MISS LOTT.—These problems come up everywhere. During the month of May we had this problem to solve. I have been in my work for four years. I had no district training. I did not intend to follow it but took it up temporarily at first. I did the best I could. In district work it takes training along social lines; it gives a nurse confidence in herself. I have not had that social training, but I am glad to know there is a prospect of a school being established to do that work. The work in Colorado Springs has been carried out by the Episcopal Church and a salary of \$50 has been paid the nurse. They have maintained a nurse for eight or nine years. Just recently a lady who contributed \$600 a year found it necessary to withdraw her support on account of removal and it became necessary to put the work on a broader basis. It became necessary to determine whether it should be placed with the Associated Charities or whether it should be done alone. It was found advisable in Colorado Springs to have a separate organization, for the reason that there are so many charity patients coming to Colorado Springs from all over the country, and while they may have means at first, they find their health is not restored by change of climate and their means are soon gone, and it would be very embarrassing to the majority of them to be placed in the position of being assisted by the Associated Charities, so the work is organized as a separate association, although we are closely associated with the Associated Charities.

On motion of Miss Cooke, because of lack of time, two papers whose writers were not present were read by title only, and ordered printed in the JOURNAL.

HOW CAN WE PROVIDE SKILLED NURSING FOR PEOPLE OF MODERATE MEANS?

BY LINA LIGHTBOURN, R.N.

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THE subject of this paper, which may truthfully be called a threadbare one, has been discussed at many important gatherings of our profession by those who have given much valuable time and thought to the question, but the problem remains unsolved and, I regret to say, will be as far from being solved after this paper is read as it was before. In fact it is with many apologies that I introduce the subject at all, fearing that you may become as puzzled as the man who fell asleep while receiving a curtain lecture from his wife. Upon waking up and still hearing her voice he inquired, "My dear, are you talking again or are you talking yet?"

It seems most appropriate that yours, above all other organizations, should deal with this subject, because your body is largely composed of the nurses whose services would be involved could we fathom the difficulty of how to give lower rates to the people of moderate means.

Having had, previous to my institutional career, several years of experience as a nurse on private duty, I am familiar with many situa-

tions, which arise, that prohibit a nurse from using a sliding scale of prices. For a nurse to try to estimate the ability of the patient to pay full price or under price for her services places her at a serious disadvantage. While the patient or the patient's family would unhesitatingly expose his or its financial condition to the doctor, if the nurse attempted any probing of the situation whatever there would be instant resentment. We are all acquainted with the specimens of humanity who dwell in "marble halls" and indulge in all kinds of pleasure-seeking, etc., who would not blush to accept a reduced rate from a nurse, and, in many cases, demand it.

If a nurse is a conscientious one and does her duty faithfully day and night, she earns her full pay. Where can any other wage-earner be found who gives sixteen and eighteen hours of labor, and frequently more, for a day's pay? I would remind you that I am referring to the conscientious nurse who faithfully performs all of her duties.

The work of the nurse is a great physical strain, thereby shortening the period of life in which she possesses physical ability to earn her living. The *income* she receives during her years of usefulness is variable and uncertain. Some of her living *expenses* are not uncertain, a few are variable. We all know that in dealing with the public we are open to criticism from which we have no opportunity to defend ourselves. A nurse who can afford it, charging a patient \$12 or \$15 per week because she feels sure the patient cannot pay more, paves the way for unjust and ill-natured criticism for the nurse who, at some future time, succeeds her in the service of this particular family when the full charge must be made because the latter nurse cannot afford to do otherwise. Again, if a nurse accommodates a patient by reducing her price, human nature is such that the patient will see no reason why she could not take care of *her* sister, *her* cousin, or *her* aunt, at the same reasonable figure. I would not like to leave the impression that I think nurses have nothing to give and are under no obligation whatever to give and give generously. Their time is theirs to give but their rates are not individual property. The Divine command "Be merciful after thy power. If thou hast much, give plenteously; if thou hast little, do thy diligence gladly to give of that little" was said as well to nurses as to others.

Giving must be a matter of conscience. No commands, however sacred, or legislation, however reasonable, can govern or regulate private charity. Frequently members of the medical profession have been heard to argue, why should not nurses give a portion of their time the same as doctors are continually doing? Do they stop to think

that if a nurse gives her time, her earning power ceases? If she gives time at all, it must invariably be, from the nature of her work, twenty-four hours at least and possibly, to do any good, it may extend over one week or more. Where is the physician who gives up the whole twenty-four hours of the day or one whole week, with absolutely no opportunity to earn even a few cents during that time? This perhaps seems like a deviation from the subject, since it is not charity we are speaking of but lower rates to people of moderate means.

