

In the third group of problems we have to consider the candidate and her qualifications, and just here individual judgment is all powerful and leaves us utterly without a standard. Many questions are involved in the determination of the suitability of a woman to become a nurse, and these can be settled rightly only by the concensus of opinion of a group of experts. We are already agreed that all these important subjects and others which, combined, make up a proper course of teaching and training for the student nurse, and that would surely make for a common standard, could be best taken care of through the establishment of central schools or colleges controlled by representative central committees or boards. And, again, I feel strongly that in order to reach the proper sources through which much of this might be accomplished an international concensus of opinion voiced by an Educational Committee would give us better and quicker results.

To the last group belongs the problems of the graduate nurse, but poorly provided for and protected in many respects. Good centralised directories through which she may be classified, specialised, and provided with work and kept up to her professional obligations, should be established and really controlled by the graduates themselves, while definite post-graduate courses, to enable her to keep up with changing methods in medicine, should be arranged through the nurse's colleges. And finally should come her recognition by the State, legalising her practice in nursing by Registration, and at the same time providing due protection to the public through such a guarantee. Registration, in itself, can never wholly create a standard, but at the present moment it can be a great aid towards making one. It should be the outcome of a common standard of education, the hall-mark the world over, by which the public may recognise that a woman has really qualified herself in every sense of the word to care for the sick. It hardly seems possible that there can be any two opinions as to the need for it. Where life and death are concerned, what can we call "the little things"?

Nursing work should be, and is, second to none done by women, and no stone should be left unturned to place a true and proper value upon it and to help it reach its highest level. In a broad, general way these international meetings have been of the greatest value. It is an inspiration and source of encouragement to know that other countries are facing the same problems, working towards the same common standard—a common standard that I feel convinced would be realised much more

rapidly did we concentrate our attention a little more upon the methods employed in the actual making of nurses, and did we unanimously insist upon rendering universal a thorough practical training, which will supply a standard that should be the ultimate outcome of the combined wisdom, experience, and deliberations of the nurses of all countries where modern nursing exists.

### The Treatment of Uncertifiable Insanity.

We have recently had the pleasure of reading a reprint from the *Journal of Mