress, but I feel that the training of the nurse is of such national importance that we should allow no obstacle to hinder us from obtaining the very highest standard.

The age for training should, I consider, be between 20 and 30. Over 30 it is difficult for a woman to settle down to the routine and discipline of hospital life if she has never done any serious work before.

Dr. KIRKPATRICK.—I had hoped to have heard from Dr. Falkiner, or from Dr. Bigger, or from some of the other

speakers who were in a position to know, what was to be the future relationship between the nurse and the State. A good deal has been said about past history, very little information has been given about the lines of future development. This, however, is the matter that is important to everyone.

If in the future the State is going to control the nurse, it must keep two things constantly in view. It must insist that registered nurses are efficiently trained, and it must see that these efficient nurses are properly paid.

In settling the training of nurses one must keep in mind the nurse's point of view, if not, it will be impossible to attract the proper sort of woman to the profession. Women who look on their training as nurses merely as a means of escaping from a dull life at home are never likely to make good nurses. A few such persons may do vast harm to a training school. In the past many women appeared to take little interest in their work, and few seemed to consider that by it they were making provision for their lifetime. The provision of adequate payment of trained nurses is equally important. The salary of £60 or £70 a year, even before the war, could not be looked on as adequate payment for a highly trained woman. How adequate payment of efficiently trained nurses is to be made in the future is a problem that must be solved, and one the solution of which is by no means clear.

Dr. Falkiner did not mention that the first lay home for trained nurses in Ireland was started by the late Archbishop Trench, and that the nurses from this home took up duty in Steevens' Hospital in the year 1866. This was the beginning in Ireland from which so much has grown in the past fifty years.

There is one point that must be insisted on if nursing is to grow into a self-respecting profession. Nurses must be looked on as women doing honest work for which they are to receive honest pay. The reward for their services must not depend on the charity of the rich, the results of a music hall matinee, or a shilling subscription to a newspaper fund. Nurses do not want to depend on charity for the social comforts of their lives, and so long as they are forced to do so, so long will their profession remain degraded in the eyes of all honest workers.

Miss VERA MATHESON.—I can give you only the point of view of the trainee in nursing, and my apology for speaking at all must be that if the State is to have a really good nursing service, and not merely one that looks well

on paper, then the point of view of the nurse herself must be taken into consideration.

One of the strongest impressions remaining to me from my training is that of the almost incalculable effect of example upon a probationer. No amount of ethical teaching administered by lecture and class to a group of nurses can counteract the evil effect of the example of a harsh Sister or senior nurse who makes use of her privileges to speak to her juniors as if they were naughty children, or gives the impression that probationers are there to do the dirty work, and that the higher you ascend in the hospital scale the less work you have to do. When you are put into a ward for the first time, knowing nothing about anything to do with medicine or surgery, you accept everything that is told you as gospel, and if you are at all impressionable you take it for granted that the way your seniors act and talk is the right way. I often think that if my first ward had not been staffed with three of the best nurses in the hospital, I should never afterwards have learned the perfection of detail and care that were taught in that busy gynæcological ward. My first lessons in nursing were so indelibly impressed on me that no less good nurse that I encountered subsequently could ever efface them. Modern nurse-training is a pretty big thing—not to be learned in three or six months in the wards, and it should be thoroughly tested in the hospital before it is let loose upon a defenceless public outside. If I may be allowed to cite my own training school, I should like to mention a very excellent method of testing the nurse's progress which obtained there. Every nurse, at the end of her month's trial, was given a paper called her cross-paper. On this was printed a list of every imaginable detail of nursing technique, from making a simple bed or filling a hot-water bottle to giving an oesophageal feed or any other advanced treatment that a nurse is allowed to perform. A cross opposite any one of these, initialled by the Sister of the ward, signified that you had performed the particular operation under Sister's eye and to her complete satisfaction. A stroke signified that you had seen it done but had not done it yourself. When you went to a new ward, you were sent to Matron with your cross-paper, and she could tell at a glance what progress you had attained in acquiring technical knowledge. These cross-papers were not only a guide and a check to Matron as to the nurse's progress and the Sister's teaching ability, they were also a splendid incentive to the nurses (for naturally one was eager to get crosses) and a great help to the Sisters. A good Sister would always see that you got as many as possible in her ward, and, on the other hand, if Sister was slack about

shewing you how to do things, you could always represent to her that you really could not go to Matron again without a cross for so-and-so. As the proper number of crosses had to be shewn before you could get your certificate, this system ensured that every nurse had not only been taught, but had been seen to perform correctly the operations comprised in the technical term nursing. A nurse might manage to slip through her exams. by cramming or by luck, she might even succeed in bluffing the visiting Matron who held the final practical examinations, though I can vouch for it that that would be no easy matter—but she could not get away from her cross-paper. It was not enough to say, as I did on several occasions quite truly, "I've done it heaps of times, but Sister's never seen me." "Why hasn't she?" would be the prompt reply. No one but Sister could initial a cross, and very often she would insist on your doing the same thing several times perfectly under her eye before she was satisfied that you knew it well enough to deserve a cross. If this system were more generally adopted it would prove a great help to the whole nursing staff. It would safeguard the Matron against any charge of sending out her nurses not properly trained, and it would also safeguard the nurses against being used to make money for their hospital or any other institution before they had been taught the full technique of their profession. Some such safeguard is certainly needed by nurses, and I hope that they will soon wake up sufficiently to demand it.

