

make an invaluable contribution, but "there is a decline in the number of student nurses of both sexes which affords cause for disquiet with regard to the future."

The standards of nursing and care generally remain high.

#### Health of Patients.

Many patients enter hospital because of a mental illness that is associated with or the result of a physical breakdown. As age advances the association becomes close. As older people comprise some 20 per cent. of patients admitted, the death rate is high compared with that of the general population. In 1953 deaths in mental hospitals were 11,487, with a percentage death rate of 7.9.

Although tuberculosis occurs more frequently in mental hospitals than among the general population, the record for 1953 was a good one—an incidence of 5.5 per 1,000 patients, which is the lowest on record and compares with a peak figure of 11.3 in 1941. The death rate from tuberculosis (1.9 per 1,000) was also the lowest on record.

#### Elderly Patients.

The outlook for old people with mental symptoms "is much brighter than is usually appreciated," states the Report. In a survey of six mental hospitals it was shown that 38 per cent. were discharged within a year.

At the beginning of 1953 the number of patients aged 65 and over was 41,574, that is, 28.8 per cent. of the total mental hospital population. About two-thirds were women. In 1952 19.9 per cent. of admissions were of people 65 or over, compared with 12.3 per cent. in 1938.

This increase, states the Report, was due only in part to the ageing of the population; other important reasons were the loss of beds in former public assistance institutions, and social factors such as the increased employment of women and shortage of housing.

There is need for more domiciliary services, day hospitals, social clubs, and beds both in the Hospital Service and outside it. "There is a widespread feeling that certification and admission to mental hospitals could be avoided in many instances if suitable accommodation was available elsewhere for old people who, though legally certifiable, do not show such seriously disturbed behaviour as to make it essential," states the Report.

*Footnote.*—The Board of Control is responsible for safeguarding the liberty of mental and mentally deficient patients and for inspecting all hospitals and institutions where they are treated.

## "Cinderella" and Why

### Disadvantages of the Nursing Profession

THE EXPERIENCES OF A somewhat chequered career have led me to certain conclusions about the Cinderella of women's professions. My nine years in Australia have been widely spread throughout its States, and have embraced a variety of nursing positions, including schools, private patients and hospitals.

The gleanings thus garnered are worthy of attention if this profession is to lose its Cinderella status, and use to the full, nobility which its name implies.

Many nurses with whom I have discussed the position feel there is a definite slur attached to it. I was not conscious of this, either at home in England or on the continent, but here there is an unwelcome familiarity adopted to one the moment one becomes known as a nurse. Particularly is this apparent when conversing with men. I know of a number of nurses who are aware of this attitude, and realise how much they resent it. The fact that nurses encounter much that is sordid does not mean that they are necessarily inclined to appreciate the risqué joke or discuss subjects which are usually kept for their lecture room. Many of my friends and I now no longer disclose that we are nurses, for we prefer to be regarded as normal women who retain ability to discuss plays, music, books or even hats and dresses!

Many of the duties are pleasant, while a great number are the reverse. Any girl prepared to nurse is fully conscious of the countless unglamourised jobs which are essential. Probably, nursing contains more of the latter than any career, but the compensations which occur in wonderful restoration of patients to health are additionally greater. Nevertheless, since much is so difficult, it is surely commonsense to lighten unnecessary burdens. For instance, the girl in office, shop or factory finishes about 5.30 p.m. and has the evening free; possibly Saturday morning as well as the afternoon and Sunday. She has a complete weekend while the nurse probably works harder on Sunday (visiting day!) and is fortunate if she gets her day off when wanted.

The best boy may suddenly call and expect to take her to a show. But—and there are many buts—a babe may be arriving by the stork express, or conversely, dim eyes may be closing to awake in a brighter sphere, accidents or the night nurse might not arrive! While one expects such events in hospital, the point frequently overlooked is that there must be sufficient staff to take over so that arrivals and departures of mortals on this sphere can receive adequate attention, without sacrificing the nurse's free time. For, despite that distant, cool, professional manner, and the uniforms, they retain their hearts.

Their off duty is meagre, usually two to three hours daily, with a weekly day off. Private posts are even worse. Nurses are expected to attend to their patients night and day, with often no time off. Moreover they should be pleased to do it, and wish to do otherwise is oft-times regarded as utter presumption.

I have done a vast amount of school-nursing, which I like particularly, but it has one great disadvantage, seen at its worst in girls' schools. For some extraordinary reason, teaching women appear to despise nurses and regard them as an inferior race. I have sought the reason and conclude that it is the nurse's lack of University degrees, in spite of the quite stiff exams which the latter take. Most trying, however, is that teachers will tell the school sister the correct treatment for sickening scholars. In addition, any menial work which becomes necessary through the absence of domestic staff is always expected to be the Sister's prerogative, while the caps and gowns lounge in their chairs. I once pointed out to a Headmistress that the teachers would soon object if I attempted to show them how to teach; and that having completed my training, I did not expect to be taught how to nurse!

Men usually leave one to it, and that is why nurses remain longer in boys' schools than girls'; except where the Headmaster's wife or mother takes control!

The actual question of salary, apart from schools where teachers receive £280-340 p.a. resident, while the nurse, who is often up at night attending to sick children, receives a miserable £120-200 p.a., is not adequate.

The solution would seem to be in raising the professional status first, by an inclusion of a special university course with distinctive diploma and an educating of the general public to appreciate the finer issues of nursing.

Doubtless there are nurses who have encouraged the coarser side, but the best is always stronger, and will prevail.

The Press can do a tremendous amount to foster the growth of Cinderella to her rightful place of nobility; with the stigma removed, more girls of the right type would be attracted to it, thus creating a larger staff, with the certainty of more free time and the expansion of a very vital service.

This is written of my impressions in Australia, but the observations about schools obtain even here.

GRACE PURSGLOVE.

[We are interested in the writer's experience in Australia, but is the higher education for the degree to be the cause of sacrificing practical nursing by the student nurse?

What claim has she to be a nurse if she has not had the practice in the foundation of nursing?]

[previous page](#)

[next page](#)