

fever. If further proof were needed I would tell how, to my own knowledge, an excellent lady who presides over a large Nursing Institution is in the habit of retaining the services of several aged charwomen in her neighbourhood, and when her small staff of Nurses are all engaged, cleans and decorates these worthy people in appropriate raiment, and so sends them forth to minister—and be ministered unto. She means and thinks no harm. "They will do as they are told," she says, "and they are wonderfully light sleepers, all the patients say." She cannot see the irony of the commendation, and, probably, until she has been nursed herself by one of her ancient *protégées* she never will.

But perhaps my second principle needs elucidation. As one who has been a Private Nurse, and knows, and has worked with, many others, I would say that the great drawback and disadvantage under which we labour is that we inevitably tend to become "rusty," to fall into a routine groove, to forget our clinical experiences, and above all to have no opportunity of learning, of hearing of, or seeing improved methods of nursing, new dressings, and so forth. This, at first, is felt keenly. Then one becomes reconciled to it as inevitable, and so almost imperceptibly one glides into the vegetation stage. I suppose in a minor degree even Doctors feel the necessity for keeping abreast of the ever advancing knowledge of their science and practice, for I observe that Post Graduate lectures and demonstrations are now held at Hospitals for busy practitioners. How much more then must this inability to improve tell upon Nurses with our much more limited sphere of knowledge and action? The only, and the best, remedy it appears to me would be the close connection which I have suggested should exist between Private Nursing Institutions and the Hospitals. I am well aware that there are many Hospitals now which send out their own Private Nurses. But I believe the system might well be extended, and that well managed Institutions which are already in existence would greatly benefit in many ways by affiliation with a Hospital. By this means Nurses would be kept in touch with all modern improvements. It would always be possible to move them for a week or two at a time back into the Medical, Surgical, or Obstetric Wards, and so refresh their memories and show them all the newest appliances. In connection with this I should like to suggest a scheme which commends itself strongly to my mind—that is to organise a standing Exhibition of the most recent Nursing inventions and dressings in the offices of the Association, which should always be on view during the day for Members of the Association to visit. I cannot

but think that such an Exhibition would be not only interesting, but of considerable educational value as well. I would seek to elicit the opinions of Members now present upon this point.

My paper would not be complete unless I touched finally upon some of the abuses of Private Nursing, and suggested some simple remedies for their correction. Naturally the first and great abuse is the employment of untrained or semi-trained women. We are all looking forward to Registration to deal the death-blow to this evil. No words can be too strong in condemnation of this system. It is wickedly cruel to the sick and the suffering to send ignorant, and careless because ignorant, women to attend to them when they have sought for skilled assistance. If the public was only aware of a tithe of the misery and the damage such impostors cause, its just wrath and indignation would burst forth like an avalanche, and toss aside the petty opposition which those who are interested in maintaining the present iniquitous system have endeavoured to make to the institution of Registration. Registration is, however, now an accomplished fact, and with patient perseverance we shall in due time doubtless see its full fruition, and therewith the final overthrow of the pernicious plan of defrauding the public with both hands, while grinding down Trained Nurses with both heels.

A very practical abuse is the custom which prevails at most Institutions of charging the patient, at the termination of the Nurse's attendance, divers small sums for her travelling expenses, for her washing, and so forth. I have known upon many occasions these trivial demands cause much irritation, and believe that most people would willingly pay a larger amount, if made as an inclusive charge, to escape the annoyance of discharging first this, then that, and then another little bill. But beyond this it is manifestly unfair to throw on the Nurse the duty of collecting these petty payments. I have known Nurses pay from their own pockets these various sums rather than ask patients for them at the last moment. The Institution generally receives direct the weekly charge for the services of the Nurse, and certainly should also demand in the same way the final dues. Another point upon which I have often sought enlightenment and found none, is this. It is common to see on the prospectuses of Nursing Institutions a graduated scale of charges for Nursing dependent on the nature of the case. For instance, an extra charge is made for infectious cases on account of the extra risks, for mental cases on account of extra care and worry. If the patient or his friends desire to retain the services

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