To pass from the particular to the general. It seems to me that fundamentally the object of the nurse-training school is to stabilise that maternal instinct which every woman possesses in greater or less degree, to fashion it from a spasmodic, rudderless, helpless and often merely emotional impulse into a strong, steady, permanent quality, to supplement kindness of heart with skill and observation, to inform zeal with knowledge and patience, to give to tenderness confidence, to exalt willingness into endurance, and out of good-will to educate competence. Without some at least of these primary qualities you cannot make a nurse, nor fashion an instrument of true service to the race. Even given the possession of some of them, you will still have such a boundless variety of material to deal with that no system, however excellent, will meet all cases unless it is supplemented in those responsible for its administration by a power of adaptation to individual requirements and development. This brings me to the one point which I should like to emphasize to-night. If you are much in touch with them, you will often hear from the average nurse, speaking of her training, a great deal about the severity and awfulness of

the Matron, the horridness of some of the Sisters, and how they treated the probationer as if she were a charwoman, and so forth, and so on almost *ad nauseam*. Now, although often grossly exaggerated, there is a great deal more in this than mere grumbling. It is too often forgotten that nurses are not schoolgirls, nor, on the other hand, are they women of ripe experience and judgment who have attained perspective. Treat them as schoolgirls and they will behave as such. Treat them as women of experience and you will have many shocks and disappointments. Discipline is always necessary in community life, but it is the *manner* of the discipline that is resented, not its *fact*. In the whole course of my training I encountered only two staff nurses and one or two Sisters who spoke to me as if I were a naughty child. The others, and to them I owe the most, succeeded always in conveying the impression that we were all working together for the good of the patients. And therein lies much of the secret of success in training. The sting is taken out of everything if there is the consciousness of co-operation. It is the attitude of superiority which ruins so much good hospital training and renders it ineffective. Co-operation in its technical sense is being gradually recognised as the keynote of success in industry. Co-operation in its fundamental sense is the keynote of success in a great many other things too. Nowadays, when women are so much more independent, and demand so much more freedom and play of individuality, hospital Matrons are at times in despair, it seems so difficult to turn out good nurses on the same pattern as of old. I think there is no need to despair, but it is necessary to adapt oneself to changed conditions, and to find a new basis of appeal. The modern girl evolved out of mental surroundings which would make our grandmothers turn in their graves with horror, will not respond to the same appeal that struck an answering chord in my generation. But if she misses much that was of such value to us, she will, when the present transition stage is over, have a wider, healthier outlook. Even now you will find that the average girl is—to use a slang phrase—a sport. And being a sport she will readily respond to the appeal of co-operation. And until the idea of co-operation is more apparent in our nurse-training schools you will not get the best women to take up nursing as a career. If the nurse is to become that asset to the State which she can and should be, then our nursing authorities must look ahead to the woman that will be, and so revise their ideas and their attitude that our hospitals shall not be hard schools of suffering, servitude, and self-sacrifice—your modern girl

will have nothing to do with self-sacrifice if you label it with that name—but of co-operative and happy service. I am well aware that such a view must appear somewhat heterodox, but you cannot put back the hands of the clock, nor bring again the conditions that produced the women of the past generation. Far better then to leave the old landmarks, to look ahead and rejoice in progress. That co-operation is possible I have seen in my own experience in my training school. The women who gave us the best teaching invariably appealed to our spirit of co-operation and were one with us, and it was to them that we responded most heartily. Once that spirit is aroused, difficulties of discipline, complaints of lack of sense of honor, of slackness and slovenliness, will become far less frequent. All through the world there is rebellion and subversal of the whole idea of the relationship of master and servant, employer and employee. That idea will never be reinstated in exactly the same form as before. Women will no longer be content to submit to an autocratic and often tyrannical despotism from Matrons or Sisters, nor be convinced that such rule is for their ultimate benefit. Yet underneath their apparent insubordination there are the same splendid qualities, the same enduring truths of love and kindness, of sympathy and goodwill, which can never be destroyed, no matter how much world conditions may seem to change. The present-day girl is in a chrysalis stage. She has shed many of the conventions and safeguards of her predecessors, but she has not yet emerged into the full light of the new day. It is for the Matrons of to-day to find the key to the real nurse of the future, to lift their mental vision from the stereotyped page of tradition, and to set themselves to call into play all the latent good that is dimly struggling to emerge out of the present conflict between the old and the new. I would predicate that in a few years time, when the present wave of lawlessness has subsided, they will find abundant reward in the eager loyal response of the best element of the nation's young womanhood to the call for co-operation in the fight against disease and pain.

The President of the Royal College of Physicians, James Craig, M.D., Sir Thos. W. Russell,* and Mr. D. A. Chart also spoke.

* This was the last public speech of Sir Thomas Russell.