

on charity, and a handsome profit is to be made without excessive expenditure.

Economic conditions have changed drastically since the war, and private nursing conditions have changed with them. In the old days people with moderate incomes could afford maids, and nurses at a two guineas' fee were seldom employed for less than three weeks to a month. In these hard times people with moderate incomes can neither afford maids nor nurses, and those who are compelled to engage them must be wealthy people, or call them in at the last moment, and part with them at the earliest possible opportunity.

Indeed, such a custom has been growing up of late as requiring a nurse, say, for one or two nights, or by the half week, that a stand against this system is now being made. The wear and tear of the nurses' health—in and out, up and down, broken rest, and broken fees—means breakdown sooner or later, and loss of means of self-support gone. Surely a week's engagement is not too much to require, and it must not be forgotten that a private nurse's remuneration includes a fee, board, lodging and washing, so that if the week is broken and a small fee alone paid, it means that board and lodging is saved by the patient—at the nurse's expense.

Then how about providing for a rainy day? How many private nurses in a thousand pay a reasonable insurance fee? Very few. This is the more improvident because private nurses run many risks. Some years ago we started a Nurses' Protection Society—on somewhat the same admirable lines as those by which medical practitioners protect their financial position and their professional reputations. But it did not catch on. Yet just consider the four following cases of financial loss to private nurses—all of which can be verified.

No. 1.—A hospital matron rings up to a co-operation for a nurse, for a paying patient. The nurse is sent. The hospital repudiates any responsibility for the fee. The patient (of German Jew extraction) ignores request for payment from office. After repeated requests for payment the case comes into court. Nurse is awarded her fee, distraint proves ineffectual, as the man has made everything over to his wife to escape other liabilities. Nurse is thus defrauded of her fee. In our opinion the relations of charitable institutions like our hospitals need adjusting where the employment of private nurses is concerned, so that their fees may be secured.

No. 2.—Another similar case of even a more outrageous nature. Here we have a nurse employed in the house of a Russian Princess, a family constantly figuring in "Society" paragraphs. The nurse attends a member of the family for six weeks, her fees amount to £25 4s. Weekly appeals during residence and after she leaves produce no result. Again the case is taken into Court, the nurse is again awarded her fees. The judgment is ignored, distraint is useless as a "princely" son claims that all the goods in his mother's house are his, although the lordly mansion of his father-in-law is the address given as his residence! To fight this case means throwing good money after bad—again the nurse loses her hardly earned money.

An amended Act to protect British workers from irresponsible foreigners is apparently urgently required.

Case No. 3.—A nurse is run down, badly bruised and

dazed by a woman motorist, who apparently has just sufficient grace to pick her up and take her to her doorstep, but who immediately rushes off and leaves her there. This nurse suffers badly from shock, and is out of work recuperating for many weeks. No claim under the Employers Liability Act holds good because, forsooth, she was not on duty!

Case 4.—Little patient puts out foot, nurse is tripped up on parquet floor and fractures her leg, the mother of patient sends nurse as paying patient to hospital. (£6 6s. a week charged) and doctors' fees came to nearly £30. Having done this much the mother considers she has done enough, having taken the precaution to insure the nurse on her own account.

The Employers Liability Act covers this case, but the weekly pay of 30s. far from covers the nurse's expenses. She has been off duty as the result of this accident for eight months, owing to not being able to use the leg. She has been put to great expense and ultimately has had to be admitted to another hospital to have osteotomy performed and is now after months of suffering hoping to have the use of her leg. Polite letters from the office to the wealthy mother of the patient telling her of the nurse's sad plight, were referred to her solicitor, who intimated his client considered she had done enough for the nurse!

No doubt many similar cases of risk and injustice could be enumerated by private nurses.

But what have they done as a section of the Nursing world to protect themselves? With very few exceptions absolutely nothing. Once a strong and influential Nurses' Protection Society was well organised financially, supported by members of the profession, when legal proceedings would be driven home, few of the persons enumerated above would run the risk of the public censure. The rich and titled foreign parasites, and others, would see the necessity of paying their just debts where members of the Society were concerned, where now our faulty laws permit them to go scot free, because working women are unable to bear the individual cost either in time or money, of taking their case from court to court.

Well! private nurses what are you going to do about it?

Unite to maintain your just demands, or remain disunited, the sport of discreditable conditions?

Yours is the choice and the responsibility.

AUTOCRATIC LEGISLATION FOR WOMEN.

The "Midwives and Maternity Homes Bill" introduced into the House of Commons by Lieut Col. F. E. Fremantle, M.P. (St. Albans) was read a second time on March 2nd, at 12.20 a.m., and referred to a Standing Committee. We are unable to publish its provisions, because up to the time of our going to press it has not been printed! No such contemptuous treatment has surely ever been offered to a class of some 60,000 women workers, and Col. Fremantle's method of legislating for midwives and nurses, in moving the second Reading of a Bill touching the livelihood of thousands of women, without ensuring that they should be able to express an opinion upon it, is most unpardonable.

Imagine legislating for men in this autocratic manner. Secondly it appears from the title that the Bill deals with Maternity Homes. Such Legislation should be dealt with in a separate Bill, not under the Midwives Acts.

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