

this scheme would break down where there was need of unremitting watching and attention. The scheme would have to be extended by providing a nurse by day and another by night, and that at a cost still within reach of the working classes. Is this practicable? We think it is, and yet leave a small margin of profit on the outlay. The scheme must be worked on the same lines as the Jubilee nurses, the initial outlay being met either by advances from responsible people interested in promoting it, or by forming a central body who should control and develop the associated homes as the demand arose. At first the homes might be started in those localities most favoured by the class to be benefited, with a sufficient number of nurses and a superintendent to work within a circumference of two miles; others to be planted in districts as the demand arose.

"With the co-operative might be combined the provident principle, by which a householder, by an annual payment, in quarterly sums, should obtain the services of a visiting nurse, when required, or of her full services at a reduced charge. The nurses, of course, must live entirely at the home, thus meeting one difficulty of the working class—the lodging of the nurse; still we think that a scale of fees might be framed which should pay the nurse a fair salary and leave a modest profit, to pay the interest on the outlay. As the demand for this class of nurse is growing up, we feel that it is only to be met in some such way as we have suggested to develop into a recognized working-class nursing association."

WRITING to the *Liverpool Post* on the question of district nursing and the cholera outbreak of 1866, "G. H." says:—

"No doubt many outside improvements have been since made in sanitary conditions—the middens and cesspools at court ends have been removed, and the worst insanitary property has been demolished; but the conditions of life inside the dwellings of the poor were then, and are now in many places, appalling. The apathy and carelessness in the sanitary arrangements, the filth and dirty conditions of the various rooms, coupled with the utter ignorance and incapacity to carry out medical directions in regard to the medicines and other treatment of their sick relatives, was painfully manifest, and called for intelligent and skilful handling.

"The district nursing movement was then in its infancy, and a number of women were engaged who had had some little experience as nurses, but many of whom had never been educated to properly discharge the duties required; and comparison of the work of the trained and untrained nurses at that time proved how necessary it was to have really competent persons to cope with the ignorance and squalid surroundings of the sick poor and to carry out the instructions of the doctor attending the case.

"Again, another noticeable feature was the fright and terror which, as a rule, overcame the relatives on the first approach of the plague, rendering them incapable of helping their sick ones. I well remember several instances, and one is vividly brought to my recollection as illustrating this. A strong able-bodied man in Saltney Street was attacked, and application was made by some member of the family to the dis-

pensary at Burlington Street. Medical assistance was promptly rendered, and a nurse was ordered to go and carry out the doctor's instructions. On my calling to see the man I found the door was open, and the first sight that met my observation was the man lying on a bed quite unconscious. The disease had changed the colour of his face and body to a blue-black, and he was dying. Yet there was no one about him. His relatives, in fright, were located in a neighbouring house, and were only induced to return after an angry remonstrance as to their cruelty.

"It was found also that in very critical cases the untrained nurses were deficient in courage and determination to carry on their work, and needed to be urged to persevere in their work, which was no doubt irksome and very unpleasant—especially when any of their number caught the complaint themselves, as several of them did, and died. As an instance, one of these untrained nurses was seized with the cholera, and, being lodged at the nurses' temporary home with others, her companion nurses lost heart, and when asked to accompany her to the cholera hospital they could not be induced to enter the hospital van. A male attendant, however, offered, and saw her into the hospital, but she succumbed there. On the way to the hospital she intimated to the attendant that she was dying, and made one request. She had a young daughter, whom she loved dearly, and for whom she wished to live. Would someone take charge of her dear girl? Promise being given that she should be looked after, the woman died peacefully. That girl was afterwards adopted by some wealthy family here."

THE Countess of Aberdeen writes:—"I am glad to be able to tell you that the prospects for the Victorian Order of Nurses in Canada are now much brighter. A pronouncement made in their favour by the British Medical Association helped us a good deal, and I think various prejudices have been removed." We are glad to hear Lady Aberdeen's efforts to provide trained nursing in the outlying districts of the Dominion are likely to bear good fruit. The years she has spent in Canada as wife of the Governor-General have been notable years for women, and her energy and devotion have done much to arouse our Canadian cousins to a sense of their responsibility and duty to the State.

It is hoped that Miss Theresa M'Grath's devoted courage at Fort Gulistan in attending the wounded under heavy fire will not pass unrewarded. Steps are being taken to bring her name before Lord Lansdowne, the Secretary of War, with whom lies the recommendation to Her Majesty for the Royal Red Cross, a decoration conferred for "special exertions in providing for the nursing, or for attending to, sick and wounded soldiers and sailors." It seems only fit and just that Miss M'Grath, who was nurse to Mrs. Des Voeux's children, should have some reward for her courage under fire.

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