

getting? It seems strange to me that so many nurses come here expecting to get a great deal for nothing. Can we expect such a thing in any profession?"

Miss Allenson's experience leads her to suggest that in arranging post-graduate courses it is desirable to shorten the hours for graduates, giving them more time for study, and making it compulsory for them to attend classes and clinics. The expense might be covered by charging an entrance fee, which would have the effect of keeping out undesirable candidates and raising the tone of the course.

As to the benefit of the course, Miss Allenson says:—"I can most honestly say that my work has been of great benefit to me. It has at times been very hard, but it has been a pleasure. I think that from the six weeks of night duty I derived the most experience." It is interesting to learn the opinions of one who has passed through a post-graduate course of this nature.

Our American colleagues are, as usual, ahead of us. We have no such practical course in this country. A certificated nurse is technically a trained nurse, consequently she is placed in positions of responsibility, whether she is capable of filling them or no. To illustrate my meaning. The Metropolitan Asylums Board insist that all the nurses they place in charge of wards shall hold a three years' certificate, and quite rightly; the gain to the patients in these hospitals has been immense since this rule came into force. But is it not time that the Board went a step further, and realised that even a nurse holding a three years' certificate does not know everything, that she enters a fever hospital, as a rule, to obtain experience in this special branch, and that both the interests of the patients and her own would be best served if she were considered ineligible for a Charge Nurse's position until she had done six months' work as a first assistant nurse?

I am, dear Madam,
Yours faithfully,
THREE YEARS' CERTIFICATE.

THE NUISANCE OF NURSING HOMES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—The petition recently presented to the Marylebone Borough Council, praying for the exercise of its official influence to decrease vehicular and other street noises, is an appeal for quietude that seems reasonable to many inhabitants in this important parish of Marylebone. What detracts, however, from the force of the petition is the knowledge that amongst the signatories are a large number of nursing-home proprietors, whose business must, of course, become less profitable with the increase of street noises.

Many of the proprietors of those institutions, and others pecuniarily interested in the latter, apparently believe that it is both natural and necessary that there should be in a residential quarter a permanent colony of the sick and the dying, even if, as has frequently happened, the private tenant be compelled to transfer his residence elsewhere because of the gloomy and unhealthy environment brought into various parts of the parish by a seemingly interminable influx of invalids. Many of the old inhabitants can testify, however, that a number of these nursing homes are redundant; that others have no properly qualified lady superintendents; and that some have no nursing staff with hospital training.

In Marylebone, during the last decade, nursing institutions have increased enormously, and in certain streets many a private resident has seen, *volens volens*, the ingress and egress of invalids in houses opposite, patients exposed in their rooms, surgical operations performed, and the removal at midnight of those invalids who have died under treatment. These are surroundings that may be profitable to the nursing-home proprietor; but the resident finds them intolerable, especially as the major part of the houses transformed into nursing institutions are, by their structure, unadapted for anything but private residences—and this statement implies a very great deal from a sanitary standpoint, as will be readily understood.

If it be necessary to have a colony of the sick and the dying in this parish, is it unreasonable to ask that a certain quarter be exclusively allocated for that purpose, so that there shall be no private residents to be subjected to annoyance? During the last decade and a half, the principle adopted has been to distribute these invalids numerously and indiscriminately in various parts of the parish. Hence we see a nursing home adjoining a baker's shop, and to the regret of many old inhabitants, so many instances of the disappearance of the private resident.

I am, dear Madam,
Yours faithfully,
BEAUMONT STREET.

Comments and Replies.

Certificated Nurse.—The average earnings of a private nurse working on a good co-operation are about £90 per annum and upwards. It goes without saying that a nurse could not earn this amount unless she were employed the greater part of the year. Consequently she receives for this period board, lodging, and washing, and her out of pocket expenses are, therefore, not great. That is if she lives quietly between her cases. Some nurses are able to live at home, when, of course, they can save, if they so desire, a large part of their earnings.

Young Mother.—We quite agree with you that all girls should be taught how to wash and dress a baby. If they realised the benefit this knowledge would be to them in after years, they would insist on obtaining it. Do you not know any well-trained maternity nurse who would be willing to give you a few lessons?

Private Nurse, Derby.—You would find the charts supplied by Messrs. Widderspoon and Co., Gate Street, Holborn, W.C., very satisfactory.

Notices.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

All those desirous of helping on the important movement of this Society to obtain a Bill providing for the legal registration of trained nurses will find an application form on page vii., or can obtain all information concerning the Society and its work from the Secretary, 431, Oxford Street, London, W.

OUR PRIZE PUZZLE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page viii.

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