

is inconceivable, and of this we have probably not heard the end.*

Dealing with general nursing the Duchess of Montrose says that no certificate of any kind is given to a nurse until she has served a country association for three years, to the entire satisfaction of the local committee and the country doctor. Now, it is difficult to understand how, in any fairness, a training institution can grant a certificate to a nurse who has been outside the gates for three years. Local committees are, with the exception of the doctors, usually composed of non-professional persons, who, however capable of managing the business affairs of an association, are, as a matter of fact, not qualified to judge in purely nursing questions, and who would, except in the case of some flagrant neglect or misconduct on the part of the nurse, shrink from saying anything which might tell adversely on her future career.

In regard to competition with trained nurses, it is out of the question that a guarantee can be given that no nurse who leaves the Govan Home will develop a competitive disposition. All over the country partially trained women are passing themselves off as "trained" nurses, and in some cases such women have been known to secure posts which should be open only to trained nurses.

Competition with medical men is also not unknown, even in general nursing among the partially trained. In midwifery work it is common. It is a well known fact that the less a nurse knows, the more she thinks she knows. A highly trained nurse understands and follows forms of treatment and methods, however different they may be. The partially trained nurse, not understanding that different means may accomplish the same ends, often "pins her faith" to the ways and methods of one or two doctors, and in no unmeasured terms condemns the ways of others.

It is true that the Holt-Ockley system of nursing has filled a want, but it is now many years since it was started, and in all departments of nursing the standards have been rapidly rising. Why should this system alone remain stationary? Because nurses and patients belong to "the cottager class" is no reason why advancement is not necessary. Only the hopelessly conceited could rest satisfied with such conditions. Everyone who has dealt with numbers of trained nurses, will agree with the Duchess of Montrose in her remark that the fully trained nurse may lack qualities which possessed by a nurse of less training will make her the better nurse of the two. This is the exception to the rule, however, and as such cannot be brought forward as a serious argument in favour of short training.

Dr. Brown touches on a very important point. He writes: "The General Medical Council insists that the medical man who attends the poor shall be as fully qualified as the one who attends the rich." This does not mean that all medical men

* Dr. Forbes Brown's reply to the points referred to was published in our issue of last week.—Ed.

possess the same abilities, or that they ultimately all hold the same qualifications; but it does mean that all must attain a certain point of efficiency before they can become medical practitioners. Is there any reason why the same rule should not be applied to professional nurses?

Only the importance of the questions raised is my excuse for further asking permission to occupy space in your columns.

I am, Madam, yours etc.,
Trinity, Brechin. E. A. STEVENSON.

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

MADAM,—Having read with pleasure the letter in your Journal of September 7th from the Lady Balfour of Burleigh, which reports so favourably on the work done by a cottage nurse from the Govan Training Home, I am desirous of further information of the cottage nurse in Alloa. Could her Ladyship state if the cottage nurse referred to holds the C.M.B., L.O.S., or Glasgow Maternity Hospital certificate?

When the cottage nurse attends an accouchement in the capacity of *midwife*, at the request of a doctor, are we to understand that the doctor is present and supervising the midwife, or does the nurse perform the duties of midwife at the request of a doctor in his absence?

I am, Madam, yours truly,
J. B. CUMMING.

1, Stuart Place, Crossloan, Govan.

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

DEAR MADAM,—I am glad to observe that, in connection with the correspondence on the Cottage Nurses' Training Home, Govan, you draw attention to the fact that midwives are not nurses. It would seem a self-evident one, but that one so often finds the two terms interchanged. Why do not the promoters of these Cottage Nursing Associations call them Cottage *Midwives'* Associations? That is their real standing. The reason I believe why this is not done is that Committees fear the opposition of the medical profession if they form an association for introducing midwives, whereas if they introduce the same persons for the same purpose, under the title of nurse, they believe they will not meet with so much objection.

It is astonishing how, amongst those one would expect to know better, nurses and midwives are confused. Not long since, the Lord Lieutenant of a County taking the chair at a meeting of a County Nursing Association said: "When the Midwives' Act came into full force in 1910 the county would find itself in a serious dilemma, unless a certain number of women in the villages were trained now, because many of those who were now practising as nurses would then be no longer allowed by law to pursue their calling!"

The use of the term midwife is now restricted by law. Is it not nearly time that that of trained nurse was also?

Yours faithfully,
CERTIFICATED NURSE.

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