

continue to join the nursing association and the co-operations. Medical chiefs will continue to send to 'my hospital' for one of 'our nurses.' The heads of these bureaux will continue to get the same minute specifications—'Send me a homely nurse'; 'I must have a young and cheerful nurse'; 'Do send me a woman who can entertain the friends'; 'I need a nurse who dresses well,' &c. The doctors who know what they want will not cease giving minute details of the case and the circumstances, and the registrars will be no less burdened with a thousand responsibilities. But the remote country practitioner and the anxious friends in an emergency, who have to depend on a hasty telegram and take the nurse on faith, can at least be sure that if the nurse has her degree she must have had her definite grounding of experience, and, most important of all, the schools which want to stand well will have to give a genuine and not a sham training. Honestly, Mr. Holland, it is not the same thing as an employment bureau, is it?"

ONE WHO BELIEVES IN MR. HOLLAND'S  
GOOD MOTIVES.

#### COTTAGE HOSPITALS AS PREPARATORY SCHOOLS.

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

DEAR MADAM,—If you can find room for a letter, I should very much like the opinion of some of your readers on the possibility of associating some of the small cottage hospitals with the larger ones in the training of nurses.

It seems to me that the institutions most likely to suffer from the passing of the Registration Bill are the cottage hospitals. A year or more spent in one of these will no longer be considered "training" even by those associations which now supply "cottage nurses." With the question whether or no a year in a cottage hospital *does* give much training (though I think it ought to do so), or whether "cottage nurses" are a class of being to be encouraged, I have not to do just now; but it is rather hard on a woman, who has perhaps worked very well at a cottage hospital for some time, to have to begin again at the very bottom in a large hospital; in fact, probably to be looked on askance by the Matron of the "large general" as having "a great deal to unlearn." No doubt she often has, but need this be so?

A good deal is being done just now in some of our largest and richest hospitals to give the probationers training in domestic work at least, before allowing them to go into the wards. Could not cottage hospitals be used as preparatory schools for the "large generals"?

For example, the Matron of a "county" hospital accepts an application from a would-be nurse, but tells her that she has no vacancy for six months, but there is now a vacancy in the cottage hospital at B—, the Matron of which was herself trained at the "County," and will ground the probationer, as far as possible, in the methods pursued at "the County," and also see that she becomes proficient in such domestic work as will be required of her in the wards at the "County." At the end of six months the probationer will be required to pass an examination (theoretical and practical) set by the "County" hospital, and, on doing so satisfactorily, she will begin her work in the wards there, six months in the "Cottage" counting instead of three in the "County."

No salary would be given to the probationer, but uniform would be provided by the "County." Cottage hospitals, in my opinion, offer the probationer many advantages which a large one cannot. The nurse has more time and opportunity to observe and study her cases—such as they are—thoroughly, and to acquire a good manner towards them. She is not overwhelmed and confused by the multitude of unaccustomed duties expected of her, and by sudden changes to another ward before she has had time to grasp the methods of the first. Her small faults and bad habits are at once seen and corrected, and the Matron, as a rule, has time to teach her more theory, and (most important) sick cookery, than the Sister of a big ward can possibly do.

As things now are, the only people who care to "waste their time at cottage hospitals" are girls who are "not strong enough," or "too young," for a general hospital, or who have little ambition or desire to improve themselves. Either of these, especially the too youthful, is quite out of place in a cottage hospital as one of two or three nurses.

It is quite unnecessary to remark that much worry and annoyance is saved to the Sister of a ward if her "new pro" at least knows the ordinary routine of a hospital day, and the names and uses of the ward fittings.

Another advantage of the association of small with large hospitals might be that a nurse or Sister from the large might take holiday duty for, or even temporarily change places with the Matron, of the small hospital, to their mutual advantage.

I am, Yours truly,

SISTER.

#### THE GRATITUDE OF PATIENTS.

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

DEAR MADAM,—I have read with great interest the admirable papers by Miss Loane in your valuable journal and agree with much that she says, but I must say that my experience does not bear out hers in relation to the ingratitude of patients or even patients' friends, though I will own the latter at times are trying; still, I think as a rule they appreciate what is done for their invalids, although they sometimes take strange ways of expressing it. "Take it, Nurse, there's no one a-lookin'," says an anxious mother to a night nurse, pressing twopence into her palm. The nurse may feel indignant, but, after all, although she, of course, returns the proffered gift, explaining that she is not allowed to receive anything, the intention is kindly if ignorant.

As regards patients themselves, in a somewhat varied experience in nursing both the well-to-do and the poor, for a period extending over ten years, in hospitals, in the homes of the poor, and in private work, I cannot call to mind one patient who was actively ungrateful. I can think of many who showed a gratitude quite out of proportion to what was done for them. Any who were inclined to be difficult just at first, as a rule became most amenable when they saw that what one really desired was their good. After all, when we nurses are ill ourselves are we so patient and charming and considerate that we should be surprised when our patients do not uniformly exhibit these qualities? Well, I for one am not.

Yours obediently,

A VERY HUMAN PERSON.

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