

The first to do so was the Associated Registry of Brooklyn, then followed the Belle Vue Graduates' Registry. These registries propose simply to supply calls for daily nurses from among the nurses who are waiting for regular cases. The John Hopkins Alumnæ in Baltimore has taken up the question more seriously, and at the beginning of the present year two nurses had volunteered their whole time to the work, and others, portions of time. It is believed that the income received for the services of these nurses will shortly be sufficient to provide salaries for the number of nurses required to meet the demand, but until the scheme is self-supporting the Alumnæ asks for a fund, which may later be devoted to work amongst the really poor.

In every case in which I have been able to obtain information it will be observed that the experiment is quite a recent one, and there is no doubt that some time must elapse before our knowledge is sufficiently complete to enable us to make an analysis of much statistical value on this subject, but we have, I think, at least arrived at the conclusion that the daily nurse is appreciated by both doctors and patients, and this being the case, this method of nursing is certain to extend.

If the daily nurse is to become an established institution in England, as seems likely, the question as to where and how she shall be housed is one which will require solution. It is one which even private nurses, who are usually out at cases, find it difficult to solve, and for the daily nurse the problem would be even more pressing. I do not think that in London, at least, it is possible to live in a moderate degree of comfort for less than 30/- a week. Nurses when they first leave hospital often scarcely realize the expense of board and lodging, and rumour has it that they often expect more for their money than they can possibly obtain. However, this may be, I feel sure that no nurse would be wise to start housekeeping on her own account who does not see her way to spending 30/- a week on rooms, attendance, and food. In large centres, probably the most comfortable arrangement for daily nurses would be to take a room, or rooms, in a well managed house—more especially if the commissariat were arranged after the fashion of an ordinary restaurant—the meals being served at small tables in a common dining room. Should the demand for such homes for daily and other nurses arise, no doubt the need will be catered for. At present the difficulty on finding comfortable rooms at the price which a nurse can afford to pay is extreme. With regard to the fees which daily nurses should earn, they should, I think, certainly amount to £3 a week. This would scarcely mean that they would receive as much as they could make in private nursing, and their work would, in some ways be harder, but there would be compensation

for this in the greater variety, freedom, and regularity of the work. In fixing the fees, which a daily nurse should ask, it would be well if some standard could be agreed upon by those undertaking this work. The reason why women's work is often so badly paid is that they so frequently undersell each other without the least compunction. If they followed the example set by men of combining to protect their own interests, and declined to work for anything under a minimum fee, they would reap the reward in obtaining adequate remuneration for their work. But it is an open question whether women will ever combine in this way.

There are, however, cases of serious illness where frequent attention is necessary, which are obviously outside the scope of a daily nurse.

Under these circumstances, it often happens that either a member of the family undertakes the nursing, and that, therefore, the patient does not receive the skilled nursing which would be attainable if he were in poorer circumstances, or the services of a "nurse," who is willing to take a small fee, are requisitioned, but usually this person is neither experienced, nor certificated, and it is scarcely necessary to state that an inefficient nurse is dear at any price.

What appears to be needed in such cases is a body of nurses, guaranteed efficient, who can be supplied at a rate which the public can afford to pay. It appears to me that this need can only be met by co-operation between the public and the institution, but that in this way it would be quite possible to provide efficient nursing for the middle classes. The question is whether the public in health are sufficiently alive to the importance of securing trained nursing in time of sickness, to pay into a club in the same way that the working classes pay into their sick clubs. If the public show any desire to combine in this way the scheme could quite easily be organized—in London, probably, through an existing institution—with very little initial expense. All that would be required would be the establishment of an office, with a capable nurse-secretary, for business purposes. The nurses would be paid an inclusive salary which, of course, must be equal to that which can be earned in the open market, otherwise desirable nurses will not be attracted to the society, and they would board and lodge themselves when not in work.

The essential conditions necessary to the success of such a scheme are, in my opinion:—

1. That the office should undertake to supply to the members of the co-operation fully trained and trustworthy nurses.
2. That the office should guarantee to the nurses, fees, at the ordinary rates, for the cases which they nurse.

[previous page](#)

[next page](#)