

had a large share in raising the standard of knowledge among nurses, and the requirements of the specialist doctors and special hospitals are rapidly forcing on the time when nurses as well as doctors will have to devote themselves to a special branch of their profession. How specialists in the nursing profession are to be trained is a question which has to be faced and answered. We are at present rather in the stage when the barber is the surgeon, and up to this we are not so blameworthy, because essentials had to be attended to first, but if we allow this state of things to continue, we shall be not only blameworthy but culpable: in other words, the specialist nurse can no longer be allowed to be ignorant of the general principles of nursing. Let us take experience as our teacher, and see if the history of the medical profession can guide us as to the best method of meeting our difficulty.

I ought, perhaps, first of all, to apologise for taking this question in hand at all, because I myself had no special training. My own was acquired in the wards of St. Bartholomew's Hospital, and circumstances prevented my going on for either Maternity or Fever Nursing. I speak only as one who knows the difficulty of meeting special requirements and emergencies without special training.

The medical profession has found it necessary to enforce a general training on all who wish to qualify as members; and they have certain schools of medicine which have the right (recognised by law) to stamp with their degrees those students who, having complied with the rules laid down as to length of study and work in the hospitals, and have passed a certain number of examinations; they then leave the student free to choose his own after career, whether it be that of a general practitioner or of a specialist in some branch. This is briefly the plan laid down for medical training, and to me it seems an excellent one, which we may well try and follow in our nursing profession. But (there are always "buts" to be encountered) there are more difficulties in the nurse's way than there are in that of the medical student, and we must face them.

First of all, students of medicine have no professional work to do during their first two years of their student's life; whatever time is not given to study, is given to recreation. Parents, even well-to-do ones, do not lay aside the same sum for their daughters to fit them for a profession, as they are ready to give to their sons, therefore the daughters must work in order to receive pay from the hospital in which they are studying, but both cannot be well done together; if we require a high technical standard, we should oblige our nurses to take their technical training first: for this we want some centres of teaching which candidate probationers could attend before entering

on hospital work, following the plan originated at the Glasgow Royal Infirmary.

This done, a two year's course in a General Hospital, to be followed by one year in a Fever Hospital, and one year for Maternity and Gynecological work, would make, to my mind, an excellent course of training for probationers.

One difficulty I foresee will arise when we prepare for so entirely a professional training; and as Matrons, if we propose a longer course for qualifying, we shall have to be prepared to take probationers at an earlier age; because this fact must be borne in mind, a woman's professional career is half that of a man. Unless a trained nurse has been able to make a position of independence for herself as a Matron or Superintendent between the ages of thirty and forty, she may practically lay aside all hopes of doing so after that age; while on the other hand, a medical student can have completed his training and taken out his degree before the age at which many schools will allow a nurse to commence hers. When you consider that in most cases a woman is more matured at eighteen than a man, and also consider the difference in the responsibilities undertaken in the two cases, the arrangement, however desirable from a Matron's point of view, does not seem to be defensible from a business point of view, from which point we must eventually look at it. At the same time I admit that the older woman, as a rule, makes a more reliable nurse. At present the difficulty is solved by nurses going for special training (most frequently to fever hospitals or children's hospitals) until they are of an age to enter a general hospital, and this beginning at the wrong end is what we should aim at preventing. In hospitals for infectious diseases, I believe the authorities are sometimes at a loss for probationers, and therefore are more willing to admit candidates under age, and of a less educated class. A remedy for this evil might be found if a general hospital entered into an arrangement with a fever hospital to send on its probationers there after their course of training in general nursing was completed; the same might be done with a maternity hospital. This plan has, I believe, been adopted by Guy's hospital authorities, and it will, I am sure, tend to make their school very popular.

It has been, I believe, invariably found that it is practically useless to try to benefit any class of persons against their own will; and unless we can prove to the nurses, to the medical profession, and to the public, that whatever scheme we propose for the better education of nurses will eventually benefit all three classes, we may as well not attempt remodelling our training methods. But I think it can be tried without a great deal of difficulty. We must be able to prove to the candidates for training that by binding themselves

[previous page](#)

[next page](#)