

Nursing Agencies in the United States, she said: "A deep impression made upon me was the wonderful development of the idea that district nurses owe a debt of citizenship to the people amongst whom they work, the nurses live in communication with women who are working amongst the masses of the population . . . the visiting nurses of America have struck a wider and higher note than we have in this country, as they have a knowledge of affairs, and realise their obligations not only as nurses but also as citizens."

In England there are so many regulations and organizations to be considered that the tendency of nurses is to become mechanical go where they are sent, do what they are told, and there is little opportunity for individuality or scope for initiative. Thus, some of their finest attributes, which should be developed and encouraged are stunted and dormant. We have known fine women who, what with the supervision of the nursing superintendent, the parish priest, and the lady visitor, have found the life of a district nurse so restrictive that they have given it up for other branches of work. They feel the cramping effects of the lack of citizenship, with its privileges and responsibilities, they cannot comfortably settle down as automatons, and thus a useful sphere of action is closed to the nurse, and her valuable work lost to the community.

In the United States, on the contrary, one is struck by the wonderful freedom of individuals to carve out their own lives; their work is largely performed in the individual, not the corporate sense, and they consequently rise to a much higher level of initiative than their colleagues in this country, for it is cramping to initiative and injurious to the work of any class that this work should be performed under mechanical conditions.

We hope every nurse will make a point of reading the splendid article in the current issue of the "New Liberal Review," by President Roosevelt, on "The Citizen and the Public Man," in which he lays down the axiom that the good citizen must have three attributes, Honesty, Courage, and Common Sense. We must, in short, be at once idealistic and practical.

We must keep our eyes on the stars, but we must also remember that our feet are on the ground. When you get a man who tries to make you think anything else he is either a visionary or a demagogue, and in either event he is an unsafe leader.

And, again:

After honesty as the foundation of the citizenship that counts, in business or in politics, must come courage. You must have courage not only in battle, but also in civic life. We need physical and we need moral courage. Neither is enough by itself. You need moral courage. Many a man has been brave physically who has flinched morally. You must feel in you a fiery wrath against evil. When you see a wrong, instead of feeling shocked and hurt and a desire to go home, and a wish that right prevailed, you should go out and fight until that wrong is overcome. You must feel ashamed if you do not stand up for the right as you see it; ashamed if you lead a soft and easy life and fail to do your duty. You must have courage. If you do not, the honesty is of no avail.

The key note of this journal has always been courage, for we have ever conceived it to be the highest attribute, carrying with it all the other virtues; for instance, no courageous person is a liar, a traitor, or a thief. We have always endeavoured to place the beauty of this virtue before nurses who, as a class, are timorous, and lacking in moral courage. If there is one characteristic more than another which we as a profession need to cultivate it is this one, and until we do so, we can never be a force in the world, or, indeed, a factor of any importance.

### A Retrograde Step in Scotland.

We feel compelled to express regret that a Home is to be established at Govan, N.B., for "training" cottage nurses on the Holt-Ockley system. This so-called system of giving women of the labouring classes three months' instruction, it is not training, in nursing, and then planting them out in rural districts as "nurses" has always appeared to us an indefensible system. The women are not "trained" and they are not "nurses"—they are domestic cottage helps, and should be thus distinguished. Moreover, all these short term, cheap methods of manufacturing "nurses" complicate the nursing question enormously. It is members of committees which advocate such methods who are strongly opposed to a just standard of nursing education and training for educated women, whom we have heard described as "an expensive luxury." The Scottish Branch of the Queen's Jubilee Institute has done so splendidly, and maintained so high a standard of district nursing, north of the Tweed, that we feel sure it could have cared for the sick poor without this new departure.

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