

of doing this that she would not eat or drink anything and was constipated for six days without any nurse noticing it. She had to wash herself from the first and her long hair was not brushed or combed—she became almost hysterical with misery and her mother took her home in an ambulance on the seventh day. No Nurse had a kind word or motherly interest in that child.

(ii) A girl about 27 years old with the appearance of a cretin was admitted for investigation of abdominal pain. The resident house surgeon came to see her and without any nurse being present proceeded to sit on her bed and extract her general and gynaecological history, after which he examined her chest and abdomen. Each time she failed to understand him he shouted at her more loudly. She cried for the rest of the day and not once did a nurse either notice or try to comfort her.

The above are the most important complaints—there are also lesser ones.

- (a) The long waits in out-patient departments. The appointments system does not work if numbers of patients are given the same time.
- (b) There seem few good facilities for patients who get up. Now that patients get up so soon after operation, comfortable chairs and draught-free places to sit are particularly necessary.
- (c) Must whole wards of patients be wakened so early? How long the day which begins at 5 a.m.
- (d) Pills and injections seem to be given rather than simple nursing methods for even the more minor troubles such as sleeplessness, sore throat or sickness after operation.
- (e) Soiled drawsheets are often "tucked under" instead of being changed. This is an unpleasant economy.
- (f) Bedpans are often given cold and wet and without privacy. It is difficult too to obtain one except at appointed times—the cause of much constipation and discomfort while in bed.
- (g) Nurses taking patients to the theatre may not do anything to allay the patient's natural fears and frequently gossip to the doctors as if one were not there.
- (h) Maternity patients still do not receive enough instruction before labour in some hospitals and patients in labour are left too long in the open ward. Midwives still do not seem to realise the evils of fear and ignorance in childbirth. Post-natal instruction in breast feeding is often neglected and babies are left to suck long after the breasts are emptied. One still hears of nurses who slap the babies to make them suck.
- (i) Why must patients' bed places be changed so frequently? One patient had her bed moved seven times in two weeks—including three changes of ward. The mother of a friend of mine, aged 76 years, was swept to another ward in the middle of a meal without any explanation. Is this really necessary?

It is a pity that patients cannot make complaint to the hospitals concerned at the time, but sick people do not feel able to do this and are usually afraid of making things worse. The Matron seldom sees the patients unaccompanied and may seem very remote. Recently a patient was badly scolded by a staff nurse for daring to speak to her while she was going round with the Matron.

Many in the nursing profession are deeply concerned about the present state of affairs, and I have heard many different reasons given for it. Some say it is due to the nationalisation of hospitals, others that the new cures and techniques are the cause—or the shortage of nurses—it is also possible that girls enter nursing nowadays as "just another job" and if they are considered students (instead of apprentices), with so much theory and technical work to learn, the humanities may be forgotten in their training. Whatever the cause or causes, it seems clear that in some hospitals the trained staff are too busy with organisation, form-filling and the more complicated

techniques to teach the nurses in training the simple nursing routines at the bedside and insist on their importance.

Nursing is a vocation for service to the sick, and if this fact were stressed more clearly in recruitment with less emphasis on better pay and conditions perhaps a different type of girl would enter nursing. I simply do not believe that there are so few girls today who would respond to such a call for devoted service that nursing need be put in line with shop and factory in order to obtain recruits. Our young Queen sets a magnificent example of unselfish devotion and there surely must be many of her subjects too who would take up nursing in the same spirit if they realised from the beginning that nursing is much more than "just another job." With a more vocational approach to nursing let us hope that the nursing profession will put its house in order and that once again it will become the rule that "the best possible care for patients is the best possible training for nurses."*

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*Quotation from a recent letter to *The Times* by Miss Edwards, Director of the King Edward's Fund for London.

The General Nursing Council for England and Wales.

A MEETING OF THE General Nursing Council for England and Wales was held at the offices of the Council, 23, Portland Place, London, W., on April 23rd. The Chairman, Miss D. M. Smith, presided.

It was reported that a further £15,000 had been invested in the name of the Council.

Finance

Bills and claims submitted for payment were approved, and the sums £4,800 for Cash Account, and £250 for Postage were allowed. It was agreed to accept an estimate of £25 10s. for steel racking for the Registration Department.

Education and Examination

Proposals in connection with the changes to be made in the Examination arrangements arising out of the introduction of the revised syllabuses of subjects for examination, were considered *in camera*.

It was reported that subject to the approval of the Minister of Health the Council approved for a period of five years the following schemes of training in which the hospitals taking part appear to the Council to be institutions suitable for the purpose of carrying out a scheme of training under the provisions of Section 3 of the Nurses Act, 1949:—

(a) A scheme of training for admission to the parts of the Register for General Nurses and for Sick Children's Nurses, whereby nurses who undergo training for admission to the part of the Register for General Nurses at Guy's Hospital, London, S.E.1, and who during such training complete three months' experience in the nursing of sick children in the wards of either the Evelina Hospital for Sick Children, London, S.E.1, or Guy's Hospital, may enter for the Final Examination for Sick Children's Nurses on completion of a further one year and nine months' sick children's training at one or both of these hospitals; such further period of training being allowed to count from the date of completing the Final General Examination (provided the three years' training has been completed by such date) and provided application for registration on the part of the Register for General Nurses is made within 30 days of the receipt of the results of the Final General Examination and such application is accepted; providing always that in the event of a candidate failing the Final General Examination or failing to make application for registration within 30 days of the receipt of the Examination results, training for admission to the part of the Register for Sick Children's Nurses may not be deemed to commence until the date of registration on the part of the Register for General Nurses.

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