

British Nurses' Association towards the trained nurses whose interests he was presumably appointed to further, as a member for many years of the Executive Committee of that Association. On that Committee we often had occasion to oppose Dr. Outterson Wood's depreciation of the trained nurse. We are glad that outside the Committee he has now expressed some of the same sentiments which he advocated when upon it. "Knock the hospital nurse off her pedestal" is a fair summary of the attitude assumed by Dr. Wood and his friends in the R.B.N.A., and, thanks to their misrepresentations to the Privy Council with regard to the new Bye-Laws which they forced through, he has for a time gone far to achieve this aspiration, so that there is now scarcely a matron of standing who will give her support to this once-honoured Association. This is the letter:—

DEAR SIR,—

I have read the paragraph in your issue of November 15th, with regard to the future of Asylum Nurses, and Dr. Urquhart's suggestion that "it is better for a nurse to begin in an asylum and thence pass to a general hospital (with the Medico-Psychological Association's certificate, I presume), where her position as a person of skill and suitability is duly recognised and promotion is speedy."

Theoretically this is an excellent idea; unfortunately it is not practicable, and for the following reasons:—

1. Because I have found that hospitals will not take asylum-trained and certificated nurses and give them credit for their training. Neither will they take them for a year even to complete their training of three years, after spending two years in an asylum and obtaining the Medico-Psychological Association's certificate.

2. An asylum-trained nurse's position as a person of skill and suitability not being recognised in the hospital, preference in promotion will be given to their own hospital-trained nurses.

3. Hospital-trained nurses in their ignorance of the standard of asylum examinations are under the delusion that asylum-trained nurses are "the scum of the earth"—(*I have heard them called so openly*)—and consequently cannot endure them.

4. This delusion is fostered by matrons of hospitals, some of whom have not even had the three years' training required by the Royal British Nurses' Association.

5. The course suggested would only lead asylum-trained nurses to forsake the sphere of usefulness in which they have been educated to follow a "Will o' the wisp" and land themselves among the unemployed.

6. The asylum-trained nurse, in her sphere, being in every way as good as the hospital-trained, why should the former be encouraged in a quixotic striving after an impossible ideal?

The fetish of the hospital-trained nurse is rapidly being played out, and the asylum-trained nurse is as rapidly rising to her true level in general estimation, despite the delusions that a hospital training fits a nurse for asylum work, and that asylum training cannot make a good nurse for hospital work.

The solution of the problem lies in continuing to make the asylum training so good that no hospital training can be equal to it for asylum work, and let each stick to their calling.

For years I fought the battles of the asylum-trained nurses on the Executive Council of the Royal British Nurses' Association, but the ignorance, prejudice, and hatred of them with a clique of that Association made it a hopeless task, and so it will be until the hospital nurse is knocked off her pedestal and people cease to worship her alone.

No one has a higher regard for the hospital nurse than I have, but even she has her limits, as she finds out when she attempts the care of mental cases, as many of them have the temerity to do and utterly fail.

It is by no means unusual, nay I may say it is a common practice, for institutions to send out hospital-trained nurses to acute mental cases with the most deplorable results, as I can testify from personal experience.

Yours faithfully,

T. OUTTERSON WOOD, M.D.

We hope Asylum Nurses and Attendants will not be deluded by the speciousness of this letter. Let them realise that their best friends are those Matrons who boldly said that at present their educational curriculum is not one which entitles them to registration as trained nurses, and who opposed the unwarrantable attempt to pay off the debts incurred by the Hon. Officers of the R.B.N.A. by means of the guineas to be paid by Asylum Attendants for a valueless registration. What they need is a better educational curriculum, longer hours off-duty, and better pay. If the first is secured to them the rest will follow. No class of patients need more highly-educated, competent, tender, patient, and skilful attendants than those afflicted with mental diseases, and no nurse should undertake the care of such cases without special training in this work. But it must not be forgotten that this branch of work is a specialty, and, to be efficiently educated for it, a basis of general knowledge is necessary. No medical practitioner is considered qualified to treat a mental case unless he is qualified in the other branches of his profession, and we claim that nurses must have a similar basis of general knowledge. Let hospital and asylum nurses combine to obtain a Parliamentary inquiry into the whole nursing question, as it affects the workers in every institution which cares for the sick.

But if the Executive Committee of the R.B.N.A. desire to put asylum attendants on to its roll, why do they not do so? The resolution authorising their admission has never been rescinded, and they can do so at any moment provided they can persuade these attendants that they will get their guinea's worth by so enrolling themselves. To so persuade sensible men and women is, we imagine, the only obstacle.

[previous page](#)

[next page](#)