Who are people of moderate means? Who has defined the income which should constitute this class of people? We are to suppose from the trend of argument this subject has always produced that they are people who are highly respectable, honorable, honest, have well-kept homes, but nothing luxurious; those whose combined family, or individual earning power would enable them to keep such a home, and pay all their expenses, but when sickness comes their slender resources are taxed. They *must* have a doctor, and they expect to pay him a moderate fee and will do so sooner or later, probably later. The doctor says they *must* have a nurse, and the doctor (all honor be to him, for we have many such) demands that the nurse be paid weekly. This nurse will have to be fed and housed while caring for their loved one. They cannot possibly pay more than \$10 or \$12 per week—honest souls that they are, this will be paid and paid cheerfully and promptly.

We will suppose a nurse has accepted this case at \$12 because she feels it her duty to do an act of kindness. Apropos of alluding to classes, let us ask right here, from what class does our average nurse come? Could she, should disease overtake her, pay even \$8 per week to a sister nurse to take care of her, let alone all other detail of expense of sickness? According to my knowledge of the average nurse, she could not. Granting this to be true, the nurse who took the above case at \$12 per week comes then from a *poorer* class than her patient. Also granting that the above definition of people of moderate means is approved, is it the burden of the poorer class to provide *even necessities* for the people of moderate means?

There may be many flippant and time-worn criticisms of the excesses and imprudent outlay of money indulged in by nurses,—I wish myself that I could see less of it and feel that nurses as a class are growing more provident, that they have more money in the bank and less on their backs,—but are the people of moderate means *always* as provident as *they* might be? Do they save up for a rainy day any better than our nurses do?

Experience as superintendent of a hospital, and being responsible

in a large measure for its financial condition, has taught me that it is these very people of moderate means who make the monthly deficit of hospitals. They pay all they are asked. They choose the priced bed that they know they can pay for, therefore they are perfectly honest. But where is the hospital that can support a bed it charges \$10 or \$12 per week for, for less than \$12 or \$14 per week? And who makes up the difference? Philanthropists—in one way or another—either by donations, bequests, or endowed funds. Until some way can be found to have philanthropy play a part in supporting a number of nurses who could be called upon to nurse the sick regardless of whether they are to receive \$10 or \$25 per week, this problem of supplying skilled nursing to people of moderate means must remain unsolved.

There are many nurses doing private duty who would gladly accept an assured income, or salary, even if it were not very high, in exchange for the uncertain ebb and flow of private nursing. How to assure this salary is the conundrum.

Governing boards composed of philanthropic men and women could be provided for nurses' homes or clubs similar to those provided for hospitals could they be brought to see the need for this work. With a corps of faithful physicians lending their patronage, the nurses engaged in these club-houses could be sent to all classes. The amount received from those earning the full price, together with the money paid those sent out under price, would almost meet the salaries, provided work was plentiful. This uncertainty of work is a condition which the unsalaried nurse is fighting single-handed at all times.

Other efforts relative to the care of the sick could be introduced to help support the club-house, such as preparing delicacies for the sick, nurses' registry, etc., etc. We may also look to an organization of this kind to discriminate between sending the graduate of many years' standing to give nursing worth \$25 or \$30 a week to those paying that sum, and sending a nurse who was a pupil yesterday and a graduate to-day, knowing little else but theory.

There is very little in our hospital training that fits a nurse to enter a private house, and her fitness for this has to be gained by experience. Who should suffer while she gains it? Surely not those paying \$25 and \$30 per week.

In the *Dietetic and Hygienic Gazette* of November, 1907, there is an article by Miss Pearl C. Winn setting forth the work of the Albany Guild.

A recent article on the "Nursing of People of Moderate Means," by Dr. J. N. E. Brown, containing a more detailed account of the

work of this Guild, was published in the *National Hospital Record*. To outline the work briefly, it is this: The Guild has at its head one or more hospital graduate nurses whose duty it is to supervise the work of women they engage to care for poor people and those of limited means, in their homes. These graduates go from house to house supervising the work of their pupils and giving such help and instruction as is needed, and in many instances giving treatments which are beyond the knowledge of their pupil. In due course of time these pupils are considered competent enough to receive a certificate and their charges are then limited to a maximum fee of \$15 per week as domestic or experienced nurses. Then they no longer work under the supervision of the Guild. During the time these pupils do work under the supervision of the Guild, the Guild charges the patient according to the value of the services rendered. Would it be an unwise suggestion to our hospitals that this line of work be taken up in some such manner as the Albany Guild conducts it, as a part of the curriculum of a three years' course in training, and in this way engage the agency of philanthropy?

The doctor who has no hospital appointment is one who should arouse our interest and concern. Both from a professional and financial point of view it may be difficult for him to part from his patient and send him or her to the hospital under the care of the doctor who may be fortunate enough to have an appointment there. If the hospital supplied pupil nursing under conditions mentioned above, there would be no reason why he could not call a nurse from it, knowing that his patient would have a skilled eye supervising the half-skilled care and thus keep his patient to his own advantage and doubtless the patient's comfort.

