

find Nurses or to be personally responsible for their character and efficiency, and simply recommend an application to be made to some well-known Institution. It is plain to our minds that as the *personnel* of Private Nurses improves, the Institutional system will necessarily become more and more extended, and every year fewer Doctors will be found to undertake the worry and uncertainty of depending upon a list of Nurses known to themselves—everyone of whom may, at a critical moment, be engaged, or even ill.

Then as to the management of Private Nurses' Institutions. It is seldom remembered that the Nurses derive great advantages from these even if they receive a reduced remuneration. A home, more or less comfortable, is provided for them, where they are secure of board and lodging when out of work; and whether they are employed or not, they receive a regular stated salary. So, in any case, they are relieved from pecuniary liability and anxiety, and if the public does not require their services the loss is not theirs, but falls upon the Institution. The expenses of the Home in the next place are much greater than is ordinarily understood. Capital has to be expended in the first instance to furnish it, which of course represents an annual charge; and its necessary size and prominent position mean large yearly outlay in rent and taxes. Its Nurses will not be sought by the public unless its existence is kept constantly advertised, which entails an expense which is literally enormous. We were once informed on credible authority that this one item alone costs one London Institution eight hundred pounds every year. When these facts and others, which will occur readily to the minds of Private Nurses, are remembered, it will be easily understood why so many of these Institutions rise and disappear after a brief and troubled existence. And the undoubted fact will be realised that the profits popularly believed to be made by Private Nursing Institutions only exist upon paper, and in actual experience often prove to be most diminutive.

We have upon more than one occasion, previously, devoted some careful consideration to this subject, and have been led to endorse the conclusions arrived at by several most competent authorities. Firstly, that it is better for Nurses, for Medical men, and for the public at large that the supply of Private Nurses should be entirely in the hands of a few large Institutions; and secondly, that everything points to the probability that within a very few years these Institutions will all be connected, or affiliated, with Nurse Training Schools, and will all treat their employees with fairness and justice in the question of their remuneration. In other words, we believe

that in the near future, when the public will demand that every Private Nurse shall be a Registered Nurse, it will be no longer possible for any except first-class Institutions to succeed; because first-class workers will decline to go to second rate Homes; and as a necessary consequence, the system now in vogue at the best Nursing Institutions of not only paying each worker a fixed salary, but also a liberal percentage upon her earnings in addition, must increase and in time become universally adopted.

And now we can turn to the circulars to which we have above alluded. We have, as we have said, been watching this scheme incubating, but have refrained from any detailed account or criticism of it until it was fairly floated. We propose next week to go into the matter somewhat fully and show Nurses how it has developed to its present stage, and in what a condition it is at present. Meanwhile, should any of our readers have thought of joining this Society, we counsel them to pause until they have received satisfactory answers to a few simple common-sense questions.

They are asked to join a Society apparently without a head—or even a tail—without a local habitation, and with a name even which is not yet apparently fixed. Let them ask, in return, "Who is the 'Lady Superintendent'?" "Who form 'the Committee'?" "Who are the Doctors from whom we are to obtain work?" "Who will guarantee us employment if we join the Society?" We ourselves ask for this simple straightforward information if the scheme is a genuine one, if it is supported by honourable people, and if it is really intended—as it is asserted—to be for the benefit of Nurses. It would give us great pleasure for the information of our readers, and of others, to publish the names of those Doctors who have promised to support this scheme and of "the Committee" which has undertaken its management.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

#### PART I.—MATERNAL.

##### CHAPTER V.—DUTIES DURING CONVALESCENCE.

(Continued from page 124.)

IF my readers will refer to No. 76 *Nursing Record*, they will see that I mentioned this subject, and state that I shall revert to it, and point out under what conditions we may find the absorbent pads more serviceable than the diapers we used during labour, and continued through what we will call, by way of distinction, the hæmorrhagic

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