

Medical Council" is to the Medical. As registration stands at present I do not think it meets our requirements. I look upon it as the goal to be attained, not the starting point, and it must be comprehensive. It must ensure the full qualification of a woman for the practice of Nursing.

I believe the Board, as at present constituted, accepts the Certificate of any Hospital (containing a certain number of beds) which certifies the Nurse to have been resident for a period of not less than three years, no special test being employed by the society to ascertain the status of the Nurse.

I repeat, mere residence in hospital will not qualify. The authorities of hospitals do not pay a uniform attention to the training of their Nurses. Some women during the period of their probation, to a large extent, educate themselves; others again wait for a teacher. Many people say education will not make a Nurse. The point is—Can they be made without it? Is it the solitary profession that requires no special instruction? Will instinct supply all that is necessary to meet the myriad wants of the sick? I think not.

After nearly thirty years' experience of Nursing and in dealing with Nurses, I am impressed with the idea that we are only beginning to realize what the art of Nursing may become if proper means are used for its development, and think it will become one of the best openings for women who will apply themselves diligently to the acquiring of the necessary knowledge; but the acquiring of that knowledge must be attended with some expense, which, as in the preparation for other employments, must be borne by the individual herself.

Nursing can demand remuneration on an average with other livelihoods for women, and why the preliminary cost it entails for special instruction should be looked upon as a hardship any more than special instruction for other purposes, I do not know.

It is a pity that any party spirit should have arisen in the ranks of those who wish to see Nursing occupy a definite position. As clearly as I can understand the aim of those interested in the matter, it is their desire to stand aloof from all sections of parties, taking a broad general survey of the question, offering to Nurses their help and suggestions, and if Nurses themselves are not desirous of gaining a definite status, to coerce them into the gaining of it, for the protection of their employers.

The Glasgow Royal Infirmary "School for Nurses" is now arranged in such a manner that it can at any time adapt itself to legislative demands without in the least interfering with its ordinary routine. One of our leaders in the Nursing world expressed to me the fear that a system of theoretical instruction to our coming Nurses would result in

a pseudo-scientific Nurse. This is not our experience. The limit of time is such as admits of elementary teaching only, but it is thorough.

*Anatomy*, as it is taught with us, enables a Nurse to handle the human body intelligently, but goes no further. *Physiology*, to make her acquainted with the functions of the different organs, that she may detect deviations from a normal condition. *Hygiene*, that she may know what healthy surroundings are, and endeavour to secure the same for her patients, or minimize existing evils. Our teachers are men of experience, well versed in the requirements of Nursing, and have themselves fixed the amount of technical knowledge they think it necessary for a woman to acquire before she can benefit by the practical part of her work.

The clinical classes were introduced as a second course, having hitherto no direct clinical instruction for our pupils, it being left to the inclination of the medical staff, some taking much more interest than others; and also to prevent the Probationer from plunging into the practical work of the wards without any instruction, causing her to be a much longer time than at present before she could be of use, making the work more difficult for the "Head Nurse."

A still greater advantage is in the uniformity of instruction given, so that we know exactly what to expect from all Probationers entering our wards. When our work is sufficiently advanced to carry out fully our arrangements, the Probationers will receive eighteen months' medical training and the same of surgical—nine months of which will be spent in the male wards and nine in the female. Such a system of instruction would effectually define the "Professional" from the "Amateur" Nurse. We are also aiming at having three Nurses in each ward of not less than three years' experience as a stationary staff, so that the wards may never be left with a Nurse of less than that standing; one of these "Nurses" to be "Head Nurse," the other two to alternate night and day duty every three months. The Probationers' hours to be from 5 a.m. till 4.30 p.m., thus providing the Night Nurse with assistance during the working hours, and giving excellent training to the Probationers.

I am glad to say that the Nurses engaged under the old *régime* are thoroughly appreciating our efforts for their advancement, and are largely availing themselves of the opportunity for instruction, and are relieved from duty for this purpose. Of course it is a temporary inconvenience, but the ultimate good to be obtained compensates for that; and I must here offer a word of thanks generally to our Nursing Staff. A transition period is always a trying one more or less, but their hearty goodwill, and manner of meeting slight difficulties, has made my task an easy one.

Our medical staff also, past and present, have

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