

DISTRICT NURSING  
ON  
A PROVIDENT BASIS

UNIVERSITY OF TORONTO



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JAMIESON B. HURRY, M.D.



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on a

Prudent Basis.



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DISTRICT NURSING

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PROVIDENT BASIS.

BY

JAMIESON B. <sup>oyd</sup> HURRY, M.A., M.D.  
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*Valens Provide ne quid tibi desit agrotanti.*

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1898.







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THIS VOLUME  
IS DEDICATED TO  
**Miss Octavia Hill,**  
IN ADMIRATION OF  
HER LIFE-LONG EFFORTS  
TO PROMOTE HABITS OF  
THRIFT AND SELF-HELP.





## PREFACE.

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IN the following pages an attempt is made to solve some of the difficulties, and to meet some of the objections, that have arisen in connection with District Nursing. There is so much that is valuable in this movement, that every true friend must wish to see it established on the wisest basis, and organised in such a manner as to confer benefit on the greatest number.

The scheme here advocated will render District Nursing available for a much larger section of the population than has hitherto

come under its influence, and, moreover, will free the movement from abuses to which purely charitable institutions are liable. Any organisation which raises the standard of comfort in the homes of our industrial classes, and, at the same time, increases their self-reliance and independence of charity, must promote social progress. May the time come when District Nursing Associations will be added to those other admirable institutions of self-help which the working classes of the United Kingdom support, and which do so much in alleviation of suffering and distress.

J.B.H.

“ABBOTSBROOK,” READING,

*Dec.*, 1897.

# CONTENTS.

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	<i>Page.</i>
Preface .. .. .	vii.
CHAPTER I.	
The History and Growth of District Nursing	I
CHAPTER II.	
The Wide-spread Need for District Nursing	II
CHAPTER III.	
Objections to the Charitable Basis of District Nursing .. .. .	17
CHAPTER IV.	
District Nursing on a Provident Basis .. .	24
CHAPTER V.	
The Advantages of a Provident Basis ..	44
CHAPTER VI.	
How to start a Centre on a Provident Basis..	50
CHAPTER VII.	
Some Provident Nursing Associations ..	60
CHAPTER VIII.	
Conclusion .. .. .	85
<hr/>	
Appendices .. .. .	87
Index .. .. .	99



## CHAPTER I.

### THE HISTORY AND GROWTH OF DISTRICT NURSING.

DISTRICT Nurses nurse the sick by attending them in their own homes. They do not give their whole time to one case or reside in the house, but visit, as often as may be necessary, such sick persons as need skilled nursing, and yet do not desire, or are unable to afford, a resident nurse.

It was in 1859 that an organisation was first established with the object of providing district nursing, and to Mr. William Rathbone, M.P., of Liverpool, belongs the honour of originating a movement which has been fraught with immense benefit to the sick and suffering. Experience of serious illness in his own

household kindled the desire to alleviate suffering in homes where a resident nurse could not be afforded. Hence arose the idea of training ambulant nurses for the purpose of visiting the sick, especially if poor, in their own homes, and doing what nursing was required.

Only a brief sketch of the history of this movement need be given here. The story has been well told by Mr. Rathbone himself<sup>1</sup>, and to his own volume readers, anxious for further details, must be referred. A short résumé, however, is necessary, in order to show how rapidly District Nursing has spread, what a power it has become in the land, how many thousands belonging to our lower classes have come under its influence, and how important it therefore is that the movement should be established on a healthy basis, and as far as possible be free from objection.

<sup>1</sup> *The History and Progress of District Nursing*, by W. Rathbone, M.P., 1890. (Macmillan & Co.)



Soon after Liverpool had led the way, similar organisations were started in London and in other towns of Great Britain. The East London Nursing Society was founded in 1868 by the Hon. Mrs. Stuart Wortley and Mrs. Robert Wigram *inter alios*, and has been a model to many other societies. In 1874 followed the Metropolitan Nursing Association (originally called the "National Association"), the objects of which may be quoted here as showing precisely the aims which the promoters had in view.

The objects<sup>1</sup> were as follows:—

- (1). To train and provide a body of skilled nurses to nurse the sick poor in their own homes.
- (2). To establish in the Metropolis, and to assist in establishing in the Country, district organisations for this purpose.

<sup>1</sup> *l. c.* p. 48.

- (3). To establish a Training School for District Nurses in connection with one of the London Hospitals.
- (4). To raise, by all means in its power, the standard of nursing and the social position of nurses.

The influence exerted by this Association was great both in London and in the Provinces, and the high standard of efficiency that has since been maintained by District Nursing Centres, may in large measure be traced to the example set by the Metropolitan Association, and in particular to the able management of its Central Home by Miss Florence Lees, now Mrs. Dacre Craven<sup>1</sup>.

Another epoch-making event in the history of the movement is associated with the Jubilee (in 1887) of Her Majesty, who devoted the bulk of the subscriptions raised by the women of England, amounting to about £70,000,

<sup>1</sup> *l. c.* p. 51.

to the founding of an Institution for the training of nurses who should visit the poor in their own homes. This generous donation will remain as a permanent illustration of the practical benevolence of the Queen, who diverted, for the benefit of the sick and poor, a gift which might have been retained for some personal object.

The Jubilee Fund, producing an income of about £2,000 a year, was vested in three Trustees, the Duke of Westminster, Sir James Paget and Sir Rutherford Alcock, and the Institute established therewith, and called the Queen Victoria Jubilee Institute for Nurses, has been connected with an ancient Charity, which was founded A.D. 1148 by Queen Matilda, wife of Stephen, and called St. Katharine's Royal Hospital<sup>1</sup>. In 1273 this Hospital was chartered by

<sup>1</sup> The Hospital originally stood near the Tower of London, on a site now occupied by St. Katharine's Docks, but in 1827 was moved to its present quarters in Regent's Park.

Queen Eleanor, and again in 1351 by Phillippa, Queen of Edward III., when the visitation of the sick and poor in the neighbourhood of the hospital was expressly imposed as one of their duties upon the Members of the Corporation<sup>1</sup>. Most appropriate, therefore, was it that this ancient Institution should become the vigorous centre of a great national movement, which has ramifications all over the United Kingdom.

A Royal Charter was granted in 1889 to this Institute, which was constituted a Body Corporate under a President and Council. The Queen, as Patron of St. Katharine's Royal Hospital, appointed the Very Reverend the Master of St. Katharine's (Arthur L. B. Peile) President of the Council, and has provided for its location within the Hospital. Since the Incorporation numerous local centres of

<sup>1</sup> The Charter runs as follows: "Item, visitabunt debiles et infirmos ibidem regentes, tam in divinis officiis dicendis quam in aliis charitatis eis erogandis."

District Nursing have been affiliated to the Queen Victoria Jubilee Institute, a step which has helped to consolidate the work and maintain a high standard of efficiency.

Some idea of the recent increase in the number of Centres<sup>1</sup> will be obtained from the following figures, which are taken from Burdett's *Hospitals and Charities* for 1895<sup>2</sup>.

#### AFFILIATED CENTRES.

London	....	....	....	7
Rest of England			....	106
Wales	....	....	....	12
Scotland	....	....	....	55
Ireland	....	....	....	16
				<hr/>
Total	....	....	....	196

<sup>1</sup> The Report for 1890 states that there were 15 Associations affiliated to the Institute. Then there were 94 nurses on the roll, while now there are several hundred.

<sup>2</sup> pp. 617, 634.

The same Annual for the Year 1897<sup>1</sup> enumerates no less than 299, distributed as follows:—

London	....	....	....	10
Rest of England			....	139
Wales	....	....	....	32
Scotland	....	....	....	73
Ireland	....	....	....	45
				<hr/>
Total	....	....	....	299

These figures in themselves suffice to prove how rapidly District Nursing has spread, and it must not be forgotten that there are many organisations doing a similar work, but which have not seen their way to affiliation with the Queen Victoria Jubilee Institute.

The Diamond Jubilee of the Queen's Reign has given a further stimulus, largely owing to the knowledge that memorial schemes likely to benefit the suffering poor would be especially agree-

<sup>1</sup> pp. 668, 683.

able to Her Majesty. As a result District Nursing has been one of the most popular amongst philanthropic schemes, and there can be no doubt that the year 1897 will see a considerable increase in the list of Centres.

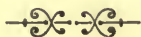
There are no available statistics shewing the total number of persons annually nursed by the various Institutions at work in our towns and country districts, but the total must be very large. A few figures will suffice to prove this. Thus during 1896 the district nurses paid

In Belfast	....	26,161	visits.
In Birmingham	....	31,704	„
In Bolton....	....	27,809	„
In Cheltenham	....	16,815	„
In Dundee	....	29,844	„
In Liverpool	....	118,422	„
In Peterborough....		6,613	„

The number of sick persons nursed may be arrived at approximately by

dividing the number of visits by 20. In other words each patient on an average receives about 20 visits.

There is another way of obtaining a general conception of the extent of this movement. It has been found by experience that one nurse is able to pay from 2,500 to 5,000 visits in the course of a year. There are several hundred nurses at work. Hence, what a vast number of sick persons are reached and what an influence must be exerted by this agency. How important that such a movement shall be so organised as to be beneficial in all respects, and injurious in none!





## CHAPTER II.

### THE WIDE-SPREAD NEED FOR DISTRICT NURSING.

THE rapid extension of District Nursing may be accepted as evidence that the movement has in some measure supplied a gap in our social economics, which no other organisation fills. But even now only the fringe of a great want has been touched. For the need is an immense one, and no merely charitable movement can supply it.

The luxury of a trained nurse residing in the home of a sick person is far too costly for the great mass of our population. How is a working man, earning perhaps 20/- to 30/- a week, or even less, to retain the services of a private nurse costing one to two guineas a week, in

addition to her board, lodging etc.? Even apart from the expense, he cannot supply the accommodation and conveniences required by a highly qualified resident nurse. Mr. C. Booth<sup>1</sup>, in his well-known "*Labour and Life of the People of London*," estimates that *ca.* 18 p.c. of the population of London belong to the upper and middle classes, leaving 82 p.c. belonging to the working classes, and probably it may be assumed, without serious error, that about the same proportion holds good throughout the country as a whole. If so, four-fifths of our total population could neither afford nor accommodate a resident nurse, when serious illness invades the home.

