

### Nursing Echoes.

\* \* \* All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.



We are glad to note that Dr. T. D. Griffiths, President of the British Medical Association, in his Presidential address delivered at the recent annual meeting of the Association, touched upon the question of the nursing of the middle classes, and also on the unsatisfactory management of many so-called nursing homes. In this connection he said:

—“We are now doing with the aid of public charity all that science up to date can do to help the poor. Let us now consider for a moment what has been done, what is being done, and what should be done to meet the requirements of the middle classes for medical and surgical aid in time of need. Their own homes, or perhaps lodgings, are often unsuitable for operative surgery, or for serious medical cases requiring skilful nursing. There are, it is true, many surgical homes in our large towns which are, with very few exceptions, private ventures for profit, many unworthy of recommendation.” After describing the working of a nursing institute and home at Swansea, Dr. Griffiths says:—“Dual institutions of the kind we have at Swansea, provided with a Listerian surgical home, equipped with all the necessary modern appliances, are very much needed in towns to replace many private nursing institutes, some of which are now flourishing, by imposing on the invalid public, women imperfectly trained as nurses, who are engaged at low wages to be let out on hire like cab-horses for gain; and also to replace many of the so-called surgical homes, which are totally unsuitable for operative surgery.”

It is satisfactory that the attention of members of the British Medical Association is being directed to the private nursing home question, as it is manifest that its members could wield a powerful influence in altering the present unsatisfactory condition of things. It is apparent that if medical men declined to send patients into homes where they did not receive satisfactory guarantees as to the professional qualifications of the Superintendents and nursing staff, such homes would soon cease to exist. But here we are at once confronted with the difficulty that there is no system of State Registration of Nurses, so that a medical man cannot turn to a Register of Trained

Nurses and readily ascertain who has a right to the title of trained nurse and who has assumed it without possessing the necessary knowledge, and so we are driven back to the truth that to place private nursing homes on a proper footing we must have the minimum qualification of a nurse defined by law, together with the registration of those women who attain this standard.

The *Guardian*, which recently put forward a plea for nursing by educated women, now urges the better nursing of educated women. “There is no one,” says our contemporary, “more neglected in time of illness than the working gentlewoman, or lady, if it be permissible to use so old-fashioned a term. She cannot afford the comforts of the rich. She is too independent to accept the privileges offered to those who are somewhat offensively classed as ‘decayed’ or ‘necessitous gentlewomen.’ She is accustomed to support herself by her own exertions, to pay her way, and spare a little for charity or friendship. She puts aside year by year enough to meet the needs of an ordinary rainy day; but a downright deluge in the shape of a serious illness or operation, or even prolonged indisposition with consequent loss of work, is an emergency for which her slender resources are not adapted. The choice before her is to class herself with the ‘poor’ and accept charitable medical aid or nursing, or, as pride naturally prompts, with the ‘rich,’ and pay at a price which cripples her income.

“As yet sick-nursing has been thoroughly organised only for two classes, the rich and the poor. The former can have the best of everything by paying for it, the latter receive it through charity or by the taxation of other members of the community. The next matter for consideration by the medical and nursing profession should be the problem of middle-class nursing. We need paying-wards in all our hospitals with graduated fees, such as are the rule in Germany, public nursing homes at moderate charges, as well as an extension of the district-nursing system to paying patients.”

The writer of a letter to *Hearth and Home* finds in the starting of a home for nursing middle-class patients a “good speculation.” She works the position out thus:—“Six nurses, going out by the hour at 1s. 6d. per hour, could earn about £4 a week each, which would mean £28 a week coming into the home. [Why £28?—Ed.] I know many trained nurses who are pleased to accept a salary of £40 a year for certain work. Thus, even paying that salary to each nurse, there would remain sufficient to keep a comfortable home for the nurses and still leave a nice profit.” We agree as to the profit if nurses can be found to accept the speculator’s conditions of work and payment.

[previous page](#)

[next page](#)