

nurses to settle the question of remuneration by concerted action. There can be no sort of doubt that nurses are absolutely free to discuss their own affairs, and to make whatever professional regulations seem good to the majority of them. Why should a barrister, for instance, be obliged by the laws of his profession to accept no brief under so many guineas, and a nurse be condemned because she enforces a minimum fee? Men have constantly found it necessary, as a matter of self protection, to lay down some such regulation, and they have also found the power they possess in combination; but they seem to be exceedingly averse to women adopting similar methods.

With regard to the resolution adopted by the Allegheny Alumni, we think that it is always wise that individual nurses should have behind them a society to which the matter of their fees may be referred. It is a fact well known to those acquainted with the work of private nurses, that those employers who desire a reduction of fees are by no means most frequently those who can least afford to pay them. Whilst an aristocratic and wealthy employer will sometimes keep a nurse waiting for months before paying her, and will then consider the fees excessive, the middle class person, who has to deny himself some other necessary in order to secure the services of a trained nurse, will most frequently pay the full fee at once. It is therefore a protection to a nurse to be able to state that by the rules of her Society she is not allowed to take less than a certain sum. If the *Society*, with the consent of the nurse, reduces or remits the fees, it is a different matter.

With regard to the fee proposed of \$20 (£4) it appears to us, having regard to the cost of living in the States, a reasonable one; though we think that a scale fixing a lower charge for ordinary medical and surgical cases, than for critical operation, mental, nervous, and infectious cases, would be still better.

At any rate, it is inspiring that American nurses are discussing and settling their own affairs, though we think that this particular Society would have been wise if it had referred so important a matter to the Associated Alumnae for consideration and debate, before taking a definite step. The opinion of the united societies would have been a strong one to fall back upon, and its force unquestioned, and well nigh irresistible. It is easy, however, to play the part of critic, and at least we congratulate the Allegheny Alumni on its courage.

Annotations.

TRAINED, OR UNTRAINED?

CAPTAIN NORTON, M.P., has been busy during the past week questioning Mr. Wyndham, Under-Secretary of State for War, in the House of Commons, on the details of the nursing arrangements in connection with the Soudan Campaign.

It appears that the average number of sick soldiers at Cairo and Alexandria during September was 467, and in October 615, and the deaths were 104. Captain Norton wanted to know the average number of trained nurses in attendance on the men, to which Mr. Wyndham replied, the nursing staff at Cairo and Alexandria was supplemented by the addition of 138 non-commissioned officers and men of the Royal Army Medical Corps.

But Captain Norton stuck to his point, and asked, Can the hon. gentleman state the average number of trained nurses in attendance on the men?

Mr. Wyndham stated, "I must explain to the hon. and gallant member that the non-commissioned officers and men of the Army Medical Corps are trained nurses. They are nurses who have undergone special training, and they are those who in ordinary circumstances look to the wounded and the sick."

Captain Norton then remarked, "If the hon. gentleman is not able to answer the question in regard to trained nurses I must put it again to-morrow."

He did put it again, and elicited the fact that to attend upon upwards of 600 sick soldiers an average of ten women nurses were employed between the Cairo and Alexandria Hospitals, including the service for day and night duty, a scandalously inadequate number when we consider that many of the patients were suffering with typhoid fever and dysentery, and other diseases requiring the most efficient nursing skill the whole twenty-four hours round.

We cannot accept Mr. Wyndham's statement that the men of the Army Medical Corps are trained nurses, and the very fact that he should have made it, is proof of the very loose way in which the term "trained nurse" is used, and the necessity for the definition of a minimum standard. The inefficient training of orderlies in the Army is a blot on the organization of the War Office, and we drew attention to this subject in a paper which we read at the Nursing Conference held in connection with the Nursing Exhibition which took place in London in June,

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