How then is skilled nursing to be obtained by the great mass of our population? There are, of course, the general and special Hospitals and the Workhouse Infirmaries, which supply the want in the case of those sick persons that are admitted to them.

<sup>1</sup> Vol. II., p. 21.

But a vast number of cases remain for which a Hospital is unavailable or unsuitable, and which are ineligible for a Workhouse Infirmary.

In regard to the Hospitals, many cases are, from their nature, inadmissible. For instance, chronic phthisis, paralysis, advanced cases of carcinoma, incurable ulcers, and old-standing rheumatic disorders are frequently declined. At other times there is no room even for suitable cases, as for instance where a manufacturing population has rapidly outgrown the accommodation in the wards. Some remote country districts are many miles from the nearest hospital, and, even when the distance is not great, there are illnesses which would be almost certainly fatal, were the journey attempted. Sometimes domestic circumstances prevent removal to the wards. Imagine a home, consisting of only one room inhabited by a labourer (who is at work all day), his wife, and four or five children, one room for living,

sleeping, cooking, eating, washing. How often has such a home been entirely broken up, when the mother is removed to the hospital, the husband taking to drink and bequeathing his children to the workhouse. Or, yet again, hospital treatment may have done all that was possible, but the patient alas! must return home, although still far from well.

In regard to the Poor-law Infirmary, it is most desirable to prevent, as far as possible, cases of illness (especially if of a temporary nature) which occur in the homes of our working classes, being removed to its wards, as this involves all the evils of pauperisation.

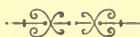
In all these circumstances the district nurse can render immense service, and is often a most valuable co-adjutor of the doctor. If, in addition to her knowledge and skill, she has a gentle hand, a sunny face and a sympathetic heart, she enters like a good angel into the home of sick-

ness and distress, and exerts a potent influence in brightening the home and alleviating suffering.

Further, apart from rendering help towards the convalescence of the sick, apart from ministering to the public good by nursing the bread-winner back to health, apart from her invaluable influence upon a working-class *ménage* as a health-missioner, the district nurse in a measure relieves the great hospitals, often so sorely pressed for funds, by allowing some sick persons to remain at home, instead of being moved to the wards. On the other hand some cases are by her means kept out of the Workhouse Infirmary, which would otherwise be compelled to seek its shelter and become chargeable to the rates.

In short, amongst our industrial and lower classes, amounting approximately to four-fifths of the population, many cases of serious illness occur, which are un-

suiting to the Workhouse, which cannot, for various reasons, be treated in our hospitals, and must perforce be nursed at home. The expense and the want of suitable accommodation prohibit their obtaining the services of a private resident nurse, and the only way in which skilled nursing can be brought within their reach is by the wide-spread provision of District Nursing.



## CHAPTER III.

### OBJECTIONS TO THE CHARITABLE BASIS OF DISTRICT NURSING.

IN view of the wide-spread need for district nursing described in the preceding chapter, various important questions arise.

Has District Nursing hitherto been organised on the wisest basis? Has it been made to benefit even the poorest, and at the same time to promote a habit of thrift and self-reliance? Has it attempted to supply the great need of skilled nursing for that large portion of our population, which cannot afford the the expense of a resident nurse?

To all these questions a negative reply must be given.

Unhappily, Institutes of District Nursing have, with few exceptions, been established on a charitable basis, and depend almost exclusively on the donations and subscriptions of the upper and middle classes. Hence, instead of increasing the independence and self-reliance of those to whom the nurse is sent, they exert the opposite effect, and encourage them to depend on the gratuitous help of the benevolent. In other words these Institutes tend to demoralise, instead of fostering a spirit of self-help and thrift. There is no more reason why skilled service should be given in the form of free nursing than in the form of free medical attendance, and, especially when organised on a large scale and applied indiscriminately, the effect is to pauperise, and to injure the moral fibre of the people. No doubt some of the cases nursed are extremely poor, but it is quite possible to make provision for these, without treating all the others as suitable cases for charitable relief. If the rank



in life of the patient is looked into, such persons as policemen, reporters, postmen, small shop-keepers, engineers, printers, will be found mentioned, who surely are scarcely suitable recipients of charity.

If it is urged that as a rule only the poor enjoy the benefits of district nursing, the answer is, that the vast proportion even of them could, and ought, to pay something for such a great benefit as is conferred by a district nurse during perhaps a daily attendance for several weeks. If they are absolutely destitute, the Guardians of the Poor<sup>1</sup> have power out of the rates to supply nurses for them.

No doubt it will be argued that, whenever possible, the sick are urged to contribute something, either at the time of each visit or after recovery, towards the expenses of the nursing. But any one conversant with the poor, will know how vain is the expectation that they will

<sup>1</sup> cf. Chapter IV. for further details.

do so to any appreciable extent. And the perusal of report after report shows that the sick who have been nursed contribute but an insignificant proportion of the total expenditure. If the payment is required after the illness is over, excuses are only too readily found. On the other hand, if payment is demanded at the time (e.g. a few pence per visit), experience proves that it is almost impossible to obtain it when sickness comes and swallows up every penny of the weekly earnings. It follows from this that the reply is not a valid one to the charge that District Nursing has been practically a charitable organisation.

Moreover, the voluntary subscriptions given by the well-to-do in the neighbourhood are generally insufficient for the purpose of placing the Institution on a firm and permanent financial basis, the consequence of which is that the utility of the work is curtailed, or an inadequate staff of nurses endeavours to cope with

an overwhelming amount of sickness. How frequently does the annual report urgently appeal for more subscriptions, on the ground that the nurses are overworked and that funds are required to increase the staff. Such financial straits, moreover, make it difficult to pay the nurses so liberally as to attract the best candidates, and also cramp the means of obtaining sick appliances and other accessories. In order to procure larger subscriptions, Institutes naturally advertise the numbers of those relieved, and endeavour to shew an increase. This is a temptation not to enquire too carefully whether gratuitous nursing was really necessary.

Again, these charitable Institutions do not, as they might with advantage to themselves and to the lower classes, supply the great want of skilled nursing for such persons as are above the poor, and yet often need it so badly. Indeed there is no systematic arrangement by which the artisan or small shop-keeper

who cannot afford a resident, can be supplied with a district nurse. At present he must either do without, or receive her from a charitable organisation.

Once again, so long as District Nursing is worked on the present system, many self-respecting working men rightly disdain to make use of it, although they would gladly avail themselves of the nurses, if they could pay the market value of their services.

Further, where District Nursing is organised as a charitable institution, it is apt, especially at a time of much sickness, to become a matter of patronage and favour to get a nurse at all, while it would be far better that the working classes should be able as a right, and not as a favour, to secure skilled nursing in the hour of illness, just as they obtain medical attendance and medicine by means of Medical Dispensaries and Clubs.

One other objection to the charitable organisation may be mentioned as a

possible one, although perhaps only rarely is there any ground for it. The possible objection is the risk of this charitable agency being used for sectarian purposes. Happily the nurses of Centres affiliated to the Jubilee Institute are "strictly forbidden to interfere in any way with the religious opinion of the patients, or the members of their families," but in other associations, and more especially in parochial ones, there is not this safeguard, and it is unquestionable that the services of the district nurse are, like coal tickets &c, liable to be reserved for church or chapel goers. This amounts to demoralisation of the worst type, for a surer way of manufacturing hypocrites can hardly exist.

These various arguments, if sound, surely furnish sufficient grounds for an enquiry as to whether there is not some wiser basis on which to organise District Nursing. The reply to this enquiry must be reserved for the following chapter.

## CHAPTER IV.

### DISTRICT NURSING ON A PROVIDENT BASIS <sup>1</sup>.

Can a scheme be devised which will free District Nursing from the various objections discussed above?

A satisfactory plan must benefit even the poorest of our population, and at the same time promote the independence and providence of the working classes. Further, the scheme must be placed on such

<sup>1</sup> The title of this Chapter and of the Volume as a whole needs a word of explanation. Strictly speaking, "District Nursing on a dual basis" would be more accurate, inasmuch as a charitable side is recommended for the very poor, to be worked side by side with the provident. Moreover provision is made by which those who have not subscribed on provident lines may secure a nurse by payment of a larger sum. But the title adopted is justified by the fact that the provident side greatly out-weighs the others in importance.

a financial basis as to be, if necessary, independent of charity, and capable of adaptation (within reasonable limits) to any number of persons who may wish to avail themselves of its benefits. Lastly, there must be such an element of elasticity that, with slight modifications, suited to local requirements, the system can be worked either in a scattered rural district or a densely crowded town.

Although these various requirements may seem difficult to supply, the method described below of organising District Nursing on a provident basis will, if wisely adjusted to the circumstances of the locality, fulfil these conditions.

The basis suggested is a similar one to that adopted by provident dispensaries and medical clubs. These institutions supply medical attendance and medicines, on condition that a small payment be made in advance either annually, monthly or weekly, and as that payment is made

in health as well as in sickness, it can be fixed at so low a rate as to be within the means of all who are not entirely indigent. The financial stability rests on the two facts, (a) that a large number of healthy persons who do not need the physician come to the assistance of, and insure medical attendance for their less fortunate neighbours when sick, and (b) that "mony a meikle maks a muckle." Thus these dispensaries are able to remunerate even highly qualified medical officers.

The provision of skilled nursing may be organised on precisely similar lines. Moreover, just as the ordinary medical attendance on the working classes ought to be considered a necessity of life and be paid for by themselves, so skilled nursing, though less often required, ought to be regarded as an essential complement of medical attendance and be similarly provided for. Of course, the annual subscription to the Nursing



Association must be on a modest scale and within the means of those to be benefited.

Assume for the sake of argument that a District Nursing Centre offers to provide (within proper limitations) the services of its skilled nurses to any individual who has paid 1/- *per annum* in advance, and who has been enrolled on the books of the Association. This sum of 1/- is equivalent to about a quarter of the amount paid annually for the dispensary or club doctor, and is probably as much as can usually be collected from a member of the wage-earning class. For it must be remembered that the services of a skilled nurse, although of immense value in serious illness, are less often required than are the services of a doctor, and therefore the wage-earner will not expect to pay so much.

