

THE ESSENTIAL QUALIFICATIONS OF A LADY HEALTH VISITOR.

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(ASSOCIATE.)

IN pointing out what I regard as essential qualifications of a health visitor, I should perhaps first state that I have been brought to these convictions by watching and taking part in work, municipal, parochial, and for private associations, which comes within the scope of a health visitor, and that up to this time the reports of similar work in other cities where a lower standard is required only strengthen my opinion that the ideal woman for the work is a woman of position, education, and strong character.

With regard to position I would for choice draw her from the families of those who have a recognised professional or mercantile position in the town, a woman sufficiently above those amongst whom she works as to be unconscious to a great extent of class difference and able to hold intercourse with the poorest classes without condescension, having that sort of easy dignity which permits a woman to talk to her fellow women simply from the womanly standpoint without regard to class, education, birth, or income.

Her education should be that of an ordinarily well-read, well-informed woman of the world, with the extra knowledge required by such an examining body as The Sanitary Institute, some nursing training notably among out-patients, and such valuable knowledge as is gained by a woman who has always regarded work amongst her poorer neighbours as part of her daily life. It is a truism to say such knowledge is never wasted, but the fact that it is often overlooked makes one repeat that such experience is mainly responsible for developing sympathy with others' difficulties, and a practical shrewdness in suggesting remedies.

The actual knowledge required is of various kinds, and when I speak of the examination of The Sanitary Institute, I would beg every woman who is regarding its diploma as the key to her future livelihood, also to regard it as a preparation for acquiring more knowledge as she gains in experience.

My ideal health visitor must have the eyes of an inspector for defective and insanitary house property, the observation of a good housekeeper as to food, clothing and management, the quick perception of a nurse for symptoms of disease, an easy tactful method of imparting knowledge, and she must have the capability of being an official without appearing official.

She should understand the duties of a district nurse, but she must not nurse; she must arrive at all the family particulars, but she must not give alms: she is not a relieving officer.

She should take cognisance of all sanitary defects, unhealthy crowding and surroundings. She must be a small part of the machinery of the Health Department, but she is not an inspector.

She must be able to keep books, and must cultivate the habit of transferring her experiences to paper for the benefit of her fellow workers and the interests of those in authority.

She should have the details of all public philanthropic organizations in her mind ready for use amongst the poor, so as to prevent available charities being wasted, abused, or allowed to overlap.

She must be willing and anxious to absorb knowledge in all branches of public health, and she will find none are more ready to help her than her own medical officer and the inspectors for whom, and with whom, she works.

She should be able to lecture—many courses of lectures on hygiene and sick nursing have been given in the city in which I am interested with excellent results. Large employers of labour have thrown open their warehouses and factories to our lecturers, and have expressed great satisfaction with the work done. Much more could be done in this direction.

In order to show the necessity of employing the kind of woman for whom I plead, it will be best to give a few details of the scope of the work for which she is available.

First, I regard the notifications of the school authorities as a most useful opening, they give an opportunity of visiting at a time when the mother of the child is in difficulties and is ready to receive sympathy, advice and instruction, and there is no doubt that the spread of infection can be largely regulated by direct instruction during the attack as to quarantine, disinfection and so forth.

The direct communication between visitor and mother at such a time has many advantages, and amongst other things the former may then help to dispel the ignorance and indifference of the mother of a family who has grown up with the traditional conviction that all her children must have

measles and similar complaints and that the sooner they have them the better.

In some of the reports of medical officers lately published this ignorant superstition seems to be an acknowledged difficulty in dealing with the poor, but we find that at a time when the mother is in trouble with her children she is often much more ready to heed, and with time and patience such mothers may be induced to believe that prevention is better than cure. We, who look upon ourselves as more intelligent, have not been very rapid, even after we have absorbed such a belief, in formulating and carrying out effective practical measures in this and other sanitary reform.

