

One great objection to the scheme is that it will deal a serious blow at the livelihood now being earned by a highly honourable body of women, who, after obtaining their nursing certificates, have put in a long course of practical hospital training, and have ventured into private life as private nurses. There are few large hospitals or nursing institutions in the country, such as exist in Europe, from which trained nurses can be obtained for work in private residences, and, therefore, the private nursing sisterhood form an asset of considerable value in every large community.

When it is considered that a sum of £200 represents the up-keep and equipment of a qualified nurse for one year, it may easily be imagined how great would be the sum necessary to maintain and equip a body of qualified nurses numerous enough to meet the requirements of such a vast area as is comprised within the South African frontiers.

The *Natal Witness*, which presents an un-biassed British point of view, says:—

“The general intention of the scheme being to bring skilled nursing within the reach of persons “wholly or partially unable to pay for it,” it is somewhat surprising to find that according to the rules the matron of a district branch of the Order is empowered to decide whether full fees are to be charged, or whether part or total remissions are to be made. If the scheme is for the benefit of the poor there should be no question of charging full fees. Those able to afford full fees can obtain skilled nursing assistance from other sources, and so long as these ambiguous rules remain in the programme the bona fides of the Order will be looked upon with considerable suspicion by the public, and subscriptions will decrease. Again, when a poor patient wishes to avail himself of the services of the Order, he becomes entangled in the meshes of red-tape, which seem to be inseparable from any English organisation. He will have to get a medical man to requisition for the services of a nurse or nurses. This medical certificate has to be submitted to the Central Executive; that body then issues instructions to the district matron, who decides what fees shall be charged. As the Central Executive will sit either at Pretoria or Capetown, this circumlocutionary process seems ridiculous. This executive is to consist of a chairman, a treasurer, a secretary, members representing each Province, a medical man of standing, and a member nominated by the Minister for Native Affairs. Why one medical man only?”

And why no nurse at all may be asked? The scheme touches the economic condition of trained nurses, and they should be represented.

REFLECTIONS.

FROM A BOARD ROOM MIRROR.

An old lady called at the Middlesex Hospital last week and left with the Secretary-Superintendent a bag containing £100, as a donation to the general fund of the hospital, explaining that over fifty years ago she had been brought to the hospital for surgical treatment, and until the present time had not been in a position to show her gratitude in a practical form.

The May Bazaar, opened by Queen Amélie of Portugal, at Chiswick, on behalf of the West London Hospital, has resulted in a gain of £815, which we are pleased to know is to be applied to the provision of a Nurses' Home, which is so seriously needed. Many of the London hospitals are far in the rear in providing facilities for their nursing staffs, both for personal comfort and education, when compared with our great provincial hospitals; and as no hospital which fails to provide a thoroughly well adapted Nurses' Home can, in these days, keep in the running as a first-class nursing school, great injury results to the institution as a whole from such culpable neglect.

Health and education both suffer from disorganised nursing and domestic arrangements, so that it becomes a question whether hospital governors who cannot or do not provide suitable Nurses' Homes, have any right to conduct hospitals at all. The days of emotion and muddledom are passed, and in the conduct of public institutions common sense and business management are now indispensable. For this reason we regret to note that there is no reference to the very urgent necessity for a safe and decent Nurses' Home at St. Bartholomew's Hospital in the Treasurer's report for 1912.

The famous Buddhist Emperor of India, Asoka, whose long reign from 264 to 227 B.C. abounded in many good works, was probably the earliest to establish an hospital for the treatment of animals, says *Our Dumb Animals*. Asoka was a true humanitarian as well as a most powerful sovereign, and, although ruling a vast domain, became deeply impressed by the horrors of warfare. He gave up his desire for conquest, and the rock inscriptions, which are still extant, record such beneficent edicts of his as the counselling of planting shade-trees, the digging of wells, sending out of missionaries, appointment of special officers to supervise charities, the establishing of hospitals for human-kind and animals. It is of interest to know that the last remaining of Asoka's hospitals was devoted to animals. It covered twenty-five acres, and was divided into proper wards and courts for the accommodation of the patients. When an animal was sick or injured its master had only to bring it to the hospital, where it was cared for without regard to the caste of its owner, and found an asylum in old age.

[previous page](#)

[next page](#)