In the case of a family, 2/6 *per annum* would probably be a sufficient charge, as

the mother will, as a rule, do what nursing is required for the children, and only rarely need more skilled assistance. This annual subscription might be paid in at the office of the Association, or, whenever feasible, might be collected by the machinery of the Dispensary or Benefit Society, which would, after deducting the cost of collection, hand over the balance to the local District Nursing Association, and in return have its members enrolled on the register of that Association. Another plan would be to include the services of the district nurse amongst the privileges a provident Dispensary or Friendly Society offers to its members, as is done at Downton<sup>1</sup>, a small capitation charge being levied for the purpose.

The total sum contributed towards the expenses of the Nursing Association per 1,000 persons will vary somewhat,

<sup>1</sup> Cf. also Chapter vii.

according to the relative proportion of unmarried persons and families. But on the basis above suggested, approximately £25 *per annum* will be collected. Thus 4,000 members will yield £100<sup>1</sup> towards the expenses of the district nurses, and so on in like ratio. The annual cost of a trained nurse is roughly estimated at from £80 to £100 a year, so that 4,000 members will in the aggregate contribute a sufficient sum for her support. Now it is a matter of experience that one district nurse is amply sufficient for 4,000 persons<sup>2</sup>. Hence it follows that upon this provident basis each contributing member pays his fair share of the cost of the nurse, and that, if sufficient members

<sup>1</sup> It may be well to point out that this as well as the subsequent calculations in this chapter are only approximate ones. But wherever there is doubt, I have leaned to the side of safety, the margin of error being in favour of the Nursing Centre. In other words that Centre should find itself with a net surplus on each year's working, when once the Institution has been fairly started.

<sup>2</sup> In many towns with a large artisan population one nurse suffices for a population of six or eight thousand.

join, District Nursing will have been organised on a self-supporting basis.

Some Centres, on the other hand, may think it wiser to charge 2/- (instead of 1/-) per head, and 5/- for a whole family (instead of 2/6). In such a case double the income will of course be secured, a plan that may be found desirable in rural districts, where a nurse, owing to the distance between her patients, is unable to do what is required for more than say 2,000. Equally in this case will sufficient funds be forthcoming to make the Centre self-supporting, when once the requisite number of Provident Members has been secured. Even greater modifications of payment may be required in some rural districts with a scattered population. For the distances to be traversed by the nurse will greatly reduce the number of visits that she can pay *per diem*, although this is to some extent compensated for by the more healthy condition of a rural population, which

will less often require her services. But whatever the exact payment which it is thought wise to levy in any particular locality, it is most important to maintain the provident basis of work as being preferable, from its moral and economic aspects, to a charitable one.

Further, an ample margin should be left for contingencies. For instance, in an epidemic of sickness, a relief or extra nurse may be needed for perhaps some weeks, and provision must be made for such extra expenditure.

As a general rule, in towns where a nurse deals with a compact thickly populated district, where her patients live near together, and she can pay the full average number of visits a day, 1/- per head should be enough. In rural districts, on the other hand, where the population is scattered and she can only serve perhaps 2,000, a larger annual subscription may be needful.

Another line of argument may help to give confidence in the financial basis of a Provident Institution.

Let an actuarial calculation be made of the cost to the Association of each visit the nurse pays. On an average it has been found that in a town the nurse pays 15—20 visits a day, or about 5,000 in the year. Her cost, on the other hand, including everything (board, lodging &c.), is about £100 *per annum*<sup>1</sup>.

Hence £100 pays for 5,000 visits; £1 pays for 50 visits. Consequently each visit costs the Association a little under sixpence<sup>2</sup>.

<sup>1</sup> This may be considered a liberal allowance. Many Associations find that £70—£80 suffice, and when probationers are employed to work under the trained nurses, the cost is still further reduced.

<sup>2</sup> The Report for 1896 of the St. Patrick's Home, Dublin, estimates that on an average each visit of the district nurse costs the home tenpence. This is an unusual amount, and appears due to the fact that the nurses pay unusually few visits *per diem*. Twelve nurses, including the Superintendent, paid during 1896 27,976 visits, or an average of 2,331 each, whereas in other towns twice this number is frequently paid.

Suppose that the nurse is appointed to an urban district containing 5,000 inhabitants, which may be regarded as a district of moderate size. An average year's work of 5,000 visits will be equivalent to one visit per head of the population, and a payment of sixpence per head would represent the individual proportion of the nurse's cost. On the other hand in a rural district where the nurse only paid 2,500 visits in the year, and the population was only perhaps 2,500, the cost of her services would be about double the above amount, *i.e.* 1/- a head, or 1/- a visit.

In the former case a charge of 1/- per person, and in the latter case of 2/- per person, would be ample to make the local Association entirely self-supporting, and to leave a liberal margin for contingencies.

It is not intended to suggest that an equal amount per head should be charged

everywhere. The same shoe does not fit every foot, and local circumstances need local adaptations. But a Committee, after considering all the conditions of a locality, ought to have no difficulty in deciding on the proper amount needed to make its Centre self-supporting.

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Various criticisms of the above scheme will probably occur to every reader, especially to those unacquainted with the working of provident institutions, and it may be well to discuss some of these criticisms in advance.

A. The objection may be raised that, while the working-classes feel certain of the frequent need of medical aid and readily subscribe to Provident Dispensaries, they are less convinced of the necessity and value of skilled nursing, and will therefore not contribute in sufficient numbers to a Nursing Association. A similar argument was frequently brought forward when Provident Dispensaries were



started. Thus it was said that people would not pay in advance, when they might never require a doctor. And yet of what immense benefit these Dispensaries have now become!

Nevertheless the objection is in a measure valid, and it is probable that only as the appreciation of skilled nursing spreads amongst our lower classes, will they join the Provident Institution in large numbers. The following plan will probably greatly promote the growth of membership. If a person who has not paid the necessary premium in advance (and an interval after payment of one or two months should be insisted upon), desires the services of the nurse when sickness comes, he should be required to pay a higher sum, perhaps 5/- instead of 1/-, or 10/- if the provident payment is 2/-. The result will be that ere long the working-classes will discover, as they have already discovered in the case of Dispensaries, that it is cheaper in the long run

to pay a much smaller sum in advance, rather than to be required to pay the larger sum when sickness comes and makes heavy demands on the weekly earnings.

Nor need the slow growth of Provident Institutions be a discouragement to those who have faith in their wisdom. Many such have begun quietly and eventually have developed into powerful, healthy organisations, with a wide-spread influence for good.

B. Another critic may suggest that in the homes of the "submerged" there reigns such dire poverty that even the shilling or two shillings, as the case may be, has not been paid in advance; still less can the urgency amount be paid, and yet the services of the District Nurse are eminently required. This difficulty, which only applies to exceptional cases, for there are but few homes where 2/6 in the year cannot be found, may be met, if thought desirable, by the adoption of

such a plan as is in vogue at some Provident Dispensaries, where subscribers, in return for their contribution, receive free nomination tickets<sup>1</sup>. The recipient of such a ticket would be entitled to the gratuitous services of the nurse. Probably for a subscription of £1 annually about four such free tickets might be given, to be used only where there is extreme poverty. Where there is actual destitution, the Guardians of the poor have power, under an Order of the Local Government Board dated January 27th, 1892, to apply the rates for the purpose of nursing out-door paupers, as is already done in the case of over 100 Unions in various parts of the country<sup>2</sup>. Such a course

<sup>1</sup> The introduction of the system of subscribers' letters should, if possible, be omitted, as opening the door to many abuses. Any person who cannot afford the modest premium required from a provident member is surely a suitable person to be nursed by the Guardians, who would contribute to the Nursing Centre, either in advance or for emergency members, as they thought best.

<sup>2</sup> The following are the principal Clauses in the Order:—

Article I.—The Guardians of the Poor in any Union or separate Parish in England or Wales may, from time to time,

obviously tends in the long run to keep down the rates, by diminishing the number of sick who would be compelled to go to

as they may think fit, with our approval, appoint one or more persons to act as Nurse or Nurses of the Sick Poor relieved by the Guardians out of any Workhouse, such persons to be termed District Nurses.

Article III.—No person shall be appointed to the office of District Nurse who has not undergone, for one year at the least, a course of instruction in the Medical and Surgical Wards of a Hospital or Infirmary being a Training School for Nurses, and maintaining a Resident Physician or House Surgeon.

Article IV.—The duties to be performed by a District Nurse shall be:—

- 1.—To attend duly and punctually as a Nurse upon any poor person or persons in receipt of medical relief when directed by the Guardians, or upon receipt of a written or printed Order from any Relieving Officer in any case in which such Officer may be authorised, by regulations to be prescribed by the Guardians, to give such Order.
- 2.—To obey any directions of the District Medical Officer in attendance upon any poor person in regard to the nursing and treatment of such person.
- 3.—To keep a record, in such form and containing such particulars as may be prescribed by the Guardians, in regard to cases which she attends.
- 4.—To perform such other duties in relation to her office as the Guardians may from time to time direct.

the Workhouse Infirmary, and also by helping to restore to health those who are dependent upon out-door relief. It is probable, therefore, that the Guardians of the Poor will frequently avail themselves of the occasional services of the District Nurse, and subscribe to her support. On the basis here suggested neither the out-door paupers nor the very poor who receive tickets will be an extra tax on the Nursing Association, inasmuch as the value to the latter of the subscriber's letter or of the Guardians' contributions should be at least as great as if the persons nursed had subscribed on the provident basis. The advantage of the plan is that it meets exceptional cases of distress, without destroying the provident basis of the Institution as a whole.

C. Is it not possible, says another, that if a person has become a provident subscriber, and has therefore obtained a right to the nurse, when illness comes, he will be too exacting, and claim her

services unnecessarily? Unhappily, the Medical Officer of the Provident Dispensary is often sent for in trivial cases, and he has no option but to go. But if a rule is made by the Nursing Association, that the nurses will only be sent, when the Medical Practitioner in charge of the patient sees the need for skilled nursing (as he will be only too glad and ready to do in serious illness, since it facilitates his work), the risk of over-exaction need not be feared, and, in any case of complaint, there would of course be a right of appeal to the Committee.

D. Further, it may be suggested that as the annual premium is so small, numerous chronic cases will apply for the nurse, who will thus have her hands over full. This difficulty has not, to my knowledge, ever practically arisen. But, should it do so, the Committee might pass a rule that the ordinary subscription would entitle the member to any amount of nursing for a period not exceeding

three months in the year. A member in constant need of a nurse would therefore pay four times the usual premium.