It is curious to notice amongst the cases we get notified through the schools that amongst the so called bad throats, blister pox, sore heads and the like, our visitor sees children, to whom no doctor has been called in, who turn out to be serious causes of infection and links in a chain of scarlet fever and other diseases which otherwise would not have come to light. One case of the sort I may quote:—Boy reported ill with sore throat, our visitor sees the boy and the entry in her book is as follows:—

“Boy had sore throat and rash, is now peeling—has had no doctor, mother says not necessary—only scarlatina (?)—that they had kept him apart a bit and were using a disinfectant—is very indifferent about the harm they may be doing—they keep a good sized fruit and confectionery shop. Reported case to medical officer of health; steps to be taken.”

The visitor comes also in direct contact with the school teachers, amongst whom her advent is welcomed, and who aid her investigations in a most spontaneous and whole-hearted way. They can and do give our visitors valuable advice as to the condition in which certain children live, and will often ask our visitor to call at certain places where they know advice is badly needed, and where precautions recommended tactfully may often prevent serious consequences; or they may say, “We have several children absent in such and such a street,” the cause for absence may be the same thing, and on investigation it may be found to be the beginning of an epidemic, which by careful advice and instruction in the first instance may be stopped.

We feel that the connection between our visitors, the teachers, and the children is most valuable, an almost limitless scope for work, and fraught with infinite possibilities.

A very important phase of this work is the visiting during the period of that fatal epidemic, summer diarrhœa. In the city in which I am interested, notices are being issued amongst all classes of schools and institutions asking for notification of all such cases, and it is strongly hoped that the advice given by visitors will tend to lower the rate of infantile

mortality during this period. It will afford one more opportunity to our visitors to speak seriously on infant feeding—a subject upon which the ignorance of mothers is so gross and so fatal that it is hardly credible to ordinary people. Breast-fed babies who are still breast-fed at two years and over, and hand-fed babies whose diet is either soaked bread or ordinary adult food, are very common sights to people who see much of the poor; and from such a generation we, as a nation, expect to raise an army and a navy second to none in the world.

Cases of phthisis discovered whilst visiting, or voluntarily notified by medical men, will form a large and interesting part of the work.

Those unfortunate patients who cannot be removed from their miserable surroundings from want of funds, or because of the hopelessness of their case, can still be helped by our visitors' knowledge and instruction to live more comfortably and easily, and to prevent themselves from being a source of serious danger to their friends.

Again, we as a nation look to the solving of the housing problem for the saving of the masses, but if the problem is attempted to be solved only by bricks and mortar, there is little hope for our struggling, over crowded people. We must first teach the people cleanliness and decency, help them to improve the dwellings they already have, show them how to make the best of them, and the most possible way seems to be through the house-mother. Convince her of her dirt, show her the way to be clean—if she once sees the necessity she will make the lives of the family a burden to them until they are clean too—but transport a dirty, thriftless, ignorant family from a two-roomed hovel in the slums to an absolutely new, up-to-date artisan dwelling, and in a very short time the condition of their new home will rival the old one in misery and dirt. The health visitor who can, during her visit, listen with sympathy to the long story which inevitably falls from the lips of the mother as to all the disagreeables and miseries of the present abode, and who uses her observation as to the truth of the statements, adding many particulars on her own account, can be an enormous power in improvement of house property, both through the owner and the tenant.

There is no doubt the lady rent-collector who has worked on Corporation property has done very much towards improving such property, keeping it in repair and encouraging tenants to live decently, and such a system might with advantage be pressed amongst private owners.

I do not think any of us have much doubt that individual attention to individual cases is the only way of practically helping any cause or any class, and that if we, as a nation, could bring ourselves to look to

some of our continental neighbours for instruction, we might also bring ourselves to adapting or adopting some such system as the Elberfeld for the benefit of our people.

I have refrained from speaking of the work done in other towns by means of visitors drawn from a similar class to district nurses, because I would not underrate the value of their work in the least.

