

After most careful investigation we venture confidently to answer, No, to each of these questions.

Next let us suppose that the charge of one guinea a week was made for each worker: then the receipts certainly would permit of the Nurses receiving larger salaries, but the charge would once more be too great for lower middle-class people to pay. And, as we showed last week, it is almost morally certain that a great and increasing demand would quickly arise for Nurses from this Institution; only we must remember that this simply means that the rich, who now willingly give thirty shillings to two guineas a week for their Nurses, would obtain their services at the reduced rate. Only two things would then happen: either every other Institution would be obliged to lessen the charges for its Nurses to the uniform rate of one guinea a week; or a certain number of them, who could financially stand a certain strain for a time, would maintain their present charges, and boldly do so upon the plea that they supplied better Nurses than the lower-priced Homes could do, and that therefore they required the higher remuneration. We regard it as fairly certain that the latter course would more probably be taken than the former. And from this it is easy to believe that any Home which reduced its charges would be obliged in self-defence, if such an explanation of its action were bruited abroad, instantly to raise them again to their previous standard.

From whatever standpoint, then, we consider this matter, we are always led to the conclusion that there is no possibility of the charges for Private Nurses being reduced, either by public or private Institutions; furthermore, that it would be bad for everyone—for the sick—rich or poor—for Hospitals, for Nursing Homes, and for Nurses—were such reduction to be made. For ourselves we cannot see an iota of reason for it; nay, more, we believe that as Nursing becomes more and more scientific, and Nurses more and more valuable, they not only will deserve, but will easily obtain, higher remuneration. And *the* occupation for gentlewomen of the future who must work in order to live will, we are firmly convinced, be Nursing—woman's noblest, highest, and most suitable work.

Everything, therefore, points to the utter improbability of Hospitals reducing the charges made for their Private Nurses to the public at large. But it may fairly be asked, Is there, then, no remedy? Must the lower middle-class—perhaps the hardest pressed in the contest for existence—obtain no skilled Nursing at all? Too proud to seek charitable relief in a Hospital, too poor to pay the Hospital charges for attention at home, are they to be left altogether untended and

uncared for by Nurses, in times of sickness? Few of the rich—probably none of the poor—know how hard the battle of life is for people who are obliged—or think they are—to “keep up a position,” and yet have barely income enough to keep body and soul in their relative places. Doctors and Nurses frequently see the struggle being carried on, and recognise the heavy heart and over-burdened mind which so often is concealed by the brave face and outward bearing. But the struggle is worse than ever when illness comes, and when a hundred new expenses have to be met out of the already over-taxed exchequer.

We all know how enormously wasteful ignorance is, and ignorance of the most simple Nursing details probably costs more, in illness, than all the doctors' fees and chemists' bills. Can nothing be done, then, to help this truly deserving class in the way of Nursing assistance in illness? Private or Public Homes we have proved cannot, but we firmly believe that voluntary effort could, do so. We published last week a most able article by Miss Marion C. Pincoff, to which we would direct our readers' earnest attention. She suggests that “Some Nurses, who could afford it, should join together, and form an association for Nursing in their own homes (without fees) those who, though refined and educated people, are too poor to obtain the assistance of paid Nurses; who shrink from the publicity of Hospital life, and yet are far above the class of cases that come under District Nurses' care.” The suggestion is a good and most valuable one, but we believe that it would require the greatest care and circumspection to carry it into effect. We are even doubtful whether at present a sufficient number of such pecuniarily independent ladies are available for the proposed work. But in any case it appears to us that the most feasible way of utilising the idea would be to persuade Hospitals having already Nursing Homes attached to them, to admit a certain number of these ladies upon the Private Nursing Staff. And then they could be sent out gratuitously to such cases as those we have been considering. Of course, several difficulties at once present themselves. Hospitals would have to be persuaded to undertake this new departure. Ladies must then be found able and willing to undertake the work. Finally, it must be made known to the people for whom the assistance is intended, where and how these Nurses can be found. But the idea undoubtedly is most excellent, and we venture to commend it to the notice of the British Nurses' Association, the managers of whom, probably, are the only persons who know whether it is possible of execution, and certainly are the only authorities who, in that event, could successfully organise and carry out the scheme.

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