

*Training-Schools.*

Two grades of training-schools demand recognition. But I think the classification must be slightly altered from that suggested, otherwise hardly any of our present recognised schools will come under the head of "Major Schools," owing to the absence of lying-in wards; the Poor Law infirmaries alone would be granted the title.

A Major School should be one containing a specified number of beds, with a defined proportion of surgical, gynæcological, and medical (not chronic) beds; resident and visiting physicians and surgeons; a fully-qualified Matron; fully-qualified nurses as "Sisters" or Head Nurses; proper facilities in the way of lectures, demonstrations, and other opportunities for the study of nursing according to the curriculum laid down by the Central Authority.

Midwifery is not requisite for a Major School.

*Minor Schools.*

Infirmaries where there are a certain number of beds for acute cases (medical, surgical, and gynæcological) in addition to the chronic wards; resident physician and surgeon; fully-qualified Matron and Head Nurses; proper facilities for the study of nursing, as in Major Schools. Or,

Affiliated groups of the smaller and general hospitals, sanctioned by the Central Authority, the training in one supplementing that given in another—as, for example, the Seamen's Hospital and the Soho Women's Hospital. A certain number of beds in each hospital in the affiliated group to provide teaching in the subjects 1, 2, and 3.

Each institution to contain a resident medical officer or house surgeon, a fully-qualified Matron and Head Nurses, proper facilities in the way of lectures, &c., as in the Major Schools.

The schedule to be filled up before a nurse can take examination in 1, 2, and 3 to state that she has had a three years' training in a Major School or a four years' training in a Minor School. Conditions 2, 3, 4, and 5, relating to age, experience, and study, to remain according to Mr. Bryan's suggestions.

The schedule to be filled up before examination in special subjects 4, 5, 6, and 7 to state that she has done at least six months' duty in wards entirely confined to these cases. Mr. Bryan's paragraphs 1 and 4 might remain in the schedule unaltered (in 5, "ten gynæcological cases" convey no idea of special work; the ten women might require little more than rest in bed). In addition, this schedule should require a specified number of beds for each class of case; medical men and qualified nurses only to be responsible for the teaching of the nurses, as in the training-schools.

The paragraphs in Mr. Bryan's scheme on mental and infectious work can be swept away, as these branches now find their proper place amongst the special subjects.

In conclusion, I should like to suggest the organisation of some preliminary teaching and examination before a probationary nurse enters a training-school proper.

For this purpose there should be a central examining body and the schedule should enumerate as subjects—

1, Evidence of general education:—Arithmetic;

English grammar and composition; elementary physiology; elementary chemistry.

2. Invalid cookery.

3. Domestic economy.

Students holding certificates in these subjects from recognised public examining bodies to be exempt from this examination.

Yours faithfully,

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

DEAR MADAM,—It was with much pleasure I read Dr. Bryan's letter in your issue of February 21st on "Nursing Organisation," as it shows that at last some of the members of the medical profession are giving our affairs a little serious consideration, which is encouraging, although I do not agree with all the suggestions contained therein.

It is satisfactory to note that Dr. Bryan suggests a Central Nursing Board, with independent examination—two things that the thoughtful members of the profession have been working, and agitating for, for some years.

But when he comes to the qualifications of a trained nurse, Dr. Bryan seems to lose himself in trying to satisfy all the sections which at present exist in the nursing world by giving them the hall mark of a Central Board. Instead of welding us together by making a fixed minimum standard, we are to be classified, but not organised. His suggestions would, I think, make confusion worse confounded; instead of simplifying he multiplies qualifications, and he would launch forth into the world no less than three grades of nurses. First, the "qualified" nurse—*i.e.*, one who had passed three years in a "Major Training-School." The "qualified monthly" nurse, one who has had a year's medical or surgical work, with a year's experience in monthly and gynæcological cases, with attendance on a minimum number of such cases. This year's work cannot be included by "Major Schools" in their three years' course, but must be extra, therefore making the time four years in which to gain the instruction, which in America they manage to give with other instruction, such as cookery, massage, &c., in three years.

The third is the "doubly qualified," one who has passed both the medical and surgical and gynæcological examinations.

To my mind, this last is what the term "trained or qualified" nurse should mean. I would even go further, and, making the length of training four years, would include fever nursing as well. Then our nurses would be *trained*, and not semi-trained and specialists, as many so-called trained nurses are now.

That small and special hospitals should be utilised in the training of nurses seems common sense and good economy. But Dr. Bryan has fallen into the snare which has already caused the Boards of Guardians so much trouble—that of dual heads, for in the requirements of the Minor Training-School we find in clause 2 there must be a "doubly-qualified" Superintendent Nurse or a "qualified" Superintendent Nurse and a "qualified monthly" nurse. He seems to have realised the mistake, for in the next clause we read that "instruction to nurses should be given by the medical officer, and by the Superintendent Nurse or

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