No one who has seen even a small amount of district nursing can have any but the highest opinion of the value of the work, and of the self-sacrifice shown by the women who undertake it, but my principal point lies in the fact that, as the scope of the work required from a health visitor is so much wider and deeper, so the woman who undertakes it must have a broader outlook, a deeper cultivation, a finer sense of the fitness of things, and a consciousness that through all the depression of dirt and disease she carries knowledge and power which may and must prove light and life to darkened homes and unhealthy families.

Here, also, I should like to refer to the excellent work done in many towns by women inspectors, and for whom in most large towns there is plenty of work amongst female workers in factories, warehouses, and shops, but with whose work the health visitor neither interferes, nor does the work overlap.

Finally, if we engage such a woman for our work, we must give her an adequate salary. She is a gentlewoman: enable her to live as one and enjoy her well-earned leisure in surroundings which will help to give tone to her work and rest to her mind and body.

And with this recommendation let me add a suggestion to all municipal bodies who are contemplating this work, that they start it with the most able woman they can obtain, rather than with a staff of two or three of a lower class with lower pay.

One woman of good standing, education and method, with a high standard of work always before her, will accomplish honest, thorough, even brilliant work, and will organize and lay plans for herself and future workers on lines which will not degenerate—whereas if you start work with the other sort of workers it will have to be organized, suggested, planned, probably by the officials of the Health Department, who will always have the responsibility of trying to raise the standard both of the work and the worker's ideal. Such a start of work is not the thin end of the wedge, as at first sight it appears, but a putting up with the less good because the best is not fought for in the first instance, and surely the best is worth fighting for.

DR. ALFRED HILL (Birmingham) said he did not rise to offer the least opposition or objection to the paper, but wished to speak of the qualifications of the lady health visitor. It was desirable that her general education should be good, and the more of a lady the health visitor was in refinement and education, the more influence she would have among the people whom she visited. She must certainly have a large experience in the work, and ought especially to be acquainted with nursing. There was so much to be done in the families of the poor in the way of instructing in the management of children and sick people in the house that a knowledge of nursing was a most desirable qualification. The lady health visitor, moreover, must be sympathetic and have tact, without which she will never succeed. There was more done by tact probably than by any other quality. She must not be called an inspector. Inspectors were looked upon with something like dislike. Their duties are supposed to be rather of an inquisitorial than of the advisory character, and they thus became unpopular alike with tenants, property owners, and agents. Inspectors' work lay outside the house; to find insanitary defects, including structural deficiencies, bad drainage, and uncleanly practices. The inspector had little experience inside the house, and was not required to go there very much, and could not move about and go upstairs and inquire into the interior sanitary arrangements as a woman acting as a health visitor could. The duties of the inspector were widely different from those of the health visitor. The health visitor might do a great deal in the way of instructing young wives in domestic duties. It was astonishing how ignorant such young wives in the lower classes were of domestic management. They rushed into matrimony without the least qualification, and the services of the lady visitor among these young women was an enormous advantage. Cases of sickness of an infectious type were allowed to go on breeding the germs of disease in the house simply through ignorance; scarlet fever, small-pox, measles, and other diseases occurred without any doctor being called in, and it was a most valuable thing to have the lady visitor there to advise the family, among other things, when to go for the doctor. She could also recommend the mother how to nurse her children and feed them, for some women seemed to think that their children could live upon anything and without attention. The health visitor also had an opportunity of recommending suitable cases to charitable and philanthropic institutions. A great deal of good work was being done in that way. Frequently people were dying of neglect, starving to death without knowing it: so ignorant and depressed that they did not even realise the dreadful conditions under which they were living. All these duties ought to be recorded on a sheet by the officer on returning to the office in the afternoon, so that all the facts observed, and all their recommendations made, should filter through the Medical Officer of Health. This was important, because it put the medical officer *au courant* with what was going on. Everything should go through the medical officer, and thus converge on one point, and so be done on a good system and with more weight behind it than would be the case if each individual lady visitor

