

good many Nurses regarded this League as a new Co-operation of Nurses; it was nothing of the sort in so far as the ordinary interpretation of a nurses' co-operation stands, but she hoped that it would lead to a co-operation in a far wider sense on the part of the Nurses engaged in private practice. She would have them remember that just as a Nurses' Co-operation did not simply mean someone sitting at a desk taking cases at a telephone, but involved the co-operation of every single Nurse on the Staff in the matter of introducing doctors and retaining their support, in performing her duties in such a way as to strengthen the position of her particular Co-operation and in generally using all her effort to further its success, and as a consequence her own, so in the same way, but in a slightly different sense, should the Nurses co-operate in their League. "At the present time," Miss Macdonald continued, "the position of the Private Nurses is *most precarious*; at no time has it been so serious—the Private Nurses are asleep. There is nothing to be gained at a Conference such as this if we do not face facts, and we must not blind ourselves or evade the fact that grave economic dangers are threatening private nursing practice, and, I repeat it, the Nurses are asleep. If they (or at least a very large majority of them) do not wake up, and I am bound to say the process is going to be a difficult one, probably an uncomfortable one if we are going to fight the forces against us, then I can only say to those who are interested in this matter and ready to do something to strengthen their position, I can only say—organise, organise, organise! It is the only means whereby the body of Private Nurses can prepare themselves to safeguard their position and, at the present time, one must confess they are entirely unorganised.

Now I could give you an interesting bit of history in this connection by way of demonstrating my point. After the Battle of Bannockburn, King Robert the Bruce made great gifts of land, in many parts of the North and West of Scotland, to the Clan Macdonald; on his deathbed he counselled that such generosity might be continued, but he left a mandate, with those in close co-operation with him, that this great Clan should be encouraged in every way in its habit of forming Sections or Sub-Clans. This is the reason why there are some eight different branches of the Clan Macdonald, three of which are still contending for the nominal glory of the Lordship of the Isles. All those Sub-Clans, if not more or less at war with each other all the time, were, at least, not sufficiently sympathetic or united to make any strong stand, otherwise they, and not the Stuarts, would have occupied the Throne of Scotland. The same policy as that of Robert the Bruce is pursued by those in control of many sections of the Community to-day, and those who have been able to reap the harvest of the wage slavery in which our Profession was held for so many years know all about this sort of policy: herein we find the reason why every effort of the Nurses to organise societies on self-governing and independent lines has had to contend with great, and at times almost cruel, opposition from bodies of influential people interested in the maintenance of cheap nursing labour for the Institutions. The whole question is an economic one. The opposition of thirty years to the State Registration of Trained Nurses was rooted, not in the sentimental nonsense we heard of the inability on the part of the State to "register character," it was rooted, rooted very deeply, in economic interests; all too often those economic questions were skimmed over by an amount of sentiment and flattery which obscured for the Nurses "the iron hand under the velvet glove."

Arguments were put forward, by the speaker, to show how the absence of a State Register in England had maintained competition between the qualified nurses and the

quack nurses, thereby keeping down the scale of salaries. Reference was also made to matters bearing on the fact that there are only a limited number of Nurses who are really suitable for private practice. The responsibility of the private nurse is very great, and she has to rely upon her own knowledge and initiative far more than does the nurse who is in hospital. If she is going to be successful she must have a wide knowledge, a keen intuition, and many other personal qualifications which go to make her acceptable in the families which she enters.

Reference was also made to the fact that too many nurses were being trained because the Hospitals find that it is more economical to provide their nursing, as far as possible, through the student nurses.

The next question discussed was the scale of fees charged by the Nurses. Miss Macdonald quoted the charges made in the different Dominions and in America; she referred particularly to the South Australian Branch of the Royal British Nurses' Association and stated that its Council and Secretary were very greatly to be congratulated on the initiative they had shown in approaching all the different Nursing Organisations in Australia, with the result that the minimum fee of four guineas a week had been adopted throughout that great Dominion for Private Nurses. Now to some this may appear a very heavy charge, and no one more than the Nurses realises that it must be a very considerable strain on private individuals in cases of long illness. "But there is the other point of view," continued the speaker. "I need not enumerate here the expenses which Private Nurses have to meet owing to conditions of their work; I need not say why their ordinary working life is often a very short one, allowing of very little time to provide for independence in their years of retirement later. Apart from this, if you calculate that a Private Nurse is usually on duty for twelve hours, after all she is only being paid at the rate of a shilling an hour for her very high professional qualifications and the very responsible duties she undertakes; many a good charwoman receives as much. The statement may sound bald, but it is the truth, and we are out to consider facts at a Conference such as this. Granted that such charges for the kind of service which a Nurse renders are by no means exorbitant, it is for the public to "get together" and to consider whether by some scheme of insurance or by other means these very legitimate charges can be met."

After some further words in connection with this, Miss Macdonald referred to the practice of various large Hospitals in running Co-operations, stating that the effort of the South Australian Branch in Adelaide, to which she had referred, was doubtless made more easy by the fact that the large Hospitals in Australia and other countries had no private staffs attached to them. Miss Macdonald stated that she had heard it said that so long as these Co-operations connected with the Hospitals did not undercut the Private Nurses, then there was no reason for condemning them. She did not find herself in harmony with this view because, although the danger to the Nurses was less where the Hospitals were charging the ordinary fees for their Nurses, yet, in other respects, the practice was not conducive to a healthy, independent condition of affairs for the Nurses. Even although Private Nurses, connected with the Hospitals, were receiving good fees for their services (less a small commission to cover working expenses) there was still the retardative fact that those Nurses are not free agents; their policy, their votes, even their outlook is *controlled* by the economic relationship which exists between them and their respective Hospitals. "I put it to you," she said, "that if one of the great Schools of Medicine proposed to keep a Panel of Doctors for whom they would find cases and act as the channel

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