E. The only real difficulty that can arise in the matter is the one of obtaining a sufficient basis to start with, viz. £100 a year, the sum required to support one nurse. There are various ways of meeting it. In some districts a capital sum has been raised towards establishing an Institute of District Nursing, and this will be of help in supplementing the income from provident members, until a sufficient number of such have joined. Indeed the fund will in any case help to give the movement a good start, by acquiring and furnishing a home for the nurses, without any deduction for the purpose from the contributions of the provident members. Moreover, there are various sick appliances, such as air-cushions, feeders, clinical thermometers, etc., which should be provided, and which can be lent gratis to provident members, when the need arises.

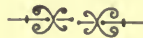
If no such capital fund exists, it may be necessary at the outset to adopt one of the other schemes suggested in Chapter VI., entitled "How to start a Centre on a Provident Basis," to which the reader is referred in order to avoid repetition.

Looked at from an actuarial point of view, the Institute of District Nursing is open to valuation of its assets and liabilities, just as is a Friendly Society. The Assets consist of the annual subscriptions or premiums of provident members, the fines paid by non-provident members who receive the services of the nurses, the charitable subscriptions (if any), the contributions of the Guardians of the Poor, and the invested capital (if any). The Liabilities on the other hand are its promises to supply a district nurse under stated conditions. This liability can be reduced to a definite sum by the calculation given on p. 33. The same calculation will show how largely, on the



basis suggested in this Chapter, the assets exceed the liabilities, and therefore how sound financially the Institution is.

Looked at from the point of view of one healthy individual, sickness is an uncertain risk, just as is the time of death. But the amount of sickness per 1,000 persons can be almost as accurately estimated as can the average longevity of a similar number.



## CHAPTER V.

### THE ADVANTAGES OF A PROVIDENT BASIS.

The plan of organisation advocated in the previous Chapter presents several advantages over the usual method.

First. The Institute of District Nursing, instead of being a charitable organisation, dependent on subscriptions and donations, which are often difficult to obtain in adequate numbers, will be maintained on a self-supporting, and therefore on a healthy, basis. Any subscriptions that are proffered will be welcome, for they will serve to pay for exceptional cases of distress, in which the nominal annual payment of a provi-

dent member is a burden. But the Institution will in no wise be dependent on them for its prosperity.

No small advantage is it that an Institution of this kind shall not be crippled for want of funds, as the charitable ones frequently are. A better class of nurses can be obtained where a liberal income can be guaranteed, while moreover an adequate supply of the necessary sick-appliances can be maintained for the use of the nurses.

Secondly. The working classes, instead of being encouraged to depend on the gratuitous help of benevolent persons, who support the eleemosynary Institution, are by this provident method encouraged to make provision against the day of sickness, and a habit of thrift is promoted.

Thirdly. The services of the district nurses will be more appreciated than if rendered gratuitously. Experience teaches

that "people value most what they pay for," and assuredly this applies to the question under discussion. Indeed many of our wage-earners as well as other persons greatly prefer to pay the market value of benefits received, instead of feeling indebted to charity. Under the system suggested any member may fairly feel that he is paying the full market value of the services he receives.

Fourthly. The District Nursing Association will be able to supply skilled nursing to that large section of our population which in case of sickness cannot afford a skilled resident nurse, and which for various reasons is inadmissible to hospitals or cannot get into them. As the appreciation of the value of skilled nursing grows, so will the number of provident members grow. In like proportion will the funds of the Institute grow, and enable it to pay for more nurses. By a steady growth in public favour other provident institutions have reached their

present position of enormous utility, and they are capable of unlimited extension. Each member adds to their resources more than to their burdens.

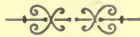
Fifthly. Instead of the subscriptions diminishing as a result of the provident basis being adopted, it is probable that they will tend rather to increase. Many persons are glad to help an institution which encourages the poor to help themselves, who, keenly alive to the injurious effect of indiscriminate charities, withhold their support from them.

Sixthly. The Institution established on a Provident Basis is likely to be far more permanent than if dependent for support on a few rich people, whose death or removal may lead to financial difficulty or even total collapse.

Seventhly. As a result of the co-operation of numerous members and the

payment in advance both in health and sickness, the annual cost to each member is reduced to a nominal sum, which all can afford who are not entirely destitute. At the same time any persons who prefer to pay for the nurse when they want her are at liberty to do so. The matter is indifferent, as far as the Institute is concerned. But such persons must of course pay on the higher scale, as emergency cases. In other words, this scheme allows a person to obtain a nurse either by the payment of a small sum at the time, or by the payment of a still smaller sum subscribed in advance as an insurance premium, so to speak, against the possibility of requiring the nurse. In fact the Institution becomes a help-myself nursing organisation, and enables the lower classes, by voluntary combination and at a trifling cost, to provide for skilled nursing, just as, by means of a provident dispensary, they now provide for medical aid and medicine.

The establishment of such an Institution should be regarded as one of the wisest and healthiest collective acts for the relief of sickness and distress, and for the promotion of the social welfare of the people.



## CHAPTER VI.

### HOW TO START A CENTRE ON THE PROVIDENT BASIS.

There are several methods that may be adopted by a Committee anxious to establish District Nursing on a Provident Basis.

Let it be premised that the necessary Committee has been formed, with the object of establishing District Nursing, and that it has determined to do so on the Provident footing.

A. As soon as a nurse has been engaged and an office secured for the Institution, information may be given by means of the Press that persons can have her services on payment of a small



annual subscription<sup>1</sup> in advance. Payment should be required at least one month before the time she is first applied for, and will entitle such persons to enrol themselves on the Register of the Institute. In return for such enrolment, the provident members, as they would then be called, would be entitled, whenever ill and the medical practitioner in attendance considered that skilled nursing was desirable, to send a written request to the office of the Institute.

A nurse would then visit the patient as often as required by the nature of the illness, and carry out any nursing that was necessary. Probably the best plan would be for each provident member to receive a card of membership, stating exactly the conditions and privileges of membership, and the regulations that had been made for nursing special cases

<sup>1</sup> What that amount should be will be decided by the Committee after considering all the circumstances of the district (cf. Chapter IV)

(e.g. infectious and puerperal ones). Reduced terms would probably be made for entire families.

Other persons who have not enrolled themselves as Provident Members, will also be entitled to the services of the nurse, but will be required to pay a larger sum, perhaps 4 or 5 times as much as a Provident Member has paid.

In the case of out-door paupers the Guardians will be invited to pay the same sum as is paid by ordinary Members. For emergency cases on the other hand emergency rates will be required.

Other very poor persons not paupers will receive the services of the nurse, but must obtain a subscriber's ticket<sup>1</sup>, value perhaps 5/-, or whatever sum is thought best. These tickets might be given to all subscribers at the rate of

<sup>1</sup> Cf. Note, p. 37.

perhaps four for each £1 subscribed, but a condition should be that they must be reserved for cases of extreme necessity, and not used where the person was able to become a Provident Member.

The various regulations made will of course be made widely known throughout the district<sup>1</sup>, and especially to the Clergy other Ministers of religion and to the medical practitioners. The latter will be especially interested in aiding the movement, and in recommending that the nurse be sent for in suitable cases. For a good nurse relieves the doctor of much anxiety, by giving him an assurance that food and medicine will be regularly administered. Moreover, the nurse is of use to him in minor operations, in keeping the sick room in "nursing order" and in many other ways. The medical profession will therefore be of great assistance.

<sup>1</sup> Appendix B. is a suggested Circular which may be found useful, but is open to any modifications thought desirable.

The question must next be faced by the Committee: How are the expenses of the nurse to be met, until a sufficient number of Provident Members have joined the Centre to make it self-supporting? In some localities a capital sum has been raised with the definite object of establishing District Nursing, in which case the difficulty will not arise. Otherwise it may be necessary at first to raise a guarantee fund, which can be drawn upon, until by the increase of the members the Institution becomes entirely self-supporting. Thus a guarantee fund of say £100—the yearly cost of one nurse—will cover all deficiency that is not met by subscribers' tickets and provident subscriptions. With wise management and a little enthusiasm it is probable that a smaller guarantee fund will suffice, or that, even if it has been subscribed, only a small proportion of it will be required. But financial stability must be secured from the very first, so as to ensure the confidence of the working-

classes. Some guarantee therefore is at the outset indispensable, unless sufficient Members have joined.

The Institution is likely to be cordially welcomed by various kinds of people: by a Hospital Board of Management, as tending to relieve the pressure on the wards and allowing some cases of illness to be nursed at home; by the Guardians, as allowing some sick to remain at home who would otherwise go into the Poor Law Infirmary, and so increase the rates; by the clergy and other ministers, because it relieves distress and suffering in their parishes; by the doctors, for the reasons already stated; by district visitors, as helping to promote habits of thrift etc. All these influences, wisely organised, should make it easy for the Committee to secure a sufficient number of Provident Members to make the Institution self-supporting from the start, or at any rate mainly so.

B. There is, however, another method which may be more suitable for certain localities. In almost every district there exist various Friendly and Benefit Societies, which, in return for a small regular contribution from their members, supply them with medical attendance and medicines (amongst other benefits). This existing machinery may be utilised by the District Nursing Committee. A meeting of the Secretaries of these local Friendly Societies and Dispensaries may be summoned, when a member of the Nursing Committee will explain that if the members of those bodies will contribute at the rate of 1/- a head (1d. per month), or whatever charge the Committee has decided upon, the latter will supply such Friendly Society (under definite regulations) with skilled district nursing, whenever the medical officers of the Society or Club consider such nursing desirable. Probably if this advantageous offer is clearly explained to them, the Secretaries would undertake to place it

before their individual Societies, and not improbably the latter would close with the offer *en masse*, and some hundreds of members would rapidly be obtained. In such a case it might be a good plan for each Secretary to collect the subscriptions from the members of his own Club, and hand them over to the Nursing Association, being allowed to deduct 5 % for his trouble.

In a populous town it may well be that a sufficient number of members would be obtained at the very outset to keep a nurse going. Thus 2,000 one shilling subscriptions would suffice, or 1,000 two shilling subscriptions (cf. Chapter IV). Doubtless ere long outsiders would join and swell the tide.

