

gift, and control over an attendant who was not trusted by either medical man or patient was naturally quite unnecessary. From which it may surely be argued that as efficiency becomes more and more expected from the Private Nurse, as confidence in her assistance is more and more generally bestowed, so will the public more keenly demand a guarantee of that efficiency, and more rigorously require protection from incompetent or bad attendants by increased supervision being exercised over all engaged in the work. The signs of the times are so plain that he who runs can read them. Registration, in this light, and the great measure of success which it has achieved may be seen to be only additional proofs of the progress of public and professional feeling on these matters. Because this system furnishes at once the best and simplest example of the combined guarantee of, and control over, the Nurse which can be given. And therefore we have here yet another powerful argument in favour of the belief which we have often expressed in these columns, that it is only a question of time when every Trained Nurse will find it an absolute necessity to be Registered.

But how do these conclusions support, or oppose, or affect the idea of a Nurses' Co-operation? How, in fact, will the public obtain from such a union the guarantee of the efficiency of its individual members? Upon whom will the public be able to fix responsibility for the acts of one of these combined workers? We have considered the question carefully, and from the present rules and constitution we have been unable to answer these questions to our complete satisfaction. Nominally the management rests in the hands of a Committee; theoretically the election of the Committee will be made by the members. Consequently, the Nurses will practically guarantee and control themselves. In view of the peculiar dependence, and yet independence, of the Private Nurse, and of all the facts to which we have briefly alluded above, we cannot feel that this affords a stable security for the future success of the scheme, so far as the public is concerned.

When we turn, however, to the financial aspect of the matter, which is ultimately the most critical for success or failure, we confess that our hopefulness for the welfare of the undertaking is not increased. It is reported that each Nurse will be required to pay seven per cent. of her total earnings towards the expenses of the Union. In practice—we are informed by one of the Nurses—this is translated into the payment of eighteenpence out of each guinea taken, which, of course, means seven and a-half per cent. of the receipts. Then we are told that only a few Nurses can be boarded in the headquarters' Home,

while all the other members of the Union have to find quarters for themselves elsewhere, a plan which cannot be commended either on the grounds of comfort, economy, convenience, or discipline.

In the next place, some careful calculations go to prove that unless there is a large number of members, and these all more or less constantly engaged, the $7\frac{1}{2}$ per cent. commission will not be sufficient to pay the current expenses. We take it for granted that if the report be true that one or more Nurses have advanced their life savings to start the business, this amount will be treated as capital, and a preferential dividend will be paid upon it—that the first charge upon the receipts will be the payment of interest to these Nurses upon the sums which they have advanced. It would also, of course, be more business-like and just to place aside a further amount each half-year as a sinking fund to refund this capital. But as we are not aware of the amount we prefer to frame our calculations solely upon the current expenditure and income. And we are inclined to believe that it is a moderate estimate to assume that to carry on this business will cost at least £500 a year in rent, rates, taxes, salaries, printing, postages, and other incidental expenses. To raise this amount, placing aside the other charges to which we previously alluded, means that the members of the co-operation must annually and collectively earn nearly £6,700. It may be taken as a good general rule for any large body of Private Nurses that, allowing for illnesses and holidays, each one can on the average only work for forty-nine weeks out of every year. And it may also be taken for granted that the average rate of payment would certainly not exceed a guinea and a half per week all the year round, or £77 per Nurse per annum. From which calculations a simple further sum in division shows that it would be necessary to have eighty-seven Nurses constantly at work in order to produce sufficient, simply to cover the expenses of the scheme. But everyone knows that there are slack times as well as over busy periods, times when there is little work for Nurses, and periods when Nurses cannot be obtained for the work that has to be done. So to provide for the even average of eighty-seven in constant employment, the co-operation must include considerably more than one-third more members, or say one hundred and twenty in all, before it can achieve much financial success. We have no knowledge of the number it has already, as we cannot prophesy how many Nurses may within the next few months join this band of workers. For all we know there may already be many more than one hundred and twenty en-

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