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Editorial.

THE PRICE OF NURSING.

From time to time publicity is given to the urgent need for some form of organisation by means of which the middle classes can receive the skilled nursing care which is accorded to the poor in our hospitals free of charge, and which is procurable by the rich—albeit, under present conditions, they by no means always obtain it—at a fee of £2 2s. a week.

The need must be faced, but it will not be met by decreasing the fees paid to thoroughly-trained nurses. In the first place, the market value of a nurse's services is £2 2s. a week, and this cannot be arbitrarily lowered to meet the exigencies of the case. In the second place, if feasible, this would be undesirable. The working life of a nurse is short, twenty years, including her three years' training, being probably the outside average limit. Therefore, if during her working days she is to earn enough to maintain herself in her old age, the reduction of her fees cannot be contemplated. It must, moreover, be remembered that during the last few years the price of all labour has advanced by some 25 per cent., and that the cost of living is constantly increasing. The tendency, therefore, will be for the price of nursing labour to increase rather than decrease.

The cost of maintenance of Nursing Homes in the centre of London, that is, at the doors of leading medical practitioners, renders the solution of the difficulty of middle-class nursing by their means an impossibility. We believe that it can only be solved by the general hospitals, which should maintain paying blocks, where middle-class patients could be received at fees in proportion to their means.

This system is universally adopted in the United States and Canada, and, in our view, it is essential that it should be instituted in connection with our own hospitals if they are to continue to meet the needs of the community,

It must be remembered that, when our general hospitals were first established, our great Poor Law infirmaries—which have become virtually State-aided hospitals, and which should be definitely dissociated from any taint of pauperism—were non-existent. If free education is recognised as the right of the poor, surely free care in illness should be similarly provided for them. This would leave our general hospitals freer to attend to the needs of those who, though able and willing to pay a certain amount towards the cost of their illness, are unable to face the whole expense of the cost of treatment and nursing under present conditions.

This is, in our opinion, the solution of the difficulty of middle-class patients who require institutional care. The question of nursing in private houses is a more difficult one. One thing is certain, that elementary instruction in nursing and sick cookery should be included in the education of every woman; they are far more useful accomplishments than indifferent performance on some musical instrument, or a crude knowledge of painting. Middle-class women should realise the obligation of undertaking the care of minor illnesses themselves, and of grasping the fact that life includes duties as well as a constant round of pleasures. We should then have less grumbling at the expense of nursing and the extravagances of nurses. The self-respecting, thrifty, and capable woman of the middle classes would, under medical direction, devote herself to the care of her own sick relatives. In past days many daughters undertook duties of this kind and proved themselves most efficient and capable care-takers. The present tendency towards substituting showy accomplishments for capacity in the details of household management is one which is greatly to be deprecated, and is a chief cause of the constant complaint that the quality of women applying for training as nurses is deteriorating.

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