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considered as they were now, when everything was attended to—their holidays, their amusements, the rooms in which they lived, their diet and so on; all of which was part of the duty of the committee who looked after the hospitals. She specially wanted to say how excellent these methods were, and how sorry who chould be if the curve was superseded and nurses she should be if the system was superseded, and nurses had to pass through a nursing college, for then many of the working class would be debarred from doing useful work. Women were often born nurses, as was proved in the love and kindness shown in their own homes to people who were sick, and to shut out women from this profession, because they could not afford to go to college would be a very bad thing. For instance, going to a Board School with which she was connected, Miss to a Board School with which she was connected, Miss Stanley mentioned that she used frequently to see a girl—quite of the lower order—who said to her one day, "I hear you have to do with hospitals, I have tried and tried to get in, but they all say they cannot receive me. So I have bought a book on anatomy, and written out all about the bones." It was true that general hospitals were debarred from taking this girl, but a Marton at one of the Metropolitan Asylums Board hospitals thought the love of her work shown Board hospitals, thought the love of her work shown by this girl was good ; she was taken in and had proved herself an excellent nurse.

Mrs. WILLIAM B. RICKMAN was most interested in the question of Midwives, and was anxious to find out what status the midwife took in the colonies and America, was she there, as a special part of the nurs-ing profession or did she hold a position of her own? In this country, where more than fifty per cent. of women were not attended by doctors, midwives were a necessity, and she was most anxious that the question

should be brought forward. MISS LAVINIA DOCK said that in the United States they only recognised properly trained nurses and qualified medical men and women who attended obstetrically both rich and poor; but they had always in the cities working among the poor and foreign population t¹ e untrained midwife. MRS. WALTER SPENCER spoke with diffidence

MRS. WALTER SPENCER spoke with diffidence because it was many years since she had given up nursing, but she felt strongly on the point of age; in nearly every hospital twenty-three or twenty-four was the age for probationers, and that was too old for women to begin a special branch of work. People were too apt to think that the majority of wurse had not to earn their own living but this was of nurses had not to earn their own living, but this was a fallacy, and they could not afford to wait so long, and then undergo three years' training before earning. In this way the profession lost some excellent and capable women. They must recognise that by the time a nurse had been trained she would be seven or eight-andtwenty, and her working life was very short, as women were seldom selected for private work after thirty-five or forty, so that a nurse had very little opportunity of putting by any money for her old age. Then again, many institutions did not care to appoint Matrons and Superintendents who were over thirty-five, and that made it difficult for women to obtain some of the made it difficult for women to obtain some of the higher posts, if they did not begin till ten years before that age. The age limit was too high. Surely if girls were fit to be wives and mothers at eighteen and twenty, they were fit to begin training in a hospital. FRU CARL OTTOSEN (Sweden) thought the chief difficulty was that the training of a nurse was apt to be too one sided. She had to be the patient's friend

to be too one-sided. She had to be the patient's friend and companion as well as nurse, and should have a

thoroughly good all-round education and a cultured mind, so as to be able to talk on all kinds of subjects. The patient needed spiritual and mental care, as well as physical care. She thought every training school should take girls younger than twenty-four and give them a preliminary education in subjects they had been unable to learn before. Also she considered that every Nurses' Training College should arrange for lectures, so that all the time a nurse was training, she could be improving her mind. Further, every institution should give its nurses a chance of coming back for three months, at least, say every five years, so that they could go through a short supplementary course and keep their professional knowledge up to date.

MISS M. BREAY said she should strongly object to any social test for nursing, but there must be an educa-tional test. The case quoted by Miss Maude Stanley tional test. The case quoted by Miss Maude Stanley answered itself—before the girl applied to be taken as a probationer, she had studied anatomy to the best of her ability, and had proved her qualification. With regard to obstetric training, having had charge of a hospital and a maternity home, she felt that a three months' special training in midwifery for women with no general training was entirely inade-quate. They had to be taught all the elements of nursing, besides all the elaborate knowledge re-quired to qualify them as midwives. As a matter of fact, a great many women who were trained for only fact, a great many women who were trained for only three months happily did not act subsequently as midwives, but as monthly nurses. It was preposterous to take a raw girl, put her into a maternity home, and turn her out as a midwife in three months. and turn her out as a midwile in three months. Critical situations, when they did occur in midwifery work, were apt to do so with appalling suddenness, and made demands upon the self-reliance acquired only as a rule in the course of a prolonged training. Personally, in all the years of her nursing experience she had never felt reconsibility weigh so heavily upon her as during the time that she practised midwifery. This closed the discussion on the Professional Training and Status of Nurses

Training and Status of Nurses.

Appointments.

MATRON.

MISS ANNIE CARTER has been appointed Matron of the Cottage Hospital, Bromley, Kent. Miss Carter was trained for three years at the Devon and Exeter Hospital, and has held the position of Sister at the Suffolk General Hospital and the Lewisham Infirmary. For the last year Miss Carter has held the position of Matron of the Joint Isolation Hospital, Mogden, Isleworth.

ASSISTANT MATRON.

MISS MARY GLENTON-KERR has been appointed Assistant-Matron at the Metropolitan Convalescent Institution, Broadstairs. Miss Glenton-Kerr was trained at the Evelina Hospital for Sick Children, and the General Infirmary, Leeds. Since completing her training she has held the positions of Charge Nurse and Theatre Nurse at the Leeds Infirmary, and Ward Sister and Night Super-intendent at St. Mark's Hospital, City Road.