C. Another plan was adopted by the Stockton-on-Tees District Nursing Association.

A circular was sent to the workmen in some of the large firms of the town

describing the objects of the Association, and bearing the following slip, which was to be detached and returned to the Hon. Secretary.

THE STOCKTON-ON-TEES DISTRICT NURSING  
ASSOCIATION.

Please detach this Voting Paper and say by X whether you are in favour, or not, of 1d. per month being deducted from your pay.

.....  
: YES..... :  
:.....:

.....  
: No..... :  
:.....:

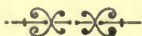
Place a X opposite "Yes" or "No." The majority to rule minority. A favourable vote to take effect at the end of January, 1892.

At other Works the men held a meeting and carried a resolution by show of hands, while in yet other Works the employers were themselves interested in District Nursing and brought the subject before their own workmen, in which case the vote was usually unanimous.

The results of this plan are described in Chapter VII. p. 67.



The foregoing remarks apply to districts where it is proposed to start District Nursing *ab initio*. There can, however, be no great difficulty in introducing the provident system, even where the basis of work has hitherto been a charitable one. But it would not be fair to the provident to carry it on side by side with a gratuitous system, since few persons are willing to pay for what can be had for nothing. Any sick persons who are actually being nursed gratuitously, when the change of plan is decided upon, may still be so treated for the remainder of the year, but all fresh cases should be required to conform to the rules.



## CHAPTER VII.

### SOME PROVIDENT NURSING ASSOCIATIONS<sup>1</sup>.

Although District Nursing has never yet been established exactly on the basis recommended in the previous chapters, yet several recent writers have advocated some such organisation, and various promising attempts in this direction have been made.

The following quotations are of interest in this connection:

Mr. W. Rathbone<sup>2</sup> writes: "The Committee (i.e. of the Metropolitan and

<sup>1</sup> For the sake of convenience one or two Associations are included, which require systematic payment, although that payment is not necessarily on provident lines.

<sup>2</sup> *The History and Progress of District Nursing.* p. 58.

National Association) have always hoped for the introduction of a system of subscription among the poor themselves, which would enable them to ensure the service of a nurse in time of sickness, just as by means of the Provident Dispensary they now secure a supply of medicine.”

Again, Miss L. Twining<sup>1</sup> is no less emphatic: “It is earnestly desired to promote a system of payments, either combined with the ‘Insurance’ plan of Provident Dispensaries, or by the Benefit Club methods adopted by some country associations in villages with marked success.”

Miss Amy Hughes<sup>2</sup> also advocates some form of payment: “Whenever possible it is well to make the people help to support the nurse on the basis of a Provident Club. A monthly pay-

<sup>1</sup> *District Nursing in the Homes of the Poor. Leaflet, p. 4.*

<sup>2</sup> Allbutt's “*System of Medicine.*” 1. p. 450.

ment of 4d. a family (or less if local wages are low), and a charge of a  $\frac{1}{2}$ d. or 1d. per head for those over 14 years of age is conveniently spared, and is better than the giving of skilled labour for nothing."

An entirely satisfactory scheme, when fairly afloat, must: (1) meet the wants of the very poor, while at the same time it promotes a habit of thrift and self-reliance; (2) be established on a self-supporting basis, so as to be, if necessary, independent of charity; (3) be capable of adaptation (within limits) to any number of persons who may wish to avail themselves of its advantages.

The various schemes<sup>1</sup> described below are attempts to meet these requirements more or less completely. It is to be hoped however that in the future these

<sup>1</sup> It is desired by the Author that details of these and other Provident or Benefit Nursing Associations shall be regularly sent to him. Annual Reports will be welcome.

latter may be even more satisfactorily attained, and those at the head of provident schemes will do well to apply some such tests to the scheme for which they are responsible.

### I. The Daventry Nursing Club.

An excellent scheme of District Nursing is in operation at Daventry, particulars of which have been furnished by the Secretary, Miss Knightley.

In this case single persons pay 2d. a month, families (including children under 14) 4d. No subscriber is considered a Member of the Club, until he has subscribed for two months. The services of the nurse are only given free to members of the Club. A charge however of 5/-, which must be prepaid, is made for confinements. In the case of serious illness, working people, who are not members of the Club, will be

allowed the services of the nurse, on payment of a sum of 5/-, and on condition that a written promise is given that they will continue members of the Club.

The Guardians having subscribed £10 17s. od. to the Club, the Medical Officer for Daventry, Staverton, and four adjacent villages, is entitled to the services of the nurse, subject to the rules of the Club, for any person receiving out-door relief who requires skilled nursing. Farmers and trades-people who subscribe 10/- a year, are entitled to the services of the nurse for all members of the household.

The annexed balance sheet will shew how satisfactory is the financial condition of this Club.



to the services of the district nurse without further payment when sickness comes. In order to induce persons to join this Nursing Club, non-subscribers and non-members are charged, when the services of the nurse are required, at the following rate :

Labourers .. .. .	2/- per Week.
Artisans .. .. .	4/- ..
Farmers and Tradespeople	6/- ..
Gentry .. .. .	15/- ..

In addition to the Provident Members, there are a number of charitable Subscribers, and, with the help of the two classes, the financial position is said to be most encouraging.

At present this Nursing Club has only 60 members, who paid (cf. Report for 1896) £10 14s. 8d. If the membership grows, this institution should be entirely self-supporting, without needing any charitable subscriptions.



### III. Stockton-on-Tees and Thornaby District Nursing Association.

An interesting scheme, on partially provident lines, is carried on at Stockton-on-Tees and Thornaby, details of which have been furnished by Mr. W. Ridley Makepeace, the late Hon. Secretary.

About 9,000 workmen<sup>1</sup> engaged in 24 different works voluntarily contribute at the rate of one farthing per week to the District Nursing Association, and in this way raise a substantial sum for the latter, as is shewn by the following table:—

#### INCOME.

	General Subscribers.				Workmen.		
	£	s.	d.		£	s.	d.
1892 ..	657	16	0	..	114	0	11
1893 ..	319	7	10	..	327	10	4
1894 ..	344	6	2	..	382	13	10
1895 ..	317	11	6	..	380	3	3
1896 ..	345	9	1	..	440	6	0
	<hr/>				<hr/>		
	£1984	10	7		£1644	14	4
Total ..	£3629 4s. 11d.						

The Boroughs of Stockton-on-Tees and Thornaby together have a population of about 80,000.

There is only one firm of any importance (employing about 300 hands) of which the workmen do not contribute, all the other firms deducting the rate of  $\frac{1}{4}$ d. per week from the men's wages once a month, and forwarding the total amount to the Association at intervals varying from a month to a year. In no case are the men allowed to contribute by an offering or a collection, since, if this were done, many would not contribute.

The amount received from the working men represents more than half of what is spent in District Nursing in the two Boroughs, the expenditure for 1896 being £693 10s. 5d. In return for this generous contribution every body of workmen subscribing £10, or upwards, a year is entitled to elect a representative on the Council.

In order to meet the wants of a class that cannot be called poor, but yet is unable to accommodate or afford a

resident nurse, the Association has provided a special District Nurse, who visits at the rate of 1/- per visit, or at a maximum charge of 5/- per week. Any profit derived from this branch of the work is spent in providing nurses for the sick poor.

Stockton-on-Tees<sup>1</sup> claims to be the first town, where the working-men have combined systematically to support a District Nursing Association, and may well be proud of setting so excellent an example.

Moreover that Association has also established temporary Convalescent Homes in the country, and during the last four summers 463 men, women and children have passed through them. Recently, owing to the generosity of Col. Ropner, a permanent Home has been acquired. An income of nearly £300 a year is contributed by the workmen of the district, being collected by the same method as

<sup>1</sup> Mr. W. Ridley Makepeace "*District Nursing*," p. 7.

that above described in connection with District Nursing.

#### IV. The Frome Home for Trained Nurses<sup>1</sup>.

At Frome, yet another system is in operation. The services of the District Nurses are obtainable on certain conditions which are divided under three heads.

A. The poor of Frome obtain the services of the nurses free, provided they have obtained a Subscriber's ticket, price 5/-, which entitles the patient to attendance for three months.

B. Sick persons living in country cottages near Frome must obtain a Subscriber's ticket, price 5/-, and pay an additional charge of 5/- per week, and the cost of board, lodging, washing

<sup>1</sup> This Association combines the provision of District and of Private nurses. Only the former of these is of interest here.

and travelling expenses, this entitling the patient to attendance for fourteen days.

C. Other persons who need the services of the nurses are allowed to have them, on condition of paying a small sum weekly for attendance.

The Tickets that are issued to Subscribers at 5/- each, are available for the current year only. The Report for 1896 states that 207 different cases have been treated, 4587 visits being paid.

#### **V. The Lincolnshire Nursing Association.**

This Association has nineteen centres in different parts of the county affiliated with it, and works on the principle of a Benefit Club, which gives provident subscribers a first claim on the nurse's services, at a much smaller fee than is charged to non-subscribers.

The following is the tariff:—

### LABOURERS.

SUBSCRIBERS.	NON-SUBSCRIBERS.
3/- Yearly, or 3d. a Month.	1/- a Week. Accidents, Occasional Nursing &c. 3d. a Day. 1d. an Hour.

### MIDWIFERY.

5/- for Month's Attendance.	7/- for Month's Attendance.
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### MONTHLY NURSING.

3/- for Month's Attendance.	4/- for Month's Attendance.
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### ARTISANS AND SMALL TRADESMEN.

SUBSCRIBERS.	NON-SUBSCRIBERS.
4/- Yearly, or 2/6 Yearly and 1/- a Week, Fee.	2/- a Week. 4d. a Day. 2d. an Hour.

### MONTHLY NURSING.

5/- for Month's Attendance.	7/6 for Month's Attendance.
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Midwifery not allowed except to Labourers.

## FARMERS.

7/6 or 5/- Yearly, or	2/6 a Week.
4/- Yearly and	6d. a Day.
2/- a Week, Fee.	3d. an Hour.

## TRADESMEN.

10/- Yearly Subscription, and 2/6 a Week, Fee,  
or 6d. an Hour.

