

to excuse the shortness of the period of training, while it is an insult to the intelligence of your readers to expect them to believe that the holding back of the certificate for three years can in any way compensate for deficiency in initial training. In the printed annual report issued by the Executive Committee of the Home, on page 6 it is stated that "at the end of their course of training each nurse's qualifications are tested by an examination in the instruction that has been given her," and it is on the results of that examination that the certificate is made out. The certificate, however, is not immediately given into the nurse's possession, but is held in bond as security that she will complete three years' servitude in the country district for which she was trained. In some at least of the country districts, part of the nurse's meagre salary is likewise retained as security that she will complete her three years' of service, and is paid over to her at the end of that period in the form of a bonus. So that we have here an attempt to claim as a virtue what is really an act of coercion. But what of the nurse's subsequent career after she has completed her three years' of serfdom, and regained her freedom and received her certificate? Perhaps Miss Balfour or her Grace the Duchess of Montrose would inform us what precautions are taken by the Executive Committee of the Home to ensure that their partially trained nurse will not then blossom forth as fully trained and certificated by the Govan Cottage Nurses' Training Home, and by imposing herself on the public as such enter into active competition with genuinely fully trained nurses who have spent not months but years, and much expense and patient hard work, in acquiring a thorough and efficient knowledge of their profession. I would also here point out that although the nurses do not all take a registrable qualification in midwifery, they nevertheless all receive midwifery training, which, in the case of those who do not legally qualify must, therefore, be only covered by the certificate of the Home, so that there is nothing to prevent the partially trained nurse after her three years of bondage is over, from palming herself off in Scotland as a midwife certificated by the Govan Home, a certificate from anywhere being good enough for that in the present state of the law in Scotland.

Much capital has been made of the fact that no complaints against these partially trained nurses have been made by the medical men in the country districts where they work. But when it is considered that in these country districts the patrons of the nurses and the leading members of the Nursing Association Committees are usually the local gentry, the ministers' wives, etc., and that it is very often not good policy for the local doctors to run counter to the schemes and opinions of these important personages, is it to be wondered at that unless in the case of some flagrant misdemeanour or indiscretion on the nurse's part there should be no complaint against her? For that reason, and for others which are obvious, the absence of any publicly expressed dissatisfaction from that quarter may be discounted.

When Miss Balfour leaves the details of the management of the Govan Home and enters upon the general question of the merits or demerits of partially trained nurses as opposed to fully trained nurses, she is a little more happy in her efforts. As an apology for, or rather, I should say, an eulogy of, the partially trained nurse, her letter is very plausible, but to your readers who belong to the nursing and medical professions her arguments are far from convincing. Indeed, many of her arguments are self destructive, while they have all already been dealt with and disposed of in advance by one or other of your correspondents. Let me only point out that Miss Balfour has not been able to indicate one single duty performed by her partially trained nurses which could not and would not be performed much more efficiently by fully trained nurses. Even the much vaunted duty of living in the patient's house where that would be compatible with a due observance of the common rules of decency and morality, is one which it would not be impossible to find fully trained nurses to undertake. Let such a demand for fully-trained nurses be made, and the supply will be forthcoming. Of course, there is the extra cost which a full training would incur; also the increased salary which a fully trained nurse would require, but surely the noble ladies who feel it in their conscience to be their duty to thus provide for their poor neighbours and dependents, do not wish to imply that this is an obstacle which it is beyond their means and resources to surmount. Your correspondent, "Once a Queen's Nurse," hits the mark in claiming equality for rich and poor in sickness, and if the labourer does not receive sufficient remuneration to enable him to pay for skilled nursing it is the bounden duty of those who reap the fruits of his toil, to make provision for him in that respect.

I am, Madam,

Yours, etc.,

FORBES BROWN, M.B.

Govan Medical Association,

#### SWALLOWING CAMELS.

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

MADAM,—Some years ago I attended a wonderfully interesting practical lecture and demonstration arranged by the Matrons' Council. Why cannot we have more of such lessons. All sorts of new things have come into use since then. Also, I should like to attend lectures on ward management. There seems a good bit of straining at gnats and swallowing of camels in our hospitals. For instance, I was in a much advertised training school at one time where a vast amount of alcohol was burned in sterilising dressing bowls for operations, but for dressing wounds the cloths to dry the dressing bowls hung on a peg, just over the dirty dressing rounder! There were also many other "camels" which ambled through the daily routine of asepticism quite comfortably.

Yours truly,

A GNAT.

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