

The Equality of Rich and Poor in Sickness.*

THE RELATION OF COTTAGE NURSES TO THE NURSING PROFESSION.

By MISS E. A. STEVENSON,
Late Lady Superintendent Sutherland Benefit Nursing Association.

There is nothing new in the doctrine of equality of rich and poor in sickness. It is not a development of modern Socialism; it is a plant, the seed of which has germinated slowly, and taken fully a century to grow and put forth branches.

One of the marked characteristics of last century was the foundation and growth of organisations for the preservation of health and the prevention and cure of disease. For years our great metropolitan and provincial hospitals have given to the poor the best medical, surgical, and nursing skill. Since the foundation of the Nightingale School the standards of training in all departments of nursing have been rising year by year.

To mark the completion of her 50 years' reign, Queen Victoria founded the institute which bears her name, for the purpose of providing trained nurses for the sick poor in their own homes.

His Majesty the King, when Prince of Wales, started the "Prince of Wales' Hospital Fund."

Sanatoria for the treatment of consumption, convalescent and incurable homes, have been built and are to be found all over the country. Workhouse infirmaries now employ trained nurses. Last, but by no means least, a section of the nursing Press, which has advanced by leaps and bounds, has exercised a strong and widespread influence in regard to the opinion, now so generally held, that the poor in sickness ought to have the benefits of trained nursing.

The chief reasons why the poor ought to have equal advantages with the rich, so far as nursing is concerned, are few and apparent. I shall class these reasons under a, b, and c.

- (a) Rich and poor alike are liable to sickness.
- (b) Sickness is to a great extent entirely beyond the power of the *individual* to avert.
- (c) The ravages of sickness among the poor and working classes are disastrous to our prosperity as a nation.

In one of his "Sanitary and Social Lectures," Charles Kingsley referred to the

* A paper read before a meeting of the Matrons' Council of Great Britain and Ireland.

periods of national exhaustion and weakness which in different centuries followed war, but he added, "there are worse destroyers than shot and shell."

Medical men are constantly telling us that the war which disease is waging in our own time is more disastrous, and the loss of life greater, than that which a long and bloody war entails. We have only to look into statistics to have this fact brought painfully before us. Manufacturing cities and rural districts alike are visited by sickness.

The mountainous county of Sutherland, girded by the sea on the north, west, and east, with its 1,297,859 acres to a population of 21,550, does not escape being touched by the dark wing of a great destroyer. In 1900, *one in every three deaths, between the ages of fifteen and sixty, was due to consumption.*

The housing in many of the fishing villages and townships is bad, and overcrowding all too common. With a vast acreage and a small population, many may ask why such unhappy conditions exist. It is a sad story. Many years ago the glens and straths were laid desolate to make room for sheep, or the stag and his hinds. Men and women (by long descent mountaineers) were driven down to the seashore. The men became crofter-fishermen—at best a poor combination of employments.

Fish, potatoes, and tea form the staple diet of many of these poor people. Milk is a scarce commodity, and only to be had during the summer months. To quote the opinion of a former medical officer of health: "It is still a pitiful story how the poor live, even in a rural county like Sutherland."†

"The ruined peasant's cot may downward draw
The stately hall that neighbours it. We are
All members of one body; and a flaw

Or lesion here, the perfect whole shall mar;
Therefore let Justice rule and Love inspire."*

With all our nursing organisations, medical men tell us that much of their work is rendered valueless from inefficient nursing. In face of this, we may ask ourselves: "Are the poor being fairly dealt with?"

There is a wide gulf between necessity and luxury. Many of the luxuries of the rich would not be acceptable to the poor, but the necessities of life—and who will deny that in sickness careful and skilled nursing is a necessity?—are as much required by the poor as by the rich.

The poor receive every care in our hospitals. Is there any insurmountable barrier to their being cared for in their own homes when cir-

* Walter C. Smith. † Dr. D. G. Sutherland.

[previous page](#)

[next page](#)