

her predecessor occupied fifteen or twenty years ago. Not only in importance, but in numbers, we recalled how different, things are now, from what they formerly were. For everyone knows that where one Physician in past days suggested the services of a Nurse, fifty now would declare the essential necessity of her assistance. And with the vast increase in the demand, it is only too easy to understand why the supply of women offering to tend the sick has increased more rapidly in quantity than in quality. This is so well known to professional people that we may state it as a fact, without expending further time in proving it.

But this deficiency in the quality of the Nursing provided for the sick in private houses naturally has had great results. In the first place, it creates a most unfair degree of competition, to which the really Trained Nurse finds herself exposed, when, after two, three, or more years passed in systematically learning the details of her calling, she passes out from her Hospital to earn her livelihood by tending the sick in private. Then, to her astonishment, she discovers not only that any woman who chooses to call herself a Trained Nurse, and don a cap and apron—however ignorant she may be of the simplest rudiments of Nursing—has quite an equal chance with herself of obtaining employment, but also that the general public are utterly unable to discriminate between the true and the false Nurse. Everyone knows that this is no exaggerated picture, and that this state of affairs exists even at the present day. It needs no demonstration therefore to prove that ten years ago, when public opinion had not been roused upon the subject, the number of women acting as Trained Nurses, who never had had a vestige of training, was even greater than is the case today. But after a time there arose in the public mind an uneasy conviction that all were not Trained Nurses who called themselves so, and thus a gradually increasing demand was raised, both by Medical men and their patients, for some guarantee that when skilled Nursing was sought, it should in very truth be obtainable.

The difficulty was solved in several ways. Several institutions managed by honourable people closed their doors against the untrained Nurse, and then made their employées' interests their first consideration. A Physician, utterly dissatisfied with the Nurses sent to his private patients from other Institutions, went to the Matron of the Hospital to which he was attached, and begged the services of a Nurse employed in his own Ward, and whose aptitude and knowledge he had frequently observed, to attend upon a private patient. The request was granted, the patient recovered, and the Nurse returned to her Hospital routine, handsomely rewarded, while the

Institution was benefited also by a large donation. The enormous advantage to Members of the Staff, however, of thus being able to obtain Nurses trained by themselves, knowing their methods, and being of tried character in addition, was rapidly realised, and in a short time, Matrons who did not like to offend by refusing, found their Wards denuded of their best Nurses, who were here, there, and everywhere, nursing private patients outside.

Meanwhile, the Hospital managers found the system very profitable, as money they had not expected, poured into their coffers. Consequently, when one Lady Superintendent after another found the worry and confusion unendurable, and recommended that a certain number of Nurses should be set apart to do nothing but private work, the authorities were quickly persuaded to agree to it. And in this way arose the system of Hospitals supplying Nurses for the richer classes. It certainly, we fear, did not originate in any degree, as Miss Dannatt imagines, in the desire on the part of the Hospitals to "extend their usefulness, by making it possible for the middle and lower classes to receive help at a reasonable rate."

Looking back now, we see that, like so many other great movements, this one has been evolved in rather a haphazard manner—more, in fact, as an expedient originally devised merely to save someone trouble, than with the desire to confer a boon upon any distinct class of sick people. Consequently, in so far as Miss Dannatt's contention is incorrect upon this matter, her indictment against the Hospitals which have instituted Private Nursing Homes—that they have "lost sight of" their original intention in so doing "in the desire to make money"—is also not sustainable. While thus proving that the Hospitals are not to blame, there is not the slightest doubt that the system in question is being adopted now in increasing measure every year. In fact, our study of the subject leads us to the conviction that, in a very short time, there will be a Private Nursing Home, of smaller or larger dimensions, in connection with every Training School for Nurses. It is, therefore, easy to perceive that the question as to the charges to be paid for such Nurses is of the highest consequence to the public, and we consider that Miss Dannatt has done great service in drawing attention to the matter. To a large extent we are in heartiest sympathy with her wishes in the matter, and we hope to be able to show, on a future occasion, how they could be gratified.

KNOWLEDGE will not be acquired without pains and application. It is troublesome and deep digging for pure waters; but when once you come to the spring, they rise up and meet you.

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