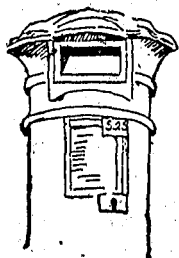


Letters to the Editor.

NOTES, QUERIES, &c.



Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

INJUSTICE TO THE POOR.

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

DEAR MADAM,—As registrationists draw nearer to their goal the opposition to the movement seems to increase in bitterness, and the attacks of interested persons to become more virulent. Happily hard names break no bones. Reformers in all ages have had to endure them and much more besides, and the State Registration of Nurses, when attained, will be so far-reaching in its beneficent influence that there is little wonder there is much disturbance in certain quarters. Where are the centres of the opposition? It comes from the representatives of certain London hospitals, co-operating in the Central Council for London, from persons maintaining inadequate standards, both of whom object to "State interference," and from the lay nursing press. It is noteworthy that journals edited by nurses come out boldly for registration, while those controlled by lay persons may be relied upon as mischievous opponents, open or covert. I think the lessons are plain, viz., the importance of supporting professionally edited journals, and that we must never cease work until the standard for professional nurses is defined by experts acting under State authority. Surely this is a safer state of things for the sick poor than to have women, whom they confidently accept as trained nurses, foisted upon them by self constituted committees. As regards the Committee of Management of the Cottage Benefit Nursing Association (Holt-Ockley) there is not one well-known Matron or nurse upon it, and I very much doubt if there is a nurse at all. What confidence then can be placed in the standards set by a committee so constituted.

What is the standard for these cottage nurses? "Every cottage nurse enrolled as a member shall have had training in the elements of general sick-nursing, hygiene, and plain cooking at a Training Home, or hospital where a course of instruction is given recognised as satisfactory by the Committee of Management. If employed for monthly nursing she must be a certificated monthly nurse."

It will thus be seen that a cottage nurse need never have had a day's training in hospital. Where does she obtain her experience? Obviously in the homes of the sick poor. I notice in an account of the Ockley System, published in 1897, Miss Broadwood says:—"Over fifty-five per cent. of our cases are confinements . . . For cancer, fever, consumption, bronchitis, heart disease, and liver complaint our

cottage nurses are in frequent request, but cases requiring surgical skill seldom come within their range." It is curious how a lay person draws the line at surgical cases, but will lightly accept responsibility for the nursing of any other illness.

I cannot discuss in detail in a letter already overlong the question of sleeping accommodation (or the want of it) for nurses in labourers' cottages; but the dangers of overcrowding are too well known to need enlarging upon. I note that no probationer can be accepted for "training" until the full amount of her fees has been paid to the Central Office.

As to the charge for the services of these nurses it appears to be from 2s. to £1 a week in ordinary and maternity cases, and double this amount for infectious cases. So far as I am able to understand these nurses receive no training in infectious work, but are taught practically, or, where that is not possible, theoretically how to lay out the dead!

Ah! well—the controversy rages and will rage round the all-important subject of adequate or inadequate training and standards for professional nurses, not be it noted for everyone who nurses, but for everyone who holds herself out to be professionally competent. My heart gets hot within me when I reflect upon all the unnecessary suffering endured by the sick for the lack of the establishment of such standards, and I long that the day may soon come when rich and poor alike may have the means of discriminating between the trained, and the untrained, between the woman with a smattering of knowledge and the one who really knows her work.

I am, Dear Madam,

Yours faithfully,

A LOVER OF THE POOR.

OBSTETRIC NURSING.

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

DEAR MADAM,—The review of Dr. Davis' book on Obstetric and Gynæcologic Nursing in your issue of last week gave me great pleasure. It was such a pleasant change to find obstetric nursing placed in the category to which it rightly belongs, namely, on the surgical plane. In ordinary surgical work, however, the wound is easy to see, and consequently its danger can be realised by a fairly intelligent person who has been well drilled in her surgical technique. In obstetric work the drilling is equally required, because the wounds are not apparent, and therefore to an un-intelligent person they are non-existent. I claim, therefore, I think it is the logical conclusion, that obstetric nursing demands women possessing intelligence above the average, besides being experienced as general nurses.

Yet, what do we find? Women who would never gain admission to the nurse training school of a general hospital, on account of their manifest inability to grasp the lessons which they would there be taught, are considered quite eligible to be trained, and to work as maternity nurses after a short training in this one branch. Is this satisfactory? Decidedly, no. Who is to blame? Not primarily the inefficiently trained specialist, but those who set the standards of nursing education. Talk to the average nurse and she will tell you obstetric nursing is a specialty, and

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