

pension on her retirement from active work. We are devoutly hoping that the great merchant princes, who have so benevolently come forward to assist Nurses, may be aroused to the complete inadequacy and even ludicrous failure of the scheme they have been persuaded to patronise, and will consult those who have really the knowledge of what Nurses require, as to the best method in which their generous intentions can be carried into effect.

Whether this be so or not, this past year will be memorable among all past and all future years for their great generosity, and for the public interest it has evoked in Nursing matters. All this retrospect, then, leads us to the belief that a great future is dawning for the Nursing profession, and that Nurses will, as years roll by, be found more and more worthy of their great vocation. And in that hope and belief we earnestly wish our readers, one and all, a very Happy New Year.

### THE SOCIAL SIDE OF NURSING.

“WE don't like Trained Nurses; they are very clever and all that, but they never seem to care for us.” This random kind of talk represents a very prevalent phase of opinion, or rather prejudice, amongst a class of the community, who, standing in peculiar need of skilled Home Nursing, rarely or never get it—the bread-winning middle-class. Like Hotspur, “they have no leisure to be sick,” and therefore every possible interest in getting well soon; and what would better help them to do so than skilful Nursing? But unfortunately they have been so often deluded by “sham” Nurses, they have lost faith in all Nurses. It is a matter for saddest thought, that many a valuable and valued life has been lost, for the want of the skilled care, that, had the hapless victim been a pauper, would have been his by right, or a peer, his by wealth, but belonging to the middle-class of life has had to take his chance, and succumb to his fate.

The costly arrangements for Private Nursing in connection with our great Hospitals necessitate high fees, but the time cannot be far distant, when a sufficient number of professional women will be able to take up middle-class Nursing, on a basis suited to the position of their patient. Let it be fully borne in mind that good Nursing cannot be had *cheap*. The poor, in Hospitals, Workhouses, and elsewhere, are not cheaply nursed—very far from it—nor can their betters expect to be. Any plan of middle-class Nursing based upon *cheapness* is an economic mistake, a social wrong, unjust to a skilful Private Nurse, and a very dubious benefit to her employer; eleemosy-

nary Nursing is also open to the gravest objections. I believe an arrangement can be made that will meet the requirements of this important matter, give to a skilful Private Nurse her well deserved *fair* fee, and to a middle-class man his much-needed *good* Nursing. The question of payment does not effect stipendiary Nurses to any great extent, but it is a point of vital importance to women engaged in home work—the Nursing of the future; and in the interests of the Nursing industry it will have to be settled upon a just basis. Now that the supreme importance of good Nursing is being brought before the public, by the wise exertions of the B. N. A., there will arise a demand for it among all classes of society, and when its inestimable comfort to the sick comes to be known and felt in every home, people will wonder how it is they have done without it so long. I think the word “Trained,” as applied to Nurses, is not altogether felicitous; there is a suggestion of athleticism about it. Men are “trained” to fight, to run, and to row, but the gentle craft (?) of Nursing should not, by implication even, be included in so robust a category. Nor do we say we had a “trained” Surgeon, or a trained Physician, for our sick.

Private Nursing has hitherto been carried on vicariously, as it were. When our Doctor's “only” Nurse is not available, we have to send somewhere for somebody, who is sent by someone else, who stands sponsor for her, and answers for her skill and respectability, and receives the fees for her services; also the nominee appears in a sable garb, more in accordance with the tastes of Mr. Mould with an eye to business, than suited to a glad messenger of hope, as our Nurse should be.

Let us begin with hope, at all events. These remarks do not apply to “duty” dress; that should be as carefully thought out in every detail as a court train, and no point omitted to fit it for bedside and sick-room requirements, with special modifications for certain special cases. “Uniforms” are as appropriate in Hospitals as liveries are in a gentleman's household; but the daily dress of a Private Nurse needs only to be marked by the quiet, good taste of an English gentlewoman. Again I say, do not go to your cases in lugubrious attire. The mechanical sort of arrangement for obtaining a Nurse before described deprives Nursing of all personal interest, and if the remarks quoted at the opening of this article are wrong-headed, they are not otherwise than right-hearted, viewed from the standpoint of the home and all that makes it dear.

Let me give a word of counsel to wives and mothers with respect to this matter of Home Nursing. Do not think, because you have pulled your children through some unimportant childish

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