

taking away a large field of work which should rightly be hers. Every exertion that she can make to put an end to this practice should be made, for her own interests and those of her profession. So long as training schools continue to derive incomes from this source, sometimes amounting to thousands of dollars, will the nursing profession be, by this, much unfairly crowded.

Another source of overcrowding is the competition of the partially trained woman. The Trained Attendant movement, I consider, is a backward step and a misguided impulse of philanthropy. I understand that in Boston, where this movement originated, trained nurses are already feeling their competition severely. Their training is superficial and short. The six months' study which they are required to give, compared to the seven dollars weekly, which they are supposed to charge, is out of all proportion to the laborious two or three years of the nurse, with her average of twenty dollars a week at the end of it.

Besides, it is impossible to prevent these women from encroaching on the province of the trained nurse, and ridiculous to suppose that they will not. Indeed, it is not altogether their fault if they do, for they are constantly being called upon, as I have been told by one of themselves, for really sick cases, instead of the chronics and old people they have been trained to take, and if they find themselves required to do hard nursing work by day and night, it would be unreasonable indeed to expect them not to charge more than the pittance of a dollar a day, when they can get it. In these days it is unkind, and, I think, not quite honest, to give women a partial and superficial training in the care of sick or dependent persons.

As to what nurses can do toward preventing or limiting these sources of overcrowding, they can first of all know about them, and keep posted as to their progress. Then they are prepared to act when the time comes. They can speak, write, and protest, not with much effect singly, but with the cumulative energy and weight gained by association.

Quite important is it also, in connection with the questions of undertraining and overcrowding, that nurses should control their own registries. I do not now refer to local movements of school *v.* *alumnæ* registries, but to a broad and general control. Where they are managed by others they are run for profit, and untrained or partly-trained women are taken on. In New York, Philadelphia and Boston are found large registries managed by the medical societies of those cities, and they—at least the older ones—earn large profits which are drawn directly from the earnings of the nurses, but are not expended for their benefit. I have heard

it stated on what I believe to be good authority, that several thousand dollars' worth of a medical library in one of these towns has been bought by the profits of the registry for nurses. With such returns, and with untrained women on the registry, I should say that nurses were being crowded from two directions at once.

If these indirect causes of crowding, which are all abuses of more or less magnitude, could be removed, I do not believe the nursing profession would ever be in any real sense overcrowded. Certain branches of nursing undoubtedly are. Private duty in large cities is overcrowded, but many other kinds of work are not crowded enough. Every training school superintendent tells of applications coming to her for nurses to fill positions which she is unable to supply. True, many of these pay but a small salary, yet a permanent position, with no expense and a small salary is often equivalent to highly paid work which is irregular and involves heavy expenses. Then, too, a woman who can work up one of these minor positions, if she asks for a rise in salary after demonstrating her value, will usually get it.

The direct way out of overcrowding for the nurse to-day, and in the future, lies in specialization, and in branching into auxiliary lines of work, not strictly nursing, yet which can better be done by one having the training of a nurse. It is a significant fact that training school superintendents are declaring that hospital and training school management will not be really satisfactory until nurses are at the head of all their various departments. They want them in charge of the kitchens, the cooking schools, the linen rooms, the laundries, and as Matrons and Housekeepers in hospitals and Nurses' Homes. One or two hospitals already have nurses as bookkeepers in the front office, and like it. They say that only when so organized will these various departments, which now so often pull at cross purposes, from a lack of understanding, fall in with the needs of the wards, work in harmony, and the interests of the patient be everywhere the first consideration. These positions only need the right people in them to become as dignified and important as any in the hospital. Their importance is already recognized, in theory, and the few examples one sees in practice illustrate well what can be made of them.

Cooking is a rising science, and nurses having talent in this line, who will take some special training, can rise with it. It is receiving more and more attention in institutions, and is being widely incorporated into the nurses' curriculum.

The study of pharmacy is also a suitable specialty for the nurse, and beside hospital positions I know at least one nurse who conducts, profitably, a little drug store.

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