was communicating with charitable and philanthropic institutions herself. In Birmingham they had twelve women health visitors at present, and he was pleased to testify to the excellent way in which they were doing their work. He looked upon the services of health visitors as among the most valuable of any municipal services, because these ladies got just to the right cases, getting to the people who most needed help and giving them that help in such a way as no other instrumentality could. At Birmingham they had recently thought it desirable to appoint a superintendent lady visitor, to bring the work together and supervise it and give advice and assistance in cases of difficulty. Each day the superintendent accompanied one health visitor round her district in the morning. In that way she was able to keep an eye upon the kind and quality of the work that they were doing, and if necessary to suggest the course that they should adopt. The superintendent collated all their reports in the afternoon, and communicated with the medical officer in regard to anything which was important, next morning, or earlier if necessary. It was an admirable system. It was a great thing for officers to know that they were under systematic control and observation. He was very much pleased with the results of the work of the superintendent lady visitor. The total results of the work were better than they could have reasonably expected, and, as Birmingham had 500,000 inhabitants, he had no doubt that as the work of the present lady visitors had proved so satisfactory they would presently be appointing more. Their work was heavy and depressing and trying, and therefore whenever a visitor reasonably wanted to go to a wedding or to have a day's holiday he always gave permission at once; and he had suggested to his committee, though that body had not yet acted upon it, that health visitors should have Saturdays off altogether. As it was the Saturday was a short morning, and by the time they had visited the office and got upon their districts, some of which were at considerable distances, little time remained for actual work.

Mrs. GREENWOOD (Sheffield) said she thought that all the qualifications which had been mentioned as so essential for the lady visitors were equally essential in the sanitary inspector under a Corporation. A gentlewoman with special training, whether she was called a health visitor or a sanitary inspector, would do the work infinitely better than an untrained or an uneducated woman. There were women who had been working as health visitors in a semi-official capacity who had done most excellent and valuable work, just as there were excellent women who were doing splendid work as sanitary inspectors. In Sheffield they went from house to house instructing mothers in the cleanliness of the houses, the feeding of infants, and the prevention of diseases. She believed the value of the work done, whatever name the lady was called by, was entirely in proportion to her education and ability. Her own experience was that in a large town like Sheffield there was a decided advantage in having the established position of a sanitary inspector under the Corporation. With the

authority of that position she could get into houses and deal with cases which she could not otherwise touch. She thought it was a contradiction to say that a woman should have all the qualifications of an inspector and yet not be an inspector. In regard to Dr. Hill's suggestion that women inspectors should not work on Saturday mornings, it would of course be very nice to have the time to themselves, but in Sheffield they found Saturday morning a useful time for seeing the children at home, whereas on the other days they were at school. At Sheffield they were doing some work among the school children in getting them sent to school in a much cleaner condition than had been the case in the past.

MISS LOVIBOND (Bedford College, London) said that when a lady health visitor had done all that seemed to be required of her she was an inspector whether she was called so or not, and she had found from her experience that if the lady was called a "health visitor" misconceptions were constantly arising. People, believing that she was only working under some charitable institution, did not understand that she came with the authority of the health committee, and it was only when this was explained that difficulties of entry and inspection vanished. If the lady visitor stated that she came with the authority of the medical officer of health and from the health committee, she found the people themselves appreciated the fact that she had a good backing of authority behind her, and would carry out the instructions given to them with greater readiness. Some there were, of course, who were ready to take their advice willingly, whether they were health visitors or sanitary inspectors, but there were many difficult cases in which people would respond more readily to the advice which was given them, if they knew that disobedience was likely to be followed up promptly by notices from the health committee. She thought that there were a great many ladies keenly interested in the subject, and anxious to take up the work, but, having trained themselves and spent the necessary money upon a good education and the special technical training required, they wished to know whether there was a reasonable prospect of a fair return for it. She was told when she came to the North that she would find good business men, but she did not think it was in accordance with good business to pay twenty-five shillings a week to a woman who must be twenty-five years of age (as a rule), and well trained, and have the same qualifications as a man, and must have various other qualifications which all took time and money to obtain. With such a salary they could not pay their way, and she considered that those parents who had laid out their money in giving this sound education *were* entitled to some return; not to have still to support their daughters after they were working. They had to teach thrift to the people; and she had very often been in terror of some of those to whom she had spoken about thrift turning round upon her and asking, "Well, what are you doing towards putting by for the future, and what are you doing towards supporting your parents?" Candidly she was doing nothing

towards supporting her parents, and not very much towards providing for her own future, simply because with present salaries it was not possible.