**VI. The Suffolk Nursing Association.**

Another Scheme has recently been started on provident lines, viz. The Suffolk Nursing Association, of which Miss Bernardiston (The Ryes, Sudbury) is Secretary. The nurses are drawn from the cottage class of women, and have been trained for six months at least, most of them having passed the L.O.S. examination. Although each district is allowed to modify the terms to suit its local requirements, the following tariff is recommended by the Central Committee.

## SUBSCRIBERS.

Labourers and others earning not more than  
15/- a Week:—

Annual Subscription.	Per Week.	Per Visit.
1/- or 2/-	6d.	1d.
Midwifery Cases, 2/6 extra.		

Small Tradesmen, small Farmers and Artisans:—

Annual Subscription.	Per Week.	Per Visit.
3/-	1/6	3d.

Tradesmen, Farmers and other persons:—

Annual Subscription.	Per Week.	Per Visit.
5/- to 10/-	2/6 to 5/-	6d. to 1/-

## NON-SUBSCRIBERS.

	Per Week.	Per Visit.
Labourers, &c. ..	1/-	2d.
Artisans, &c. ..	3/-	6d.
Farmers, &c. ..	5/- to 10/-	1/- to 2/-

Midwifery not allowed, except to Labourers.

Pauper cases may be undertaken by the District Nurse, on payment by the Board of Guardians either of an annual subscription or of a weekly sum for each patient, to be fixed by the District Committee.



## VII. The Gloucester District Nursing Association.

The Gloucester District Nursing Society undertakes to supply District Nurses for all sections of the community, but for the purposes of remuneration, divides them into three classes :

Class A. Includes the poor, who are nursed free.

Class B. Includes those who are able to pay something.

Class C. Includes those who occupy a house assessed to the Poor Rate at £15 and upwards, and pay the full tariff.

The Tariff for Class B. is :

(1) For each mile and part of a mile from Gloucester Cross:—

(a) On an ordinary day visit .. 6d.

(b) On each other visit on the same day .. .. 3d.

- (2) For attendance at an operation  
or for a visit of exceptional  
character .. .. . 3/6—10/-
- (3) For nursing for a night .. .. 5/-— 7/6

The Tariff for Class C. is:

- (1) For each mile and part of a mile from  
Gloucester Cross:—
- (a) On an ordinary day visit.. 2/-
- (b) On each other visit on the  
same day.. .. . 1/-
- (2) For attendance at an operation  
or for a visit of exceptional  
character .. .. . 3/6—10/-
- (3) For nursing for a night .. .. 5/-— 7/6

### VIII. The Dorset Health Association.

The Dorset Health Association has for one of its chief objects the promotion of Local Benefit Nursing Clubs, and the provision of suitable nurses for carrying on the work in towns and

villages. The Association, of which Lady Baker (Ranston, Blandford) is Secretary, works entirely on the Benefit System. All who join the Branch as Benefit Members pay a yearly subscription and have the services of the nurse at a reduced rate.

The nurse's services are available to all classes of the community, subscriptions and fees being regulated according to a sliding scale, at the discretion of the local Committee.

Subscriber's tickets are usually charged as follows, yearly :

	s.	d.
Labourers .. .. .	2	0
Artisans and small Tradespeople	3	0
Farmers and Tradespeople ..	5	0
Those in better circumstances..	10	0

The fees paid during the actual illness are regulated by the size of the Branch and the number of subscribers, varying from 2d. to 6d. an hour, and from 9d. to 1/2 a day.

## IX. The Heathfield, Waldron and District Nursing Association.

The following contributions to this Nursing Association entitle those making them to the services of the nurse when necessary.

Labourers :—

Subscribers pay	Maternity Nursing.	Non-Subscribers pay	Maternity Nursing.
1/- yearly	4/-	1/- weekly	6/-

Gardeners, Coachmen, Porters, Artisans, Small  
Farmers, Small Tradesmen :—

Subscribers pay	Maternity Nursing.	Non-Subscribers pay	Maternity Nursing.
2/6 yearly	5/-	2/6 weekly	8/6

Farmers and Tradespeople :—

Subscribers pay	Maternity Nursing.	Non-Subscribers pay	Maternity Nursing.
5/- yearly	7/6	5/- weekly	12/6

Other persons who are better off, but who cannot afford the expense of a trained resident nurse, are charged 10/- a week.

Subscribers may apply for the nurse's services, whenever skilled nursing is needed, during the year for which the subscription has been paid, for any member of the actual family living in the house. The only extra charge is that for maternity nursing.

For sick-room appliances etc., lent by the Association, the charge is 3d. weekly for each article, with the exception of water-beds, for which 1/- on receipt and 1/- weekly must be paid.

This Association has been started by Miss A. M. Alexander, who has supplied the above details.

### **X. The Springfield Nursing Club.**

The object of this Club is to put trained nursing within the reach of all classes, by maintaining in the parish a nurse whose services are at the command of the poor, for a small annual subscrip-

tion ranging from 1/- upwards. Those poor who are not members, can also obtain her services by small payments in proportion to their circumstances, or in case of real distress a doctor's order will be sufficient. Honorary subscribers support the Club for the benefit of the poor, but the nurse will also be allowed to attend them in case of emergency and if time permits, a small fee being charged according to the services rendered.

The annual subscription entitles members and their children under 17 to the services of the nurse.

Non-members' payments are open to a reduction when several visits are paid daily.

#### TARIFF.

	Members' Annual Subscription.	Non-Members per visit.
Class A—	s. d.	
Officials, Clerks &c.	.. 5 0	6d.
Class B—		
Those earning not more than 40/- weekly	.. 3 6	4d.

Class C—	s.	d.	
Those earning not more than 30/- weekly ..	2	6	3d.
Class D—			
Those earning not more than 20/- weekly ..	1	6	2d.
Class E—			
Those earning not more than 15/- weekly ..	1	0	1d.
Honorary Subscribers, 1/- — 5/- per visit.			

## XI. The Downton Dispensary and District Nurse.

At Downton a scheme is in operation by which all the members of the Provident Medical Dispensary are entitled to the services of the District Nurse, when the necessity arises. For the purpose of, to some extent, meeting the cost of this extra advantage, the annual payments of the provident members have been raised sixpence for each family. Inasmuch as the provident subscriptions

for both medical attendance and district nursing are paid in at the same time, the plan is economical of time and labour.

Persons who are not members of the Dispensary can also obtain the services of the nurse, but in that case the following charges are made:

Labourers' Families..	..	2d. a visit
Others ..	..	3d.—6d. a visit

For attendance at confinements, labourers' wives are charged 7/-, other persons 8/6 — 10/6, these payments including attendance for nine days.

## **XII. The Affiliated Benefit Nursing Associations.**

Another method that must be mentioned is the Holt-Ockley system (the full title of which is "The Affiliated Benefit Nursing Associations") which



was founded by Miss Broadwood<sup>1</sup> in 1883, and had, in 1897, 97 branches in different parts of England. It is based upon the provident or insurance system, each person paying during both health and sickness, and has as its object the supplying of cottage nurses to country districts. The people of the parish or group of parishes in which a branch is established, are divided into four classes, as shewn in the following table:—

The class of	Annual Subscription	Fees for Nurses per week to	
		Subscribers	Non-Subscribers
Labourers pay .. ..	2/-	2/-	3/6
Artisans and School Teachers .. ..	3/-	3/-	4/6
Farmers and Tradespeople .. ..	5/-	5/-	7/6
Gentry and Cottage Hospitals .. ..	10/-	10/-	15/-

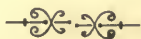
Although this Association is based on the insurance or provident system and is therefore of much interest, yet it is not

<sup>1</sup> "Nurses for Sick Country Folk," by Miss Broadwood.

strictly speaking a system of District Nursing, inasmuch as the cottage nurses supplied by the Association reside in the homes of the sick. It is merely mentioned here in order to give an illustration of every kind of provident nursing that has been tried.

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These various methods of organising Nursing on a provident basis are full of promise for the future. They have been established by wise persons who have realised how easily extensive systems of relief undermine the independence, not only of those who are themselves relieved, but of their friends and neighbours who are demoralised by the expectation of similar aid under similar circumstances.



## CHAPTER VIII.

### CONCLUSION.

There are probably few conscientious workers amongst the poor who have not made the painful discovery of the difficulty there is in bettering the lives of the lower classes and relieving their distress, without at the same time sapping their self-reliance, and rendering them in the future more rather than less dependent upon others. Many movements alas! are started with the noblest of purposes, and yet have a demoralising tendency. The scheme here presented claims to be a means of helping the poor to help themselves, and of ministering to their true and permanent social welfare. On this ground it should enlist the co-operation and support of those who deplore the present system of indis-

criminate relief, and believe that the truest benevolence consists in promoting habits of thrift and independence.

But although the scheme is primarily intended for the wage-earning classes, there is no reason why it should be confined to them. Various District Nursing Associations, *e.g.* the one at Gloucester, undertake to supply district nurses to any section of the community when desired, and it appears advantageous that this should be done, although the well-to-do will doubtless as a general rule prefer a private resident to the district nurse, at any rate in serious illness.

The Appendices are added, in the hope that the code of rules and the circular may be of service to Committees that contemplate a Provident Basis for their work. Their special feature consists in an adaptation to such basis, but many details may need modification in order to suit local circumstances.

## APPENDIX A.

### SUGGESTED RULES<sup>1</sup>.

#### NAME.

1. The Name of the Institute shall be "The Institute of District Nursing<sup>2</sup> in the Borough (or Village) of....."

#### OBJECTS.

2. The objects of the Institute shall be:—

- (a). The provision of trained District Nurses who shall nurse Provident Members of the Institute in their own homes. Other persons may, under special circumstances hereinafter described, enjoy similar privileges.

<sup>1</sup> These are most suitable for an urban district, and would need modification in various details, if intended for a rural population.

<sup>2</sup> The words "*for the sick poor*" should be omitted, as the Institute will supply nurses to a much larger section of the population than is included under the term "*poor*."

- (b). The maintenance of a supply of appliances for the use of sick members of the Institute.
- (c). The carrying out of any other schemes incidental to the above.

### ADMINISTRATION.

3. The Institute shall be governed by those persons who subscribe not less than one guinea per annum, or who have made a donation of £10 10s. od. to the funds of the Institute.

