

ment, apathy, selfishness, lack of moral sense, laziness, or slowness of apprehension in an impatient *entourage*. And will not all these causes act in hospitals, even in those where the authorities make strenuous endeavours that there shall be equality of opportunity for all the probationers? Human nature cannot be radically altered by the size of the building. People are everywhere allowed to drift, more especially where there is hurry and stress, not into the positions for which—with infinite trouble on the part of others—they might be fitted, but into positions for which they *are fit* at the moment. In every nursing establishment there will be Nurse A. purchasing tolerance for her inefficiency by doing a disproportionate amount of washing up, dusting, and “setting to rights”; Nurse B., whose strong point is cheerful endurance of monotony, but whose forehead puckers up and whose mouth drops at the hated approach of change or responsibility, spending her days in the simplest routine duties; while Nurse C. is so constantly engaged “helping Sister” in the most difficult branches of the profession that she runs considerable risk of not knowing how to tie up a cut finger, how much castor-oil to give a small patient, or how to induce her to swallow it.

In addition, “approved hospitals” are not all alike in the opportunities afforded to their probationers. It is true that a very active-minded and capable woman may become a far more generally useful nurse in a small, old-fashioned hospital than a dull and negligent person would in the most favourable circumstances imaginable; but the probationer of average intellect is largely affected by the direct training offered her.

All district probationers have nominally received the same teaching, but, while some of them have reached such a position that in a few weeks they can thoroughly grasp the possibilities of cottage nursing, and move with quiet certitude among the most distracting surroundings, others at the very end of their six months’ special training cannot be trusted to wash an acute case, or prepare a room for the simplest operation. “Do you call her a probationer, Sister?” asked an astonished doctor, with reference to a girl who had not then completed six weeks in her first district. “Yes? Why, I call her *splendid!*” We had other probationers who, after we had done our utmost, had to be shielded from his sight lest, with the same outspoken *brusquerie*, he should call them dunder-headed idiots.

The difference between the professional knowledge of one district probationer and another is enormous, but the Superintendent must go a step further in her analysis before she attempts to draw any practical conclusions. Why do they differ? how far is the inferior probationer to blame? and to what extent can the mischief even yet be rectified? It may well happen that, while two probationers are almost equally ignorant, they are so for

entirely different reasons. One may have learnt comparatively little during her hospital training, because her lack of sound elementary education made more individual teaching a necessity for her, or she may have been temporarily stupefied by overwork, or entirely thrown in the shade and rendered unduly diffident by much more brilliant comrades than any she is likely to meet again; or she may have been too young—in years or development—to profit immediately by instruction which she has, nevertheless, received and retained. One probationer may have careless, makeshift ways of working, because she has never been taught better methods and has not the genius to originate them, while the best teaching in the kingdom may have been fruitlessly expended upon another, because trainers cannot soften a flint nor stick nails in a custard. With patient individual teaching, with the moral and mental stimulus that comes from contact with outside life, the powers of the first may unfold themselves to a surprising extent, and within a reasonable time she may become an efficient and satisfactory district nurse.

Her fellow probationer may be ignorant through native incapacity, unconquerable lack of earnestness, and exuberance of self-conceit. This is plainly a case for keeping to the irreducible minimum of technical instruction, insisting rigorously upon that modicum of knowledge and the nursing routine based on it, and trying to bring some strong moral influence to bear upon the delinquent.

At the present day it is not sufficiently acknowledged that the main causes of ordinary every day stupidity are moral, not mental. We are never weary of decrying the old-fashioned schoolmasters (long since in their peaceful graves), whose assumptions were that industry and application were the keys to all knowledge, that concentration and accuracy were within everyone’s power, and that a handful of sharp twigs was the best, if not the only, means of bringing these truths home to the obdurate. Why expend such wealth of scorn upon these dead-and-gone labourers on bitter soil? It would be difficult to disprove any one of their assumptions, except the last, and with regard even to that they might well plead that the nature of small boys is considerably modified since the days when the pupils of middle and upper class schools (as our fathers and grandfathers have told us) threw stones at cripples, tied tin pots to the tails of starving dogs, and turned blind men out of their way.

If any Superintendent doubts the moral origin of stupidity, let her choose some subject in which a specially dense or forgetful probationer—one who cannot learn how to take a report, or remember the number and arrangement of articles required for a surgical dressing—happens to be really interested, and measure the difference between the quickness of apprehension, the impressibility, the readiness and tenacity of memory on this occasion and in the

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