

lived as a rule in a settled home of her own, where she was always to be found, and where she utilised her unoccupied hours in making portentous brews from strange herbs of the field, or preparing other medicaments which experience or imagination led her to believe were useful in curing disease or injury. Even to the present day women of this class exist in many villages, and in the poorer districts of many towns, in the British Isles. They are gradually dying out, and are replaced by the Trained Nurse or Midwife of the local District Nursing Institute. But till thirty years ago these women—almost or altogether ignorant of all nursing knowledge—were, except in a few isolated instances, the only Private Nurses obtainable by the richer classes. Of such were Mrs. Sairey Gamp, and the others of her kind whom Dickens and Thackeray delineated and immortalised. But then began the revolution in Nursing which has transformed it so rapidly into a skilled calling. Women went to nurse the sick in hospitals, and having gained more or less experience, left the institutions, at the invitation generally of some physician or surgeon, who, having observed the progress their poor patients made under nursing care, desired to obtain for their richer private cases the same advantages, in their own homes. These Nurses, then, each being generally transferred from case to case, were maintained in fairly constant work. Their expenses for board and lodging were therefore very small, while, there being practically no competition, their remuneration was, for their station in life, very large. But this state of things only lasted for a few years. The success of the first Private Nurses naturally caused many others to leave their hospitals as soon as they could, and offer their services in the same capacity to the outside public. And, of course, this increased competition, on the one hand, reduced the salaries paid, and, on the other, reduced the chance of regular employment of each individual Nurse. Still each one of them was obliged to live in lodgings, from which she was summoned when required, and for which she had to pay, as a rule, whether in, or out of, employment. So this system of each Nurse having her separate address, which answered well enough when each was kept in regular occupation by one or two medical men, ceased to possess the advantages, and produced manifold disadvantages for Nurses who could not obtain such patronage and assistance. And manifest disadvantages, too, be it remembered, for doctors; because under the old system the physician knew exactly where his one or two Nurses were; they were nursing Mr. So-and-so, and Mrs. Such-an-one; but under the new system, with twenty Nurses perchance upon his list, he might send to a dozen, and find each one away from home.

The waste of time, annoyance, and trouble soon led to the formation of Nursing institutions, initiated and controlled, as a rule, by shrewd business men and women, who saw, and seized, their opportunity

of making profit. A house was taken and furnished in some central locality. Nurses were admitted to it and paid a certain annual salary, their board and lodging were provided for them when they were not employed, and, in return, they were required to go to any case to which they might be sent, and stay with it as long as might be requisite. The scheme saved the medical men trouble, as by sending to one Home and obtaining a Nurse, they were spared the delay and worry of the old system. It paid the promoters financially, as each Nurse's earnings were largely in excess of her cost to them. But it was in its essence a bad system for that very reason. It considered neither Nurse nor patient, but simply became a commercial speculation for the sole benefit of the capitalist, who provided the funds to open a Nursing Home. However, this was soon discovered, and then in various ways the system of the collection of a number of Private Nurses into one Home became still further developed into its present conditions. A number of Nurses joined together to form a co-operative society, the earnings of the members to be divided amongst themselves, after payment of the expenses. The society was managed by a practical professional person, and for the common welfare all new members—that is to say, fresh Nurses—were most carefully selected. Then, as in the case of the admirable institution in New Bondstreet, all classes are considered, the Nurses, carefully chosen and supervised, and fairly paid; the public and medical men, protected from inefficient women. Or, the authorities of a well-known hospital undertook the work, leased and furnished a house, placed in charge some gentlewoman of experience, and under her, Nurses trained in their own institution, of whose efficiency and character they had ample proof, to be sent out to tend private patients. This is found to answer admirably, so far as the patient and doctor are concerned, and when such institutions consent to follow the wise and generous examples of St. Bartholomew's, and the Middlesex, Hospitals, and practically divide among their *employées* the net profits of the scheme, nothing can possibly be more advantageous for the Nurses themselves. Or, again, Homes formed for the admission of better-class patients commenced the work, and organised an extra staff of Nurses, who, when not needed for their own service, could be sent to any case outside their walls. This, again, acts extremely well as in such a well-known instance as the St. Helena Home, because the public are protected, doctors easily supplied, and quite satisfied, and Nurses well cared for and fairly remunerated. But, unfortunately, there is no disguising the fact that a number of institutions of the old style still remain with us—Homes managed purely and simply for the profit of their owners, who—ignorant of all professional matters—simply desire to farm out as many women, every year,

[previous page](#)

[next page](#)