

profession as some such measure as this, and nothing would therefore so largely tend to increase the individual usefulness and efficiency of Private Nurses. I am inclined to believe that such a supervision would be welcomed by the managers of our best Nursing Homes, and should it result in eliminating some Nurse farms from our midst, so much the better for every one concerned.

But how can Private Nurses obtain a better reward for their work than is now generally possible? This it seems to me can become only practicable for the great majority of Trained Nurses when some central Nursing authority has been created. At present the supply of women, well trained, badly trained, or not trained at all, who are at work as Private Nurses is more than equal to the demand. So those managers of Nursing Homes who are not particular as to quality, can obtain any quantity of such workers which they require. And this fact of course tends to keep at an irreducible minimum the general market value of Nursing work. But were the inefficient and the bad Nurses weeded out from our ranks—as I doubt not they quickly would be by the restraining action of a central authority—there would be less of the unfair competition which such women cause, and coincidentally with this there would almost of a certainty be an ever increasing difficulty found in persuading Nurses to join any except those Institutions which consider the Nurses' interests. And by this I mean those which give give their employées a fair proportion of the money they earn in addition to a regular fixed salary. In London, this system is already being practised, and has proved to be of the greatest advantage to the Institution as well as to its Nurses. St. Bartholomew's Hospital, for example, pays its private Nurses £30 a year with indoor and outdoor uniform, and in addition a fixed percentage upon their earnings, commencing with 10 per cent. the first year, then rising to 20 per cent. in the second year, and 25 per cent. in the third and subsequent years. The London Association of Nurses, of New Bond Street, which is so deservedly popular with the public and the profession, carries out the mutual principle by the Nurse paying a commission on her earnings, and a fixed charge for her board and lodging when in the Home, the remainder going to herself. And other equally successful and admirable Homes have adopted in some form or another the same idea. I believe firmly that one of the first outcomes of the work carried out by this Association in the Registration of Nurses, will be the greater development of this devoutly to be wished for principle.

How can the condition under which Private Nurses work be made somewhat easier and hap-

pier for them? There are probably many here to-night who, by personal experience, know how unnecessarily hard the daily round is oftentimes made. I hope no one would grumble at hard work, or long hours when either are requisite, but it must be admitted that many patients are selfishness personified, and that many patients' friends seem to imagine that Nurses are cast-iron machines, which can work without rest or fuel—in other words, without food or sleep. I am not without hope that the spread of knowledge of what skilled Nursing really is amongst the better classes may lead to a great amelioration of our lot in such respects as this, in future. But before the public will treat Nurses with more consideration, many who are now employed as skilled workers, without the slightest pretension to the name, must be eliminated from our ranks, and so cease to degrade both ourselves and our calling in public estimation. And this brings us back to the self-evident necessity that Private Nursing Homes must be so managed that such women will not be able to obtain their sanction and support. A somewhat careful review of the whole subject leads me to believe that the ideal management of a Nursing Institution should be based upon at least two distinct principles.

Firstly, it must be under the direct superintendence of a thoroughly competent Matron, who has herself undergone a very complete training, and had experience, too, in Private Nursing, and is in addition a woman of common sense, tact, and knowledge, who will sympathise with Nurses in their difficulties, and help them with useful advice.

Secondly, it should be in direct connection, or in some manner affiliated, with a Hospital.

My first proposition will perhaps be admitted without further argument by nearly every Nurse. It is, I presume, undeniable that the head of an Institution composed of working women should be a woman, and that she should be trained and aware of the work which her subordinates will be required to do, of the special capacity of each for Medical, Surgical, Mental or Fever cases, and of what accidents, injuries, or diseases fall respectively under each category, is, at the very least, equally requisite. I am told on good authority, however, that there are Institutions managed by men, and others by women entirely destitute of the elements of Nursing knowledge. And it is, therefore, to be devoutly hoped that such are unaware of what they are doing when they cheerfully dispatch haphazard a Monthly Nurse to tend a case of fractured ribs; and another woman, just returned from the first scarlet fever case she has seen, straightway to act as a Monthly Nurse; and the only Mental Nurse in the establishment to take charge of a patient in the delirium of typhoid

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