

## Nursing Echoes.

\* \* \* All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.



The Countess of Minto's Indian Nursing Association has received a welcome donation of 10,000 rupees from the Maharani of Jai-pur, and in the letter to the Viceroy of India announcing the gift the Maharajah states that his wife has also had an opportunity of helping institutions which relieve the poor and suffering in England. "Her Majesty the Queen-Empress," writes the Maharajah, "has very kindly accepted the Maharani's offer of one lakh of rupees, and graciously consented to distribute the sum to such institutions as are deserving of sympathy and support."

Recent events have proved in more than one instance that a closed window is no hindrance to a patient who contemplates self-destruction, as he merely shatters the glass. The obvious means of making a window safe would appear to be by protection on the outside in some form, which, while allowing the free ingress of air by the open window, would yet prove an effectual bar to the egress of any suicidal or demented patient.

While on this subject, it is impossible to condemn too strongly the action of a lay nursing journal in publishing what occurred at the last interview between a patient who recently jumped through the window of a metropolitan hospital, and his wife. From the professional standpoint any knowledge gained of a patient's private affairs should, of course, be respected and divulged to no one, and no professional journal would for a moment lend itself to the publication of such details, but we should have supposed that even the most rapacious seeker after copy would have regarded as sacred the last interview of a dying man and his wife, and would have had more respect for the feelings of this poor woman than to publish, broadcast, what then took place.

A considerable portion of the *Queen's Nurses' Magazine* for August is devoted to the

very important question of pensions for Queen's Nurses. Probably no nurses have a harder life. They have long distances to cover, are out in all weathers, they do not receive large salaries, and the question of what provision can be made for the time when they can no longer work is a very urgent one.

The sound logic contained in the following paragraphs which appear over the signature "H.M.F." must, we think, commend itself to all:—

"The only possible scheme would be one under which the Institute would insure all nurses on joining, recovering the premiums as a fixed charge from the affiliated Associations, just as in Scotland the Institute asks for an annual fee of £1 1s. to cover inspection expenses; or it might be possible for the Institute to enforce insurance on all its nurses, as is done under the Scottish Superannuation Scheme for teachers, leaving it to the employers to take over such payments if they thought fit; or the Institute might ask for such an addition to the salaries of the nurses as would enable them to meet the premiums themselves. On the whole the latter expedient seems to be the most feasible; everyone will agree that for various reasons—the late age at which a nurse begins to earn, the short duration of her working life—it is most important that she should make a sufficient provision for her old age, but it is undesirable that any element of charity should enter into the arrangement. Pensions are as a matter of fact deferred pay, and it is preferable that trained nurses, being grown and educated women, should have the disposal and allocation of their own earnings, and should be free to invest them in whatever manner appears to them most advantageous.

"It is conceivable that nurses might obtain better terms than those offered by the Royal Pension Fund from some of the large offices, such as the Scottish Widows, who, dealing with every class of the community, have a correspondingly big turnover, and it is also possible that nurses might prefer to place their savings in the Post Office, or in other trustee investments, with the intention of buying an annuity in later life. It would be a mistake to insist on their all being insured in one way and in one office, or to ask casual employers in the name of charity to contribute to an insurance, which, if nurses are adequately remunerated, they should make themselves, and which, if they are not, ought to be given them in the shape of additional salary. Salaries in all professions should be so calculated as to enable workers to meet all the necessary ex-

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