

appears on the third day of the fever, in scarlatina on the second; the rash in measles, is of a crescentic shape, the spots, which resemble flea-bites, being slightly raised above the skin; in scarlet fever, the eruption is not raised, it is diffused, and of a bright red colour, commonly compared to "boiled lobster." In measles, the chest is chiefly affected; in scarlet fever, the throat. It will thus be seen that the two diseases have distinctive symptoms throughout, and are not likely to be mistaken for each other, by persons of any experience.

NURSING ECHOES.

*** Communications (duly authenticated with name and address, not for publication, but as evidence of good faith) are especially invited for these columns.*

SUCH a number of readers of this journal have written concerning the leading article last week, upon the subject of Private Nursing, that Mr. Editor asks me to answer some of the questions and explain other matters relating to the subject. All the correspondents thoroughly agree with the views expressed upon the matter, but wish it still further ventilated and discussed. Several wish to know whether some system could not be devised by which Private Nurses, working for, and living by, themselves, could more easily be brought into contact with the sick public requiring and seeking for Nursing aid. They point out what, of course, we all know, that it is most expensive living alone in lodgings, and yet, *if* a Nurse so living can only get regular employment, it is far better for her in every way to live alone than to enter a Home, which, necessarily, must absorb a good deal of her earnings to pay the general expenses.

THE whole kernel of the matter, I fancy, lies in that dreadful "*if*." Because at any moment such a Nurse's employment might suddenly cease, say through the death of the medical man who had, perhaps for long, kept her in full work. Or, she might be invalided herself, and her employers be obliged to seek a new assistant. Consequently, looking at the risks and general uncertainty of the thing it certainly seems to me that it would be wiser for Private Nurses to attach themselves to some first-class and well-established Home—especially if such offered their employées some percentage on their own earnings beyond and above a stated fixed salary—rather than to live and practice alone.

THERE is another way, however, which one correspondent suggests, of combining the advantages of both plans, "for a number of first-class Private

Nurses to join together and form a sort of Co-operative Society, to choose a Secretary and Superintendent of their own, take a house in some well-known locality and, after the payment of all expenses, share the proceeds equally. Of course it would need a little capital to start the scheme, but" the writer "believes, if a few Nurses now living alone—in solitary discomfort and only occasional employment—were to make the attempt, aided by any business men among their friends, it would be quickly successful—and that naturally would encourage many others in similar circumstances to follow their example."

THE idea reads very well upon paper, but I would not advise any "first-class Nurses" to try it, for several reasons. Nurses are not good business women as a rule, and it would be only by the strictest attention to business details, I imagine, that such a scheme could succeed. Then I suspect that when a fair calculation of house rent, taxes, wages, &c., was made, the "little capital" required would be found to be uncomfortably large. Next, there is no doubt that many medical men, who would willingly do their best to find work for a Nurse they trusted thoroughly, and knew needed work, and could be found at her own lodgings, would not trouble to send to a Home for her, and perhaps be told she was engaged, and instead have some other member of the Co-operation sent to them, of whom they knew nothing. Finally, it must be remembered how many excellently-managed and popular Nursing Homes there are now in existence, attached to large or small Hospitals, to great religious Houses, or controlled by private individuals of the highest repute, and, therefore, what tremendous competition any new Home would be subjected to; and I think it will be evident what small chances of success such a Co-operative Society, as that suggested, would possess.

THERE is a paper on Nurses and Nursing in the *Westminster Review*, for July, which completely repays reading. It is very well, and carefully written, evidently by someone who thoroughly knows the subject, and as it is unsigned, considerable curiosity has naturally been excited as to the name of the writer. It is generally attributed to a lady holding a high post in the profession. The article gives a clear and good account of the "three chief branches of Nursing—district, hospital, and private." The former takes the first and largest share of the essay. "District Nurses," it says, "are supplied to the Metropolis and most large towns by an admirable series of institutions, the expenses of which are generally defrayed by subscriptions collected in their neighbourhood."

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