A NATIONAL DISGRACE.

THE APOTHEOSIS OF SAIREY GAMP.

We give space to the following long letter because the writer is evidently a warm sympathiser with efficient care of the poor chronic sick people whose sad fate is at the mercy of Public Bodies of ignorant and, we fear, unsympathetic persons. That the most pitiable people in the country are hidden away in institutions, subject to cruelty and neglect, is a national disgrace, concerning which we call upon the Government to make searching investigation without delay, and compel those responsible to make the necessary reforms. Millions of the ratepayers' money are evidently squandered and Sairey Gamp is still with us !

THE CARE OF THE CHRONIC SICK.

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To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—From your Journal, I gather that the British College of Nurses is definitely against the Registration of assistant nurses. Personally, I feel that there should be a definite training standard and registration of the assistant nurse, unless the chronic sick are in future to be nursed by trained staff and probationer nurses as part of their general training. The present arrangement whereby our chronic sick are nursed by women with no training at all is very much to be deplored.

At the moment, the assistant nurse is a menace to patients and trained nurses alike, whereas, if she received a definite training, such as that afforded by several County Councils at present, she would be a valuable addition to the Nursing Services. Legislation could provide that no assistant nurse should be employed in hospitals (other than special hospitals for the chronic sick), Nursing Homes, or by Nursing co-operations, so that she would not be able to undercut the Registered general trained nurse or to replace her in nursing the acutely ill.

As a mobile member of the Civil Nursing Reserve, I have been sent to two Public Assistance hospitals, and found vastly different conditions obtaining in them. The first was a Training School for Assistant Nurses, under the Essex County Scheme. Here the patients were happy and were cared for as well as anyone could hope to be. The nurses were well trained and were kind to their charges, and the whole atmosphere of the hospital was good. The second hospital employed assistant nurses, but did not train them. These so-called nurses had had no definite instruction of any kind. They had "picked up" various nursing methods as they went along. They were persistently unkind and even cruel to the patients, and, unless stood over by a Sister, would not even wash their charges properly. I was doing Night Sister's duties during the basis doing Night Sister's duties and was horrified to find that, with one accord, the patients were being washed, or allowed to wash themselves, with vests, gowns, and even bedjackets on, and the amount of water given them for the purpose barely covered the bottoms of the bowls; and that, for the only wash these people got in the course of the day. The beds were also made only once in a day, by the night nurses, and I found that they were being stripped on alternate days only. The nurses bullied the patients continually, scolded them if they asked for bedpans, and again if they soiled the beds; and generally treated them as if they were not human beings at all.

After this experience, I feel that there are only two alternatives—viz. (1) The affiliation of every Chronic Hospital with an Acute Hospital, and the nurses to be interchangeable, so that all nurses in training do a certain amount of chronic nursing; or (2) The training and registration of assistant nurses for the nursing of the chronic sick only and with the necessary legislation to protect the general trained nurse, as suggested earlier in this letter.

If assistant nurses are registered, they should be addressed as "Miss," unless *all* trained nurses are in future accorded the title of "Sister."

I need not add that, of course, it would be necessary to exclude anyone who is not on one of the registers from nursing, either in hospitals or privately, in any capacity whatsoever.

One other subject I should like to mention before I close this rather long letter-that of the nursing Co-operation. More and more untrained people are joining these and are being supplied to hospitals as assistant nurses to augment their depleted staffs. These assistants are paid salaries which vary from $\pounds 2$ 7s. 6d. to $\pounds 2$ 12s. 6d. per week—commission free-and in the hospital they receive full residential emoluments, with the exception of uniform. Thus, they are paid far more than most Ward Sisters. One would not grumble if they were merely "temporary," but I personally have met co-operation nurses who have been on the staff of the same hospital six months, one year, two years-and even more. The country is in dire need of nurses. Cannot something be done now to compel these women to join the permanent staff of some hospital or other, so that no longer shall the hospitals pay "through the nose" for their services ? Two fever-trained nurses I met, nursing the chronic sick, from a co-operation. They get more money that way, and all the time our fever hospitals and sanatoria are crying out for staff. I repeat, cannot something be done about this matter now-at once.

Yours faithfully,

DOROTHY E. TINTON.

NO SEMI-TRAINED NURSES FOR THE HELPLESS SICK POOR.

But subterfuge will not attain reforms. Every human being in England has a right to skilled nursing when sick—the rich can pay for the amelioration of their suffering, but the poor are at the mercy of oligarchies. The conditions disclosed in the above letter prove that they have failed to realise their duty as human beings to their fellow men.

To train and guarantee semi-skilled assistant nurses is merely evading the basic principle of our public duty to the sick poor, and to the Nursing Profession, and the sooner this fact is realised the better. We ratepayers contribute huge sums of money annually for the nursing of the sick. The London County Council alone needs a staff of 10,000 nurses ; and why, may we ask, are the numberless fine hospitals under its direction, closed to the chronic sick? We demand that at each of these institutions wards for the chronic sick poor shall be provided. In these wards student nurses would come into touch with human suffering of a very pitiable nature, and under a skilled staff be encouraged to realise that the basis of their efficiency is a genuine sympathy with suffering; that lonely souls as well as sick bodies need consolation; that no nurse attains supreme efficiency whose heart fails to inspire her head and hands. Our demand is for a safe standard of nursing efficiency, for both acute and chronic sick humanity, cost what it may!

It is the duty of the Government to require this safe standard, and to protect the sick and their nurses from incompetent competition. It can be done; let those who have the organising ability do it.



