

meat supplied to the infirmary. Those inmates who were able to eat the full quantity allowed were provided with it, but those who could not were put on a different diet. A very wise suggestion on the part of the Committee was that the Master be directed to send the bread and butter allowed to the Infirmary over in bulk to be distributed by the nurses, and that two bread-cutting knives be purchased. The Committee also recommended that the beef-tea used in the infirmary should be made by the nurses. These suggestions can only be conducive to the comfort and well-being of the patients. A few slices of thin bread and butter, daintily served, will tempt the appetite of a sick person, who will only be nauseated by the sight of a large hunk of bread; and a cup of strong well-prepared beef-tea will be invigorating and nourishing, while a portion of that prepared in large quantities by the workhouse cook would probably be distasteful, and possess few nutritive properties.

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THE Nurse of the Hayfield and New Mills Union recently complained to the Board that she had to do all the kitchen work of the house, and asked that her duties might be defined. The Workhouse Master stated that the Nurse would do nothing. She could neither sew, nor cut bread. The Board defined the Nurse's duties, as she requested. So far so good, but we hope the time will speedily come when the nursing in workhouse infirmaries will be placed on a proper basis, and petty details of domestic management will not have to be brought before a Board of Guardians for settlement.

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MANY incidental items of interest to Nurses may be read between the lines in the copious correspondence taking place in the *Glasgow Herald* in relation to the affairs of the Western Infirmary, and we are glad to observe that Mr. A. Ernest Maylard, who says he has for many years had to do with the training of nurses expresses the opinion that—

"The difficulties of the whole situation largely centre upon what we understand by such terms as 'properly qualified,' or 'fully trained,' or 'certificated.' It is quite certain that these terms have acquired a significance and definition wholly different from that which they possessed years ago; and even now the utmost divergence of opinion exists regarding the amount and kind of training which is considered necessary to render a nurse 'fully qualified.' The term of years required for training and the standard of proficiency necessary are purely arbitrary conditions. Many a nurse receives from one training school a certificate entitling her to the qualification of 'fully trained' which another school or institution would not accept. For some years I was convener of the Medical Committee elected to adjudicate on the application of nurses for the Glasgow and West of Scotland Nurses' Co-operation. This body has in view, amongst other objects, the supplying to the public of properly qualified nurses. We had as members of that committee from time to time a comparatively large

number of applications to consider, and from these it was possible to see how extremely variable were the views held by training institutions granting certificates as to the period and method of training they considered essential or sufficient to constitute a fully qualified nurse. In the estimation of many of these institutions, those nurses—and they are considerable in number—who are at present in their third year of training in our Glasgow infirmaries would be accepted as fully qualified. There is, however, unquestionably a period and class of training coming to be more or less generally acknowledged, which is considered alone requisite to qualify as 'properly certificated.' This standard requires that a nurse be connected with a general hospital for not less than three years; that she has attended a regular course of lectures and demonstrations on medicine and surgery; has passed examinations, and received a certificate. The modern introduction of this requirement has been the means of converting our larger hospitals into training schools for nurses, and the enormous demand which the public has created for the supply of private nurses has had the effect, in many cases, of inducing a nurse to leave the institution in which she was trained so soon as she had acquired her certificate of proficiency.

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MR. MAYLARD goes on to remark:—

"How arbitrary this question of qualification still remains, and is likely to for some time to come, is sufficiently shown by the very frank acknowledgment so frequently made by medical men and patients of the good services rendered by nurses not hospital trained. Did I venture to assert that no nurse was properly qualified who had not received a three years' course of training in a recognized general hospital I should justly be blamed, alike by medical men and laymen, for an assertion which experience had amply proved to be untrue."

"We doubtless, many of us, differ in what we consider the essential requisites of good nursing, but we all unquestionably agree that most of those requisites are in the woman to begin with, and are not capable of being put there, by whatever the method employed or however long the time spent."

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It is somewhat difficult to follow the reasoning of some medical men on this very important point of the necessity for a *standard* of education for trained nurses—especially as they are all so united on the necessity for a definite curriculum and standard of knowledge for medical students, which becomes more restrictive every year. A nurse's duties differ from those of a medical man, but thoroughness and efficiency should be the aim in Nursing Schools, as well as in Medical Schools, and the "family failure" should find it impossible to succeed in the former profession any more than the "fool of the family" can now succeed in medicine. We Nurses do not wish nursing to be the *dernier resort* of the incapable, and we have a right to insist that the teaching and training in our schools should be of a high standard. If there are doctors and patients who prefer the amateur nurse, let them employ them, but we have justice on our side when we

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