

jects of medical, surgical and gynæcological nursing, it will, of course, be open to her to specialise in that or any other subject, and I would suggest honours being granted by the examining body in special subjects. Granting a separate certificate for gynæcological and monthly nursing only would, I am convinced, be a mistake. Those amongst the public, and there are many, who prefer employing untrained, personally-recommended monthly nurses will continue to do so, whilst for properly-trained nurses it is better that they should have a solid foundation of general training before specialising in any branch; but I would certainly accept two years' medical and surgical and one year's gynæcological work for a pass examination. Dr. Bryan makes a great point of the Resident Medical Officer, but in hospitals with a visiting staff attached it is they who lecture to and examine the nurses, and they would hardly require to be "authorised" by their own House Surgeons. That, however, is only a detail. I really could write a long epistle on the subject under consideration, but I must content myself for the present with expressing my admiration for the clear and business-like manner in which Dr. Bryan has stated his views. Perhaps the Editor will allow me to return to the question later.

Yours faithfully,

M. MOLLETT, Matron.

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To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Dr. Bryan's letter published in last week's BRITISH JOURNAL OF NURSING has greatly interested me. To have a scheme, however imperfect, set before one in black and white, which one can pull to pieces or dress up with one's own views, is, I think, a step towards getting the all-round best eventually. The very vagueness of the term State Registration has been, and is, a stumbling-block, which many fall upon.

Acting upon this view, may I offer a few criticisms on Dr. Bryan's suggestions?

1. Would it not be advisable for training-schools to hold their own examinations? The examiner should, of course, be appointed by a Central Nursing Board, and a uniform syllabus used. The great inconvenience which a large number of nurses leaving their work for forty-eight hours (as in many cases it would mean this) would cause, means a great and serious difficulty. And, for the examination to be ideal, surely there must be some test of practical ward work? Theory alone, after all, means little in the training of a true nurse.

2. I do not think that the fee should exceed £1 1s. for each examination.

3. Can a nurse be considered fully trained who has not had any fever work?

4. I should like to see three years spent in medical and surgical work, and a fourth year divided between fever, monthly, and gynæcological work, making a four years' course before a certificate is granted, the nurses being sent from their training-school to the special hospital unless this complete course could be taken in the one hospital. It is understood that eye and ear-and-throat work are included in general work,

4. I think it would be a great mistake to have part certificates, such as monthly or gynæcological.

5. Every Matron should have the highest qualifications.

6. I certainly agree that nurse-training schools should take candidates at twenty years of age. Now that most girls take up some work upon leaving school, it seems hard on those who have the nursing instinct to have to wait until twenty-five before beginning their career, and most girls who are going to be strong and robust are so at twenty years, and, if it is a question of character—well, let the good and wholesome discipline of hospital life help to form it on right lines. No high-toned girl will ever be hurt by a true knowledge of good and evil. This rule would, I believe, increase the supply of candidates of the right material, the lack of which so many Matrons are deploring nowadays.

7. No question is raised in the letter as to payment of nurses, but we badly want some method here. For my part I think a nurse earns her bread from the time she enters the wards, and payments to the hospital, unless for a preliminary course of instruction, are not justified. I agree with a small salary for the second and third years.

8. There will, of course, have to be some division of Major and Minor Schools, and it will be most difficult; but I cannot agree with a divided certificate. A nurse must be fully trained, or not a nurse at all.

Yours truly,

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Matron.

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To the Editor of the "British Journal of Nursing."

DEAR MADAM,—As criticisms on Mr. Douglas Bryan's letter are invited, I venture to offer a few.

In the first place, it is not a workable scheme until we get compulsory Registration, for how many hospitals would recognise the authority of a "Central Nursing Board" if formed now?

Then I do not agree with the proposal that the Board should have "all control with regard to . . . granting of certificates," and propose as an amendment to Clause I., relating to the schedule to be filled up by a nurse before presenting herself for examination, that it should run as follows:—"That she has had training for at least three years in a Major School, and is certificated in practical nursing." The Central Board can give diplomas, but unless the hospital has control over the certificates given for the three years' practical work there is no safeguard against unsatisfactory nurses becoming "fully qualified."

Where do children's hospitals come in?

And why should midwifery be a necessary part of general training? It had (in my opinion) better be taken as a special subject after the three years' training, and the examinations and granting of diplomas left in the hands of the Central Midwives' Board. Also, as the rule now stands, many large general hospitals would rank as Minor, and many workhouse infirmaries as Major Schools.

Who is "the Medical Officer" who is to give the lectures? Is the "Resident Medical Officer" meant? If so, it is surely better to have more than one lecturer, and that they should be appointed by the

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