It was the lack of supervision which condemned the practice of sending our pupil nurses out on private duty when that was customary, as well also as the lack of regulation of time that a pupil nurse was kept on private duty. That our graduate nurses who are to do private duty in private houses should be so utterly ignorant of meeting conditions that only those who have done private duty know about, is a great reflection on our present methods of training. We cannot forget how constantly the pupil nurse was in demand when the training schools supplied them for private duty—and we also know that they were largely engaged by the people of moderate means. In those days one rarely heard of the domestic or experienced nurse as a *rival* in the field. That the experienced or domestic nurse must and will exist, I think both the medical and nursing profession recognize, but it is

only when she assumes to be what she is not, and the doctors receive her open-handed for what she assumes to be, that the situation becomes intolerable. Doctors themselves, on the other hand, are quick to resent even *unethical* proceedings among those of their own profession, and the law *protects* them from such impostors as we have to deal with.

In a paper on this subject, read before the New York State Nurses' Association, in October, 1907, by Dr. Franklin W. Barrows of Buffalo, there are many excellent points made, in fact it is among the best treatises on the subject ever printed; but with all his good reasoning, he places the responsibility of providing skilled nursing for people of moderate means on the nurse, for at the close of his paper, he says, "The nurse holds the key to the situation."

Again, Miss Aikens, in a short article on "The Care of the Sick of Moderate Means" asserts that the responsibility of the nursing of the poor and the people of moderate means properly belongs to the graduate nurse. So long as our hospital doors are wide open and bear the burden of those who cannot give payment in full for value received, the people of moderate means and the poorer classes, including our nurses, need not suffer great want. Those whose prejudices will not permit them to go to hospitals, must pay the penalty in *unskilled nursing*. There can be no argument brought to bear to prove that a graduate nurse should pay that penalty. Why should not those mothers who cannot go to the hospital and leave the children at home alone, look to the large army of women who may be trained to be mothers' helpers, housekeepers, children's nurses, etc., to care for their homes, while they are in the hospital? Why should the graduate nurses feel obliged to meet these conditions for which they are in no way responsible?

In the AMERICAN JOURNAL OF NURSING for April, 1909, an article by Miss Lily Kanely, R.N., appears, entitled, "A Successful Central Registry," which is very interesting. We note that one feature which contributes to its success as a registry is that experienced nurses are permitted to register as well as graduates, giving another illustration of the fact that the experienced nurse has her place in the world and must exist. The price of these nurses is graded according to the service they are capable of rendering. The nursing profession would be better off to-day if some such grading of prices could be made for the graduates.

It has been the aim of this paper to be fair to both parties, viz., the graduate nurse and the people of moderate means. It is far from the intention of the writer to foster or encourage a mercenary spirit in nurses. But alas! such is human nature that it is no less true of the

well-paid nurse to-day than it was in Thackeray's time and pictured by him as follows: "What love, what fidelity, what constancy is there equal to that of a nurse with good wages? They smooth pillows and make arrow-root. They get up at nights; they hear complaints and querulousness; they see the sun shining out of doors and don't want to go abroad; they sleep on arm chairs and eat their meals in solitude; they pass long, long evenings doing nothing, watching the embers, and the patient's drink simmering in the jug; they read the weekly papers the whole week through, and Law's 'Serious Call' or 'The Whole Duty of Man' suffices them for literature for the year."

We will hope that the great majority of nurses are those faithful ones who "unmoved by threatening or reward" do their duty, each earning for herself the commendation "She hath done what she could."

REASONS FOR CENTRAL REGISTRIES AND CLUB HOUSES

BY LENNA T. RICHARDSON
Portland, Oregon

THE reason for the existence of any business is that the firm conducting that business can supply the demand for a certain line of goods more quickly, in greater variety, and cheaper than the individual can procure the same goods for himself.

The nursing profession handles a commodity that is greatly needed when it is needed at all. Quality and quick delivery count for as much, perhaps for more in our market, than in that of other lines of business.

A central directory is a clearing house for nurses, and as such will require an operative system that has been tested and found reliable.

I believe in central directories conducted by nurses. If the demand is not supplied by the nursing profession, it will be supplied by people in other lines of business to the detriment of nurses, as often happens when the names of nurses are used as an advertising medium to attract attention to some one's more profitable wares. We do well to realize that nothing of value is obtained in this world free of cost.

A profession whose mission is to save life is surely equal to the task of *self-preservation, self-government, self-support, and self-respect.*

At the same time it is true that "no man liveth to himself and no man dieth to himself," and I am convinced that there is no such thing as independence as we are accustomed to think of it, but that interdependence is that which exists in its stead.