### EXECUTIVE.

4. The Executive Committee of the Institute shall consist of 20 Governors, of whom at least five shall be women, to be elected at the Annual General Meeting. Of this Executive Committee, the Honorary Officers shall be *ex-officio* members, in addition to the 20 aforesaid. Five shall form a quorum.

### TRUSTEES.

5. The property of the Institute shall be vested in three Trustees, to be appointed by the Governors at an Annual or a Special General Meeting.

## VICE-PRESIDENTS.

6. The Governors shall have power to elect as Vice-President any past or present Governor who shall have rendered services to the Institute.

## ANNUAL GENERAL MEETING.

7. The Annual General Meeting shall be held in the month of ..... or soon after, when the Committee's Report for the past year shall be presented, together with the Honorary Treasurer's balance sheet, duly audited. At this Meeting the President, Vice-Presidents, Executive Committee, and the Honorary Officers shall be elected for the ensuing year.

## SPECIAL GENERAL MEETING.

8. A Special General Meeting may be summoned at any time by the Executive Committee, and shall be so summoned at the written request of ten Governors. No business except that for which the Special General Meeting is called shall be transacted.

POWERS OF THE EXECUTIVE  
COMMITTEE.

9. The Executive Committee shall have power to fill up vacancies in its own number,

to appoint and remove the paid Officers of the Institute, to make bye-laws, to fix the amount payable by Provident Members and other persons, to draw up rules for the nurses, to administer the funds of the Institute, and to do such acts in furtherance of its aims as may be deemed expedient.

#### NOMINATION TICKETS<sup>1</sup>.

10. Each Governor, in return for every guinea subscribed, shall receive four nomination tickets, to be reserved for cases of destitution. Such a ticket will entitle one individual to the gratuitous services of the nurse for a period of one year from the date of issue. Life Governors shall receive four tickets annually.

#### ALTERATION OF RULES.

11. These rules shall not be repealed or altered, except at an Annual or at a Special Meeting of the Governors. Due notice of such proposed repeal or alteration shall be given in the circular calling the Meeting.

<sup>1</sup> Cf. note on p. 37.



## MEMBERSHIP OF THE INSTITUTE.

Persons residing in the Borough or Village of ..... or in its neighbourhood (within boundaries to be determined by the Committee) may be enrolled as members of the Institute on the following conditions:—

(§a). The payment in advance, at least two months<sup>1</sup> before the time that the nurse is required, of the sum of one shilling<sup>2</sup>. This individual contribution covers a period of one year<sup>3</sup>.

(§b). The payment in advance by a family, at least two months before the time that the nurse is required of the sum of two shillings and sixpence<sup>2</sup>. This family contribution covers a period of one year, and entitles the father, mother and any children under fourteen, to the services of the nurse.

<sup>1</sup> This term may, if thought desirable, be reduced to one month.

<sup>2</sup> The amount to be charged will depend on the nature of the district and on other circumstances. A definite sum is merely stated here for the sake of convenience. Cf. Chapter IV.

<sup>3</sup> In some cases a clause might be added here to the effect that "the continuous services of the nurse will be allowed for any period not exceeding three months in the year."

- (§c). The payment of five shillings, where the nurse is required immediately by a person who has not contributed in advance (see § a.) This payment covers a period of one year.
- (§d). The recipient of a Governor's nomination ticket is entitled to the services of the nurse for one year from its date of issue. These tickets are reserved for cases of destitution.

Any sick person, who is qualified as described above, shall, whenever the Medical Practitioner in attendance is of opinion that the services of a District Nurse are desirable, be entitled to send an application in writing to the Office of the Institute, when the sick person will be visited by the nurse. The nurse will not in any case reside in the house of the patient, but will visit him, or her, as often as may be required by the nature of the illness, and will perform the duties of a trained nurse. Special regulations apply to infectious illness (except typhoid), and to night nursing.

A further privilege of Membership will be the right to use, subject to the approval of the Superintendent Nurse, the various sick

appliances, such as water-beds , air cushions, feeders, clinical thermometers &c., which will be kept at the Institute, for gratuitous loan, when the need arises.

The Committee reserve to themselves the power to cross off the roll of Members the name of any person, but in such a case the subscription paid for the year will be returned in full.

<sup>1</sup> Possibly for prolonged use a small weekly charge may be advisable in the case of water-beds.

## APPENDIX B.

### *Circular of Information*<sup>1</sup>.

#### THE INSTITUTE OF DISTRICT NURSING.

##### WHAT IS IT?

The Institute of District Nursing has been established in this town<sup>2</sup>, with the object of providing skilled nurses for those who cannot afford the expense of a resident nurse, when unfortunately serious illness invades their home. The district nurse will not reside in the home of the sick person, but will visit him or her, as often as may be required by the nature of the illness, and carry out any instructions that may be given by the medical attendant.

Although not so frequently required as medical attendance, yet in many illnesses skilful nursing is almost as necessary, and

<sup>1</sup> This may sometimes be found useful to a Committee anxious to start District Nursing on a Provident Basis. It is intended for circulation amongst the working classes.

<sup>2</sup> Or borough or village, as the case may be.

should be regarded as an indispensable adjunct of the doctor. Consequently it is of great advantage to the working classes that some means should exist by which they can, at a small cost, obtain trained nurses when needed.

### THE PROVIDENT BASIS OF THE INSTITUTE.

The Nursing Institute is based on the same principle as a Provident Dispensary. Just as the latter supplies medical attendance and medicines to those persons who subscribe a small amount regularly both in health and sickness, so the Nursing Institute supplies trained nurses, when those who have joined are ill, and need a nurse. The advantage of this system is that only a very small payment is required from any person, a payment which is within the means of all.

### HOW TO JOIN THE INSTITUTE.

A. The cheapest and best way of joining the Institute is to enrol your name in advance, and pay one shilling<sup>1</sup> a year.

<sup>1</sup> The amount to be charged will vary according to the locality and other circumstances of which the local committee must be the best judge. (Cf. Chapter IV).

Should you wish your whole family to join, including all children under fourteen, the payment will be 2/6.

B. If you have not joined the Institute in advance, and yet desire to have a nurse when sickness comes, you will be required to pay 5/-. Hence, it is much wiser to become a provident member, and pay the smaller sum.

C. In the case of the destitute or of out-door paupers, the nurse will be sent gratuitously, provided a Governor's letter has been obtained.

#### ADVANTAGES OFFERED BY THE INSTITUTE.

A. Having joined the Institute as described above, you will have a right to send for a nurse, whenever seriously ill, and if your doctor thinks a skilful nurse is desirable. The nurse will not be available during the night, nor will she, except by special permission, be able to undertake infectious diseases. But with these exceptions she will visit the sick person as often as is necessary and do what nursing is ordered.

B. Another advantage will be the right to borrow nursing appliances from the Institute. These will be lent gratuitously, except the water-beds, for which a small charge will be made.

C. A third advantage of having a trained nurse to visit a patient in your own house is that it will often be possible for him or her to remain there, instead of being removed to the hospital or workhouse infirmary. This is often a great boon, especially when one of the parents is ill.

D. Even if you do not yourself need a nurse during the year, yet by joining the Institute you are helping to pay for those less fortunate neighbours of yours who unhappily do fall ill or meet with accident. In this way you will help to carry out the old injunction:—"We who are strong ought to bear the infirmities of the weak."

#### HOW IS THE INSTITUTE SUPPORTED?

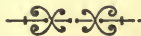
Although some generous friends have started the Institute, yet its support in the future must depend largely upon the contributions of provident members. The Committee therefore

hope that you will yourself join an Institute which exists for the good of all, and will induce your friends to join.

On payment of your subscription you will receive a member's card, available for one year, and with it an exact statement of what you are entitled to. The services of a tender, skilful nurse are of immense value when serious illness or accident unhappily comes into a home, and they do a great deal to alleviate suffering and cheer the patient.

Further she helps towards the recovery, by carrying out the doctor's instructions more thoroughly than an ignorant and untrained friend can do, however willing and devoted.

The Institution should be eagerly welcomed by every wise and thrifty person, as he or she is by its help enabled, at a trifling cost, to insure against the possible need of a skilful nurse, just as most persons already insure against the need of medical attendance and medicines.





# INDEX.

---

	PAGE.
Advantages of a provident basis .. .. .	44
Affiliated Benefit Nursing Associations .. ..	82
— Centres to Jubilee Institute .. .. .	7, 8
Appendices .. .. .	87
Assets of nursing institutes .. .. .	42
Ballot amongst workmen .. .. .	58
Basis, charitable, cf. Charitable .. .. .	
— provident, cf. Provident .. .. .	
Benefit Nursing Associations, Affiliated .. ..	82
— Societies and district nursing .. .. .	56
Booth on proportion of working classes .. ..	12
Broadwood, Miss . .. .	83
Centres, affiliated .. .. .	7, 8
Charitable basis of district nursing .. .. .	17
— subscriptions often inadequate .. .. .	20
— basis of district nursing, objections to .. ..	18
Charity, effect of indiscriminate .. .. .	18, 47
Charter of St. Katharine's Hospital .. .. .	6
Chronic cases, nursing of .. .. .	40
Circular explaining provident scheme .. .. .	94
— used at Stockton-on-Tees .. .. .	57
Clubs, benefit, and district nursing .. .. .	56
Confinements, charge for .. .. .	63, 72, 74, 82

	PAGE.
Contributions by poor to district nursing .. ..	20
Convalescent home and nursing association ..	69
Co-operative basis, value of .. .. .	48
Cost of district nurse .. .. .	29, 32
— of each visit paid by nurse .. .. .	32
— of resident nurse .. .. .	11
Country districts, nursing in .. .. .	30, 33
Craven, Mrs. Dacre .. .. .	4
Daventry Nursing Club.. .. .	63
— Nursing Club, balance sheet .. .. .	65
Dedication.. .. .	v.
Demoralising influence of charitable institutions ..	18, 47
Destitute persons, nursing of .. .. .	37, 92
Diamond Jubilee and district nursing .. ..	8
Dispensary, provident, and district nursing .. ..	25, 81
— basis of provident .. .. .	25
— financial stability of provident .. .. .	26
— payment to provident .. .. .	27
District nurse and non-members .. .. .	35
— nurse, annual cost of .. .. .	29, 32
— „ cost of each visit .. .. .	32
— „ a health missionary .. .. .	15
— „ duties of .. .. .	1, 38
— „ number of visits paid by .. .. .	10
— „ value of .. .. .	14
District nursing and convalescent home .. ..	69
— nursing and Guardians .. .. .	19, 37, 52
— „ and rates .. .. .	15, 38
— „ and sectarianism .. .. .	23
— „ founded .. .. .	1
— „ growth of .. .. .	7
— „ history of .. .. .	1
— „ Jubilee Institute .. .. .	5

