

in the policy of the Association, which tends to slur over the above-mentioned distinction is undesirable in the interests both of the medical profession and of the public. For this reason I beg to call the attention of your readers to a scheme at present being considered by the Council of the Association, for the admission of Asylum Attendants to the *Register*. It is proposed to indicate the difference between the two classes of Nurse by placing the word "mental" after the names of the new comers. It seems to me that this distinctive title will easily be overlooked, and that registered attendants on the insane, even when anxious not to sail under false colours, will often be taken for fully-trained general Nurses. More serious still is the fact that their chance of obtaining general work will be greatly increased. For both reasons their admission to the Association is an injustice to the fully-trained Nurse. In any case the scheme is not one to be lightly adopted, and before anything further be done the sanction of the medical and Nurse members of the Association should be sought either by *plébiscite*, by calling a special general meeting, or by postponing the matter until it can be discussed at the next annual meeting.

It is no doubt desirable that the status of attendants on the insane should be raised, but there is no reason for, and many against, the machinery of the Royal British Nurses' Association being used for the purpose. Let the asylum attendants organise themselves, start a register, adopt—not as at present, in one or two Institutions, but generally—a sufficient curriculum; and if there is a "constant demand" for "properly trained and reliable mental Nurses of both sexes," as stated by the special sub-committee of the Council, the success of the scheme will be assured.

I am, &c.,

JOHN BIERNACKI.

Plaistow Hospital,
West Ham, E., December 7th."

On the "Nursing of Sick Imbeciles," the *British Medical Journal* again draws attention to the unsatisfactory condition of the Nursing of these poor defenceless persons—under existing conditions—which we have no doubt will arouse public interest in the question. As we have said before, nothing would retard the necessary reforms in the system of nursing imbeciles and the insane so much as to "hall-mark" as Registered Nurses the Asylum Attendants—with their altogether inefficient curriculum of training as Nurses.

"THE NURSING OF SICK IMBECILES.

Dr. Matthew Cameron Blair, Assistant Medical Officer, Metropolitan District Asylum, Leavesden, writes to us at great length in defence of the system of Nursing at present adopted in the Infirmaries of the Imbecile Asylums of the Metropolitan Asylums Board. He describes the evolution of the Infirmary Nurse at Leavesden as follows:—

The untrained woman enters the Asylum as an

Attendant, and goes on duty as a Supernumerary among the Attendants in the "blocks," where are located the presumably healthy patients. After three months' service, if found satisfactory, she is taken on the permanent staff as an ordinary Attendant—that is to say, for duty among the presumably healthy patients. This woman may never become an Infirmary Nurse at all. If she does finally enter the Infirmary as a junior Nurse, it is only after a service of from twelve to eighteen months in the abode of the healthy inmates. When she enters the Infirmary, therefore, in the same capacity as a Probationer does the wards of any Hospital, she does so armed with an adequate conception of the mental peculiarities of the patients whom it has now become her duty to learn how to nurse in bodily sickness. In the great majority of cases no Nurse attains to the position of Charge Nurse of an Infirmary ward before she has had at least from four to five years of Infirmary experience. During the time she is in the Infirmary she does not follow her own sweet will in Nursing the patients. She has to satisfy the requirements of the Medical Officers—a class of medical men as well qualified and as humane as their professional brethren, and who perform their duties equally faithfully and equally well—who do not hesitate to condemn her sins of omission and commission, and who also take pains to show her the proper method of procedure under all circumstances which may arise.

We gladly publish the above sketch of the plan of selection adopted in the appointment of Nurses in the Infirmaries of the imbecile Asylums. It may, however, be presumed that all these facts were within the cognisance of the Lunacy Commissioners when they sent in the reports which drew attention to the matter, and that they were also known to the Sub-Committee of the Metropolitan Asylums Board, who stated that the chief defect at present in the Infirmary Nursing was the almost entire absence of any officers with Hospital training, and that, in the Nursing of the sick and bed-ridden Infirmary cases, such training was absolutely necessary to ensure thoroughly efficient Nursing. In view of this official pronouncement—condemnation of the present system we might call it—and of the fact that this very Sub-Committee drew the comparison between these Infirmaries and those of the Workhouses to which Dr. Blair especially objects, it would appear that the system is open to serious objection. Dr. Blair says, 'The Hospital Nurse has "caught on," and—although nobody values her, in a rational way, more than I do—I am bound to say that here and there she has attained to the dignity of a fetish. Nay more, I am firmly convinced that the day is not far distant when partisans will be found to advocate the entire recruiting of the members of the Lunacy Commission itself from the ranks of the Hospital Nurses.' We give Dr. Blair's views publicly, but we can hardly be expected to agree with them."

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