MISS HOMERSHAM (London) said she wanted to know what the prospects were of an opening for trained nurses as health visitors. The nurse's training was a long one, lasting three to four years, and besides, it would be necessary for the health visitor to have The Sanitary Institute training also. From the financial point of view what were the prospects of women health visitors, and what was the technical difference between their position and that of the lady sanitary inspector? They knew that a great many nurses did go in for The Sanitary Institute certificate, and, having obtained it, they endeavoured to get the post of lady sanitary inspector. When that failed, she supposed, one must regard the health visitor as a post of lower grade. She should like to know what the average salary of each was, and also what arrangements there were with regard to holidays. Nurses were a hard worked body of women, working seven days a week, and it was suggested that health visitors should work five only. The holiday that the nurse expected was at the utmost a calendar month in the year, and that was little enough—not making up for the Sunday work all through the year. On the other hand she was provided with board, lodging, uniform, and laundry, and received a salary averaging £35 per annum.

MRS. GREENWOOD (Sheffield), rising in response to a suggestion from the President, said that in London women sanitary inspectors were generally better educated and better remunerated than those in the provinces. The highest salaries in London were from £150 to £180 a year. A great many began at £110 and went up to £150 or £160. She did not think at first all the London vestries paid so much as that, but when they found that their best women were being selected for other posts they had to raise their salaries in order to retain them. As to the provinces she believed that in Liverpool the salary began at thirty shillings a week and went up to nearly two pounds, and there were other advantages. Two costumes a year were provided, and money was allowed for shoes. Over three weeks' summer holiday was given, and there was a superannuation scheme. In St. Helens the salary began at twenty-four shillings and rose two shillings a week. In Rochdale the salary began at thirty shillings. At Oldham the salary was thirty shillings a week, rising as the value of the work was appreciated. In nearly all these cases the Corporation provided costumes for the lady inspectors. In Sheffield the chief inspector's salary began at £120 and rose to £150; assistants began at twenty shillings and were now getting twenty-two shillings and sixpence per week. The Birmingham lady health visitors began at twenty-five shillings. In Manchester the workshop inspector began at thirty shillings a week, and the salary went up to two pounds. The

health visitors in Manchester are paid sixteen shillings a week. Leeds made a great point of having educated women, and she believed they paid about £70 to £80 a year to begin with.

DR. J. SPOTTISWOODE CAMERON (Leeds) said he totally disagreed with one position taken by the reader of the paper. That was the suggestion that though these ladies were to be attached to the health department they were not to be inspectors. He did not want any lady visitors in his health department who were not inspectors. If they were not inspectors what were they? If they were to have all the qualifications of inspectors why not call them inspectors? At Leeds all the ladies employed had either the certificate of The Sanitary Institute or the certificate of the Sanitary Inspectors' Examining Board joined by The Sanitary Institute and other bodies. In addition to the fully qualified ladies, they took a couple of probationers for six months, coming as learners because, although they had the excellent certificate of The Sanitary Institute, it did not at all follow that they knew very much about the practical work of an inspector. As soon as they came to the Leeds department they were put on to house-to-house work under the direction of one of the more experienced men inspectors. They visited every house in the district assigned to them from top to bottom, and were required to know practically everything about drains and traps and sinks. They had previously read about these things in books, but had not generally seen much of them before coming to the department, and the Leeds authorities considered that it was essential that the lady inspector or health visitor should know all these things practically. After having gone through a certain amount of training in that way, they were sent to inspect the factories where women were employed, and also to mixed factories where both sexes were employed, and he did not think he need insist at that Congress upon the importance of having women to go and look after the conveniences in these places instead of the medical officer having to do it himself. They all knew the inconvenience of having to make arrangements by which a woman had to go first, and then a man had to go to confirm what she reported. He did not like to keep duplicating his work, and therefore, instead of having the lady inspector making a report to a man inspector, and his going to see if it was right, and then handing the report over to the chief inspector, he liked the lady to be able to make her report direct to the chief inspector at once. In Leeds the lady inspectors could do that. Another part of their work was that of looking after schools. Every infectious disease case was inquired into first of all with regard to the house at which it occurred, and they also inquired secondly into the condition of the place of business or school; and in regard to this matter the assistance of the ladies had been most helpful to him. He found there was a special advantage in their looking about the schools. Some of them were trained teachers themselves, and so were all the better able to see that the children were properly looked after, and they, of course, could talk to the school mistress in a

