

couragement, to leave each tired worker whom he touches in his rounds stronger and braver because of his momentary presence, is the superintendent's privilege."

I am going to resist the temptation of annotating those quotes.

THE SUPERINTENDENT HERSELF.

The superintendent herself (with a big H) naturally arouses antagonism upon the part of the junior medical staff if she is placed in professional control over them. But if her duties be those which are ordinarily performed by all our capable Matrons in the country and smaller hospitals—that of Mother of the House, including, as it does, the general supervision of the establishment and comfort of all its inmates, as apart from medical treatment—by all means its "herself," as they would say in Ireland, who should superintend.

But let her not be given a name which conveys authority which should not be hers. How sonorous and comprehensive sounds the fine old title in use at our oldest London hospital, Matron and Superintendent of Nursing—that is, Matrona, from the Latin mater, mother—and Superintendent of the work of—not the *personnel* only of the nursing staff. What more of honour can any woman desire or deserve?

E. G. F.

(Summary of First Session to be continued.)

Nurses' Co-operative Societies.

AFTERNOON SESSION.

Wednesday, September 18th, 1901.

THE NURSES' CO-OPERATION OF LONDON.

By Miss DIANA C. KIMBER,
Late Assistant Superintendent of Nursing, New York City Hospital, Blackwells Island.

Owing to the absence of Miss Kimber, this paper was read by title only, but will appear in full in the "Transactions" of the Congress. The paper includes a short history of the formation and organisation of the Nurses' Co-operation on a 7½ per cent. payment, and shows the wonderful progress and the financial success of the "Co." during its decade of existence.

The chief objects for which the Society is established are given as follows:

1. To establish and maintain offices or agencies where qualified nurses may be engaged to attend patients.
2. To establish and maintain houses for nurses, and to provide them with instruction, board, and lodging, and all necessary comforts.
3. (a) To purchase, lease, hire, or otherwise acquire real and personal property; (b) to erect, construct, maintain, and alter any houses necessary for the purposes of the Society; (c) to sell, lease, mortgage, or otherwise deal with the property of the Society; (d) to solicit, collect, accept,

and hold gifts, subscriptions, and bequests for purposes of the Society.

4. To establish and hold trust funds for the provision of sick pay, pensions, or annuities, for the benefit of nurses.

It is pointed out that the idea of a Nurses' Co-operation originated with a trained nurse, Miss Mary Butcher, who desired to enable private nurses to co-operate for their mutual advantage and benefit, and the nurses are also congratulated upon the completion of the residential Home, which provides them with a restaurant, club rooms, and many separate bedrooms, and a sick room for nurses, for the use of which no charge is made. The late controversy as to the management of the Nurses' Co-operation is then entered into, and ends with the significant remark:

"From the point of view of an American it seems somewhat incongruous that a body of nurses seeking to manage their own affairs should accept donations and patronage. In England acceptance of patronage is so common that it does not occur to us to look at it in this light (the Editor begs to differ), but we venture to think that the English nurses who wish to stand upon their own feet and manage their own organizations will have to learn to face the fact that they cannot accept help from others without losing a certain amount of independence."

The following paper on "The Registered Nurses' Society" was then read by Miss Sophia Cartwright, Secretary and Delegate of the Society.

THE REGISTERED NURSES' SOCIETY.

Ladies,—As you have already had described to you the basis of organization in the Nurses' Co-operation, which is identical with that of the Registered Nurses' Society, in securing to members the whole of their earnings less a small percentage for office expenses, I do not propose to enlarge upon this point, but briefly to give you some account of the distinctive features of the Society which I have the honour to represent.

It was in 1894, after the Royal British Nurses' Association had been incorporated by Royal Charter, that Mrs. Bedford Fenwick felt that something should be done to secure to trained and certificated nurses, who were Registered under the Charter, remunerative work as private nurses, which work was largely in the hands of uncertificated and inefficient women, or was manipulated by institutions which paid the nurses a fee and manage their own organizations will have gain of profit which remained after these salaries were paid. On the other hand, Mrs. Fenwick urged that the Chartered Association had a professional duty to the public, and should define a definite standard of education and training for private nurses.

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