

## The Twentieth Century Probationer.

BY MISS M. MOLLETT,  
*Vice-President, Matrons' Council.*

(Concluded from page 308.)

III. There is the debatable question of age. I know my friend Miss Stewart is a keen believer in beginning training very early, chiefly, if I remember rightly, because it enables the woman to begin wage earning earlier—as far as I can see, its one and only merit. It is the difference that will always exist between those who favour early or late specialisation. The question is how far the benefit a probationer gains by an early introduction to her work is neutralised by changing ordinary, healthy home life for the artificial atmosphere of an institution before her character has been thoroughly formed in more natural surroundings. I, and others I know with me, think that the work of nursing in public institutions should always appertain rather to women than to children fresh from the schoolroom. But I should like to hear the opposite side. Twenty-three for hospitals with medical schools attached, and perhaps a couple of years younger for those without is, I consider, quite young enough for any woman to undertake a profession which always demands capable, healthy, set women. Where they begin too early, they are too early worn out, and they miss much out of their lives. If they must work let them look after babies or chickens, or do gardening or some other work, involving a less artificial life and a less close acquaintance with disease and sin in wholesale quantities than a hospital offers. We are not all alike. A girl of 18 has herself less in hand on many points than the woman of 23.

IV. Having caught our probationer, ideal or otherwise, there is the question of her training and teaching.

Let no Matron lay the flattering unction to her soul that she does the training, let alone the teaching. A hundred influences are at work on the young nurse—the tone of the hospital, the quality of the work being done, the kind of nurses by whom she is surrounded, the Sister she is under, even the Physician or Surgeon of the ward. First impressions are strong. To this day I am inclined to quote certain of Dr. Southey's views. He was the physician of the first ward I went to. Then I always feel as if there were something wrong about my wards, for we have abandoned the particular way of folding quilts we affected

at Bart's, whilst my views on discipline were, and are to this day, profoundly affected by the individual personal independence (outside one's work) which was, and is, I believe, to this day, such a marked characteristic of my old training school. Discipline there must be, but discipline pushed too far strangles individuality, and engenders a peculiar form of deceit that goes by the name of tact, and chiefly consists in a more or less successful endeavour to run with the hare and hunt with the hounds, and not to be found out by either. Politeness, obedience to orders, and attention to etiquette, should be enforced. They must be if the machine is to work smoothly, but, above all, honesty and straightforwardness, and, as I read in a wise book the other day, courtesy should be expected, not servility, which is rotten and out of date. The superior officers of a probationer are not gods from Olympus, but ordinary human men and women; as her superior officers, to be treated with respect and obedience, but they are all soldiers in one army, servants of the sick, though their grade and rank may differ.

A great deal of a nurse's work is very simple. It consists in paying a number of ordinary little attentions to sick people, each in itself small, but of doing them thoroughly well. Ordinary routine detail, but done by an expert. Therefore, in all a nurse's training the practical teaching should be very thorough. I think we all agree that slurring is inadmissible. Science is always exact, and true science generally simple. "In the great workshop of our God, there is no commonplace." In teaching nurses, always introduce the patient as the central figure. Whilst the technical part of the instruction should preferably be given by medical men—their thorough knowledge and wider grasp of the subject being of immense value to the nurses in hindering narrowness—a good deal of stress should be laid on the practical feminine teaching element, either by the Sisters or Matron, according to the size of the Hospital. A Sister is not a good Sister who is not a good teacher, though she may be an excellent nurse.

I spoke about the patient being always introduced as the central figure, because the Twentieth Century Probationer has a fault, if a fault it is. I am inclined to think (with great reservations) that the development of the scientific side of her training has had a tendency to develop rather strongly in her the feeling that she is in the first instance rather the assistant of the medical man than the servant, the nurse of the sick. The exceptions are many, of course, but the tendency is there.

[previous page](#)

[next page](#)