way in which the man inspector could not, for very often the man inspector belonged to a class which was not at all superior to that of the teacher in the elementary school, whereas the lady inspectors that they had in Leeds came from the middle classes and held a position which gave them a better standing with the teacher. The inquiry into the condition of the schools was very much helped indeed by the lady inspectors. Then, as he had said, these ladies had to inspect the workshops also, and in this respect they would do very badly if they were not called inspectors instead of health visitors, for they must be in a position to threaten notice at once if instructions were not obeyed. At present he had a lady inspector visiting every house in a large district of Leeds in which a child under two years of age had died. She went to the house and had a little sympathetic conversation with the mother, looked at the house from the point of view of the inspector, inquired into how the little child had been fed, and inquired, in a way in which a man could scarcely do it, into the particular circumstances of the family which had given rise to any malformation on the part of the child, and inquired into the family history as to tubercle or any other disease which she could get information of, and so on. All this information was included in the medical officer's returns, and was exceedingly useful. Of course, in going about inquiring into the cause of death in this way, and looking at the premises, the inspector was able to get a word of advice in here and there, and there were generally some other women coming in and out of the house who heard what she had to say. When they got a dozen inspectors instead of half-a-dozen at Leeds, he hoped to be able to accomplish a house-to-house visitation carrying out the whole of the programme of the reader of the paper; but he must have inspectors and not merely health visitors.

DR. W. BUTLER (Willesden) said the discussion had taken a turn as to what the lady health visitor or inspector should be called. He thought most medical officers would be of opinion that the lady health visitor should have the status of a sanitary inspector. But women had a distinctive work. It was not a question of equalising in this case, and it was always a pity when a contest took place between men and women in similar employment for what was called equality. What was wanted was difference. The woman's part was her own, and it was in her own sphere that the lady health visitor would succeed. No one wished to minimise its importance, but they did wish to emphasise its distinctiveness and difference from other visiting work. By all means let the lady health visitor have the legal status of an inspector, but lady health visitors would make a mistake if they insisted, as they largely had done that morning, on being known as sanitary inspectors. The word "inspector" was not comprehensive enough, it meant a passive rather than an active agent. Lady health visitors were much more than inspectors, and while he would urge them to obtain the status of inspectors he hoped they would obtain the title of lady health visitors.

DR. H. COOPER PATTIN (Norwich) said that in the city he represented they had got over the difficulty of title. They had appropriated a lady who was known officially in the records of the corporation as the "Female Sanitary Inspector and Health Visitor," and she was known colloquially, and in his office as the "lady inspector." So that all practical difficulties had been got over in that respect. And he would like to say that he considered her work to be so satisfactory that he would like to see colleagues appointed to work with her. He had himself tried to get the addresses of homes in which children were born, being anxious if possible to see to their proper up-bringing, at any rate as regarded their artificial feeding. That was, of course, in cases where he thought it necessary. He tried to get returns from the Registrar every week, but he was sorry to say that some piece of red-tapeism intervened, and the returns had been refused him for the present. He was going to try and see if he could do anything in London in regard to the matter. His hearers would appreciate the importance of this information being given systematically, because the medical officer, in cases where it was needed, might be sure that mothers would derive valuable assistance from the visits of the lady inspector. In Norwich they had not any large cloth factories such as existed in the North, but a considerable amount of clothing was made in the home, and in many cases much good had been done by periodical visits to those outworkers' houses. It was everything to have a well-bred person, and in Norwich they had got hold of a lady of the right type. She was twenty-two years of age, and had the certificate of The Sanitary Institute, and the comment made about her by some people whom she had visited was to the effect that "whatever else she was, she was a lady." He knew in the first place that she would get on with the people because she possessed tact. He agreed with Dr. Hill that the work of a lady visitor was to be a missionary. Her crowning qualification ought to be a knowledge of practical cookery: she ought to be able to go into the homes of the poor and give instruction in practical cooking. It was not a truism, it was a bald statement of fact to say that the better people were fed the better nation they would make. People should realise that; therefore, the ideal lady visitor should be able to give instruction as to the proper feeding of the newly born child, *i.e.*, if it had to be fed artificially, and she should also be able to instruct the mother if she found that mother doing her cooking in an utterly unscientific and extravagant fashion. Dr. Hill had mentioned some curious things he had learnt about the feeding of children in Birmingham. They in Norwich had also learnt some curious things. In one instance a child was apparently being brought up quite healthily upon bottled stout, and, further, the mother declined to alter this diet. There was one thing more he wished to suggest. If they wanted to get inspectors of the type he had outlined the authorities must be prepared to give them a proper rate of pay. He had tried very much to get the female sanitary inspector in his city put upon the same footing as the assistant inspectors as regarded her commencing pay and uniform, and the annual increment of that pay. But the committee only felt disposed to provide her with uniform, he suggested to her that, perhaps,

she would prefer a pecuniary payment, and be allowed to provide her own dress. The committee gave her £10, and she dressed herself as she chose. She did not have a band around her hat, in fact, she visited homes in the dress of a lady, and it was in that capacity that her work would be done most effectually. He agreed with Dr. Cameron as to the value of her being really an inspector, and in his district now she issued notices in just the same way as an assistant inspector, and he found that she did so with discretion and with good effect. He would not go into details about holidays, but in his district there were convenient excursions to London at week-ends, and if ever the lady inspector wished to go and see her friends who lived there she had no difficulty in getting the requisite leave. She got very fair holidays indeed. He was so very satisfied with the lady inspector at Norwich that he was anxious to provide her with colleagues, and he would suggest to the Conference that if they had any difficulty as to the title, they should do as was done in Norwich—let her be known as the “female sanitary inspector and health visitor,” and they would then do what they instinctively did in Norwich—call her the “lady inspector.”

Mrs. J. A. GODWIN (Bradford) gave some particulars of what had been done in her city. She was the wife of a member of the Corporation, and she therefore heard a good deal of the inner work of the City Council. When it was decided to appoint a lady inspector she was asked unofficially to secure names of ladies whom she and others considered suitable for the post. Many of the Corporation officials thought at the time that the office was absolutely unnecessary—that Bradford did not need a lady sanitary inspector. The salary which was proposed was ridiculously small; one would scarcely have got a good cook at the price. Her husband and others insisted as far as they could upon the very highest salary being offered. His contention had always been that if Bradford wanted to be well served it should offer a good salary, even if it was never advanced. Miss Stevens came and, although at first she met with a good deal of opposition, her influence in the slums had now become so great that the only danger was lest she should feel compelled to spend every minute of the twenty-four hours going round to see the people. This official had come to be regarded as the saving clause in the Corporation, and the office was certainly a permanency. Mrs. Godwin instanced a case of good done by the lady inspector who had exercised a wonderful influence upon a poor drunken woman, with the result that she had been a staunch teetotaler for two years. One of her principal reasons for speaking was to urge the importance of that quiet educative work which a lady could do. She could go into places where a policeman scarcely dared go, and could do the work of regeneration, according to her idea, more effectively than anything else, for it must be physical regeneration before it could be moral. The Corporation were now so alive to the importance of the work of their lady inspector that they had appointed an assistant, which she hoped would be but the beginning of several more such appointments, for they were, she regretted to say, sadly needed.
