

them all, it was the only attack worth a moment's consideration, and that only because it condensed all the others in a convenient form for reply.

Stripped of all rhetoric, gossiping tales and personal feeling, Lady Priestley, holding a brief apparently for that injured innocent the general public, brings three charges against sick nurses, more especially in their capacity of private nurses.

(1) She, Lady Priestley, and some of her friends, have met some objectionable young women amongst them.

(2) They are dear, and it would be better if they were cheaper.

(3) Their fees interfere with those of the medical man, and they do not acknowledge his authority.

All these points have been capitally answered by Mrs. Bedford Fenwick. If I, therefore, touch on them again, she must forgive me, but it is difficult to glean after her, she is so very thorough.

If I had kept a careful record of all the immoral and dishonest acts with which individual medical men have been charged, if I had remembered all the boorish and incompetent doctors I have met, or the irresponsible gossip concerning them I have heard from members of the general public, I might easily write a pamphlet, perfectly true in every detail, which would, nevertheless, in its general application be a cruel libel on an honourable profession. No body of workers is without its black sheep within the fold, and the profession of trained nurses is further hampered by a fringe of those who ape its responsibilities without ever having been subjected to the wholesome discipline of systematic training, and against whose un-founded pretensions the genuine trained nurse has no protection. I feel strongly on this point, for, speaking after long experience, I am convinced that the proportion of tares to wheat amongst genuine *bonâ fide* trained nurses is very small indeed compared to that found in other professions and callings.

When Lady Priestley can point out to me a body of workers that is immaculate, a body in which there is never any unprofessional conduct, of which the members are really religious, in the sense that they really act up to their professional creed, I shall be proud and happy to make their acquaintance. Until now I have found the clergyman's surplice, the barrister's robe, and the doctor's frock coat to hide as many human failings and shortcomings as the nurse's cloak.

Some years ago nothing was ever written of sick nurses but praise, extravagant praise, unnecessary praise. It was about the time (in the early eighties) when I was a probationer under very strict discipline—and though I and my fellow-probationers were, I can honestly say, in the main hard-working and conscientious, full of interest in our work and our wards, and not, I hope, without the natural refined instincts of middle-class Englishwomen—we were not angels without wings, we were not immaculate heroines, nor did we any of us consider ourselves better than our brothers and sisters who worked in other lines. I think this praise was due to a great extent to the fact that professional nursing was really the one phase of the general movement in woman's work which appealed at once and directly to people in general. They could applaud it unstintedly without quite understanding it, they did not understand, they hardly understand now, that the movement in the nursing world was really only an item in the movement in the woman's world of work generally which has been going on (stimu-

lated with more criticism than praise) for the last twenty years, and has caused an astounding alteration in its quality and quantity and in its appreciation.

But the immense and more or less sudden popularity of trained nursing had the usual untoward results that follow the sudden leaping into popularity of a not overcrowded calling. It attracted vast shoals of unsuitable candidates who were anxious to share in the harvest of praise with as little exertion or hardship to themselves as possible; and these people exploited every institution that was weak and unscrupulous enough to semi-train them; they as often as not dispensed altogether with even the pretence of training; they masqueraded in the dress hitherto adopted only by hospital nurses; they flooded the country with cheap imitations of trained nurses, and they turned naturally to what they considered the best paid branch of nursing—a branch which thoroughly trained hospital nurses were slow to take up.

Mrs. Fenwick has most clearly pointed out how much the reputation of the real nursing profession has suffered from these make-believes. She has written of the means by which we hope to protect ourselves, and to purge our ranks from them—not only hope, but mean to—as every day shows us more clearly the absolute necessity for doing so.

That really competent trained private nurses are dear, I deny. The work is hard, the anxiety is constant, nurses are early past work; they do what no doctor *can* do, what private affection seldom *will* do; and they do it in the majority of cases with a conscientious zeal that is worthy of all praise.

That incompetent nurses are dear at any price, I frankly admit. They would be expensive at a gift.

The most curious point urged against the sick nurse by Lady Priestley, and others, is very English, stated broadly it is to the effect that the public having paid its nurse may decline to settle its doctor's bill. I have met many, many medical men in my time—some of whom have told me how reprehensibly neglectful the public are of their little accounts, and I have honestly sympathised with them; but I never met one man who grudged a nurse her money, or even hinted that she interfered with his fees. If a private nurse is summoned to a house it is because she is wanted, and she is wanted for purposes for which a doctor is useless. No doctor of any repute could spend the whole of his time at one bedside, even if he were of any good as a nurse, without charging considerably more than a good nurse's fees. If nurses are retained for cases that do not need them, nurses can hardly be blamed; they do not go to cases unless sent for. Someone is responsible for the nurse's presence. A nurse does not go to a house where there is illness, and demand admittance on her own account.

If doctors are becoming so plentiful that they will accept starvation fees to cut one another out in poorer districts, and if they continue to attend patients who decline to pay their bills, that shows their want of business capacity, or their kindness of heart, or that they are bitten with the craze for crowding into a respectable profession, though they know that there are ten men waiting for every paying berth. It is unfair to charge nurses with diminished medical incomes. As to the disloyalty of nurses to doctors, that is a most untrue statement. Here and there you will, of course, meet with a conceited ignoramus who shows off her half knowledge. A wise woman is very careful in her behaviour to him, both openly and in his

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