one of the latter class I have had occasion to con-
sider the possibility of organising some form of
training. I have also been much impressed by the
unsatisfactory position of the small general and
special hospitals as regards the terms offered to pro-
boners and the conditions under which they are
received.

Many of these Institutions endeavour to attract
probationers by advertising short terms of training
and certificates of proficiency (which the authorities
must know to be worthless) after one, two, or three
years’ service.

No less than five provincial general hospitals in
which the average of beds occupied in 1904 is
returned as less than twenty, give certificates
for one, two, or three years’ training; one especially
flagrant case having an average of four occupied
beds, gives a certificate after two years’ work—one
cannot call it training—whilst another cottage hos-
pital with only ten beds proudly advertises a certi-
ficate after one year’s service.

Here I should just like to say a word as regards
the position of the Matrons of these institutions.
It is all very well for their more fortunately-placed
sisters to hold up the finger of scorn at such prac-
tices, and theoretically I believe we should all agree
in condemning the system, but even in cottage hos-
pitals a nursing staff must be provided somehow or
other, and committees have a little way of expecting
bricks without straw. We Matrons are genuinely
interested in the well-being of our institutions, and
we know, alas! the necessity of avoiding expense in
all departments; it is no easy matter to steer our
little ships through the perilous waters of economy
towards the haven of efficiency without being carried
away by the currents of expediency.

1. Although as yet we have no recognised or
authoritative definition of the actual curriculum by
means of which efficiency can best be attained, I
expect we shall all agree that a nurse’s training
ought to be carried out for three years in the wards
of a general hospital, containing at least 70, and
preferably 100 beds. Now we know that there are
only some 180 institutions in the United Kingdom
capable of giving such a training, and according to
the evidence given before the Select Committee last
Session there are over 80,000 persons at present in
existence in the United Kingdom calling themselves
“Nurses.” It is therefore obvious that only a very
small proportion of these can be thoroughly
“trained” in the best sense of the word. (Why,
even the London Hospital with its 937 beds and a
two years’ system of training can only turn out 100
nurses each year, a mere drop in the ocean.)

From the probationer’s point of view things are
equally unsatisfactory; it is no uncommon thing
for a girl after paying a premium and binding her-
self to serve several years in a small hospital to find
out when it is too late that the so-called training is
not recognised by the Nursing Services or, indeed,
any reputable association or institution which
employs properly qualified nurses, and that if she
wishes to enter such service she must begin all over
again as a raw probationer in a larger hospital.

2. There are in the kingdom no less than 73 (106)*
general hospitals containing from 40 to 70 beds, of
these 67 (86) profess to be able to train nurses.
Out of 82 (109) general hospitals containing from
20 to 40 beds, no less than 69 (84) advertise that
they educate probationers, the majority giving
certificates; 41 (60) provincial cottage hospitals,
one of which can boast of more than 18 beds, look
upon themselves as training-schools, 16 (18)
of them giving certificates after one year’s training.
We have therefore at least 177 (230) small general
hospitals engaged in turning out “pinchbeck or
imitation nurses.” We may also add 48 (66)
special and children’s hospitals, each having over
forty beds, and pretending to train probationers:
* a grand total of 217 (296) institutions, and prob-
ebly even this number is well within the mark!

If the Registration of Nurses is undertaken by
the State, one of the first acts of the Nursing
Council will be the definition of a probationer’s
curriculum, and unless some such expedient is
devised, the 217 (296) hospitals (and many more)
will suddenly find themselves in great straits, being
financially unable to employ trained nurses exclu-
sively, and yet having no means of attracting pro-
bationers within their walls.

3. By an affiliation I mean the scheduling of the
special and smaller general hospitals in groups
sufficiently representative of all classes of cases,
so that a nurse working through such a group would
receive a thorough training in all branches of her
profession.

The Central Nursing Council, which forms so
prominent a feature in all Registration schemes,
must be empowered to authorise the affiliation
of hospitals and institutions, define the curriculum and
length of training, and admit nurses so trained to
the central examinations.

4. In my opinion the groups should consist of a
general hospital, a fever hospital, one or more
special hospitals, in each case the number of beds to
be not less than forty. The length of the combined
training should be three years, and I would suggest
that the first and last years be spent in the general
hospital. Theoretical teaching in the shape of
weekly lectures and demonstrations in the subjects
laid down as essential by the General Nursing
Council should be compulsory, and delivered only
by properly qualified persons.

5. The results of such affiliation would be most
beneficial.

(a) It would utilise the teaching and valuable
training material at present wasted in many insti-
tutions and greatly add to the facilities for training.

* Figures in parentheses refer to hospitals in the
United Kingdom.