

was in the hands of the doctors, now it has become a specialised department of hospital work, and in the hands of the matron and ward sisters; clinical lectures followed, and now there is very complete theoretical instruction with its corollary, examination and certificate. This is the point where we now stand. With the levelling up of the teaching there ensued as a matter of course the levelling up of the pupils, so that the ranks of the profession include the highly educated gentlewoman as well as the woman of the artisan class: it offers scope for both, and both alike are acceptable in its varied departments.

From looking back we must now cast a glance forward, and from a survey of the whole field endeavour to arrive at the future which lies before us. It is perhaps needless to emphasise the fact, so evident to us all, that we have reached the parting of the ways, and according as we make our choice will be the future of one of the most noble of all women's occupations. We are probably all agreed that theory must go hand in hand with practice in the probationer's course, that the three years' hospital training is the shortest period in which the pupil can secure a full knowledge of her work, that the results must be tested by examination and receive some form of certification: this is our English system, and as far as I have been able to acquaint myself with your methods, we agree in principle. Armed with the certificate of her training school, the trained nurse steps forth on her career to find her place in one of the many branches of the profession open to her as private, district, or hospital nurse, under the State in Army or Navy Nursing Service, in municipal infirmaries for destitute or infectious patients, or in the various departments of the service in the colonies and dependencies of our Empire.

Now we come to the weak point of the profession: the nurse becomes a unit irresponsible and uncontrolled; as the ties which bound her to her training school relax, the allegiance to its unwritten code changes with time into a sentimental recollection; she finds nothing to take their place, she sees no corporation or official body which represents to her the mind of the profession, nothing which may rise up before her as armed with disciplinary or judicial authority, no concrete body of tradition placing before her all the best and noblest of the past; if she has an ideal it is her own creation, if she has a code of ethics she has formed it for herself, if she has a standard of work it is the lingering memory of the old hospital which has survived in her mind. I think that I am right in saying that in America, as in England, we are no farther on the road that leads to organisation.

This state of things can satisfy no one who

has the best interests of the profession at heart, but it is more easy to lament it than to find the remedy. There is no doubt that being a profession of women we inherit the disadvantage common to the whole sex, the difficulty of combination, of concerted action; a man when he begins his career knows that he has to become part of a whole, that he has to combine with others, that he has to work for the general prosperity of his trade, that if success is to attend his efforts it is best secured by availing himself of the various organisations which will improve his standing professionally or intellectually. He learned this unconsciously at his public school, it is the atmosphere he breathes, his creed is to play up for his side. We women learn that lesson hardly, some never learn it at all; it may be that we miss the discipline of the public school, but, from whatever cause, we rarely learn to work together for the good of the whole body. The heads of the training schools look no farther than their own four walls, the teachers of the schools only think of the examination that is to follow, the employers of nurses, keen to get all they can for their money—the theorists or so-called philanthropists, using the nurse as a buffer, or exploiting her to serve their own ambitious purposes—the nurse herself, immersed in the hard stress of competition—all these have no thoughts to spare for professional organisation, from whence is succour to come? It may be forced upon us from the outside, but it is better far that it should come from within.

So long as we are without organisation nothing can be done; we want professional agreement on questions of training, practice, ethics, conduct, remuneration; no legislation can settle these points justly without us, and woe be to us if legislation attempts to do so before there is a consensus of professional opinion. In England we have tried the experiment of organising the profession in conjunction with the medical profession, but with disastrous results; it is a failure, and moreover it has had the evil effect of setting the clock of reform back for many years. It cannot be done; we must be free to organise ourselves; the relation of man to woman complicates the situation, the relative position of doctor and nurse makes it impossible. Though our work is in common the details differ, and though we do not claim independence of the medical profession, we claim freedom to discuss our own affairs, to make our own laws, to decide on common principles of work.

It may be well to recall the object of our work, the relation in which we stand to the patient on the one hand, and to the doctor on the other, and then to ask ourselves: Is the system of training as at present carried out the one that is followed

[previous page](#)

[next page](#)