# INDEX.

101

	PAGE.
District nursing, need for .. .. .	11
— nursing, object of .. .. .	1, 3
— „ on a charitable basis .. .. .	18
— „ on a provident basis .. .. .	24
— „ origin of .. .. .	1
Doctors and district nurse .. .. .	14, 53
Dorset Health Association .. .. .	76
Downton Dispensary and district nurse .. .. .	28, 81
Dublin, St. Patrick's Home at .. .. .	32
East London Nursing Society.. .. .	3
Farthing a week rate .. .. .	67
Financial stability of provident associations .. .. .	26, 32
Founder of district nursing .. .. .	1
Friendly societies and district nursing .. .. .	56
Frome Home for Nurses .. .. .	70
Gainford Nursing Association .. .. .	65
Gloucester Nursing Association .. .. .	75
Gratuitous service not valued .. .. .	46
Growth of district nursing .. .. .	7
Guarantee fund .. .. .	54
Guardians and district nursing .. .. .	19, 37, 52
Heathfield and Waldron Nursing Association .. .. .	78
Help-myself Nursing Institute .. .. .	48
Hill, Miss Octavia .. .. .	v.
History of district nursing .. .. .	1
Holt-Ockley Nursing Associations .. .. .	82
Hospitals, diseases inadmissible to .. .. .	13
Hospital, St. Katharine's, cf. St. .. .. .	
Hughes, Miss A., and provident basis .. .. .	61

	PAGE.
Incorporation of Jubilee Institute .. .. .	6
Indigent persons, nursing of .. .. .	37, 92
Indiscriminate charity, evils of .. .. .	18, 47
Institute, Jubilee, of Nurses .. .. .	5
— Nursing, and Diamond Jubilee .. .. .	8
— provident nursing, rules for .. .. .	87
Jubilee Institute, Incorporation of .. .. .	6
— Institute of Nurses .. .. .	5
— Women's Gift .. .. .	4
Katharine's, St., cf. St... .. .	
Letters for destitute persons .. .. .	37, 52
Liabilities of nursing institute.. .. .	42
Lincolnshire Nursing Association .. .. .	71
Local Government Board, Order of .. .. .	37
Maternity nursing .. .. .	72, 78, 82
Medical dispensary, cf. Dispensary .. .. .	
— practitioners and district nurse .. .. .	14, 53
Membership of nursing association, payment for .. .. .	27, 30
— of provident institute .. .. .	51, 91
— card of.. .. .	51, 98
Metropolitan Nursing Association .. .. .	3
Midwifery, charge for .. .. .	63, 72, 74, 82
Monthly nursing, charge for .. .. .	72, 78, 82
National Association .. .. .	3
Need for district nursing .. .. .	11
Non-members and district nurse .. .. .	35, 96
Nurse, district, cf. District .. .. .	
— resident, cost of .. .. .	11
Nursing, District, cf. District .. .. .	

INDEX.

103

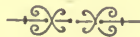
	PAGE.
Objections to charitable basis .. .. .	17
— to provident basis .. .. .	34
Order of Local Government Board .. .. .	37
Origin of district nursing .. .. .	1
Out-door paupers, nursing of .. .. .	37, 96
Over-exaction of provident members .. .. .	39
Paupers, out-door, nursing of .. .. .	37, 96
Peile, Rev. A. L. B. .. .. .	6
Permanence of provident institution .. .. .	47
Preface .. .. .	vii.
Premium, annual, for membership .. .. .	27, 95
Provident basis, advantages of.. .. .	44
— basis, objections to .. .. .	34
— basis of district nursing .. .. .	24
— dispensary, cf. Dispensary .. .. .	
— nursing associations .. .. .	60
— nursing association at Daventry .. .. .	65
—     "           "       at Gainford .. .. .	65
—     "           "       at Stockton-on-Tees.. .. .	57, 67
—     "           "       at Frome .. .. .	70
—     "           "       in Lincolnshire .. .. .	71
—     "           "       in Suffolk .. .. .	73
—     "           "       in Dorset .. .. .	76
—     "           "       at Heathfield .. .. .	78
—     "           "       at Springfield.. .. .	79
—     "           "       at Downton .. .. .	28, 81
—     "           "       side by side with charitable plan.. .. .	59
— subscription, individual .. .. .	27, 30
— family .. .. .	27, 30
Queen Victoria Jubilee Institute .. .. .	5. 7
Rates relieved by district nurse .. .. .	15, 38

	PAGE.
Rathbone, W., and district nursing .. .. .	I, 60
Religious opinions and district nursing .. .. .	23
Representatives of workmen .. .. .	68
Rules, suggested, for provident scheme .. .. .	87
Rural districts, district nursing in .. .. .	30, 33
Sectarian purposes and district nursing .. .. .	23
Secretaries of benefit societies .. .. .	56
Self-supporting basis desirable.. .. .	30, 34, 44
Sick appliances .. .. .	21, 41
— appliances, payment for .. .. .	79
— person and average number of visits .. .. .	10
Sixpence the cost of one visit .. .. .	32
Societies, friendly, and district nursing .. .. .	56
Springfield Nursing Club .. .. .	79
Start, how to, a provident scheme ;.. .. .	50, 94
St. Katharine's Royal Hospital .. .. .	5
St. Katharine's Royal Hospital, Charter of.. .. .	6
St. Katharine's Royal Hospital, Incorporation of .. .. .	6
Stockton-on-Tees District Nursing Association .. .. .	57, 67
St. Patrick's Home, Dublin .. .. .	32
Submerged classes and district nursing .. .. .	36, 96
Subscriber's tickets .. .. .	37, 52, 96
Subscriptions, charitable, often inadequate .. .. .	20
Suffolk Nursing Association .. .. .	73
Tariff for district nursing .. .. .	63, 66, 70, 72, etc.
Tests of a satisfactory scheme .. .. .	62
Thornaby Nursing Association .. .. .	67
Thrift and district nursing .. .. .	18, 45
Tickets, subscribers' .. .. .	37, 52, 96
Title of Volume, justified .. .. .	24
Twining, Miss L., and provident basis .. .. .	61

# INDEX.

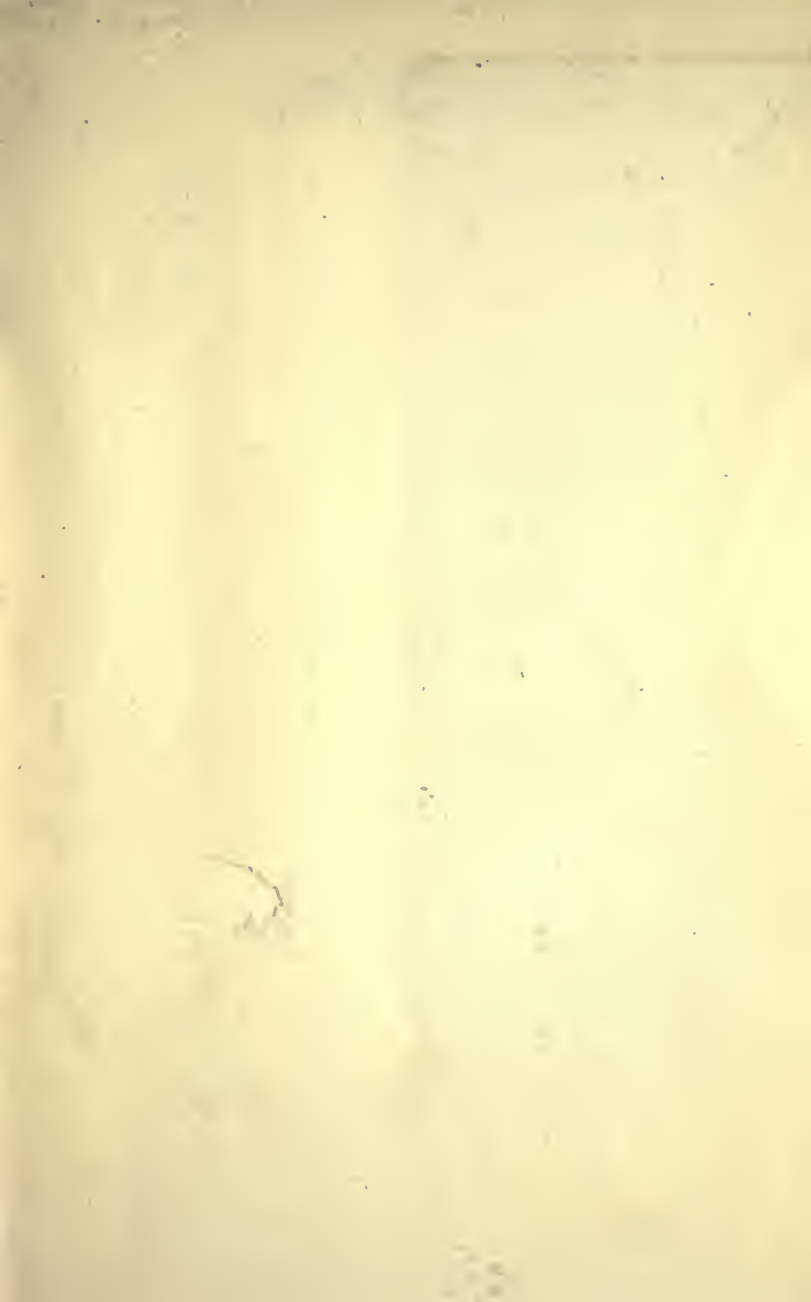
105

	PAGE.
Urban district .. .. .	31, 33
Urgency payment .. .. .	35, 48, 52, 96
Visits, average number per nurse .. .. .	10
Visits, average number per sick person .. .. .	10
Water beds, charge for .. .. .	79, 97
Women's Jubilee Gift .. .. .	4
Working classes, Booth on .. .. .	12
Working men and district nursing .. .. .	58, 67, 94
— men, ballot of.. .. .	58
— men, circular sent to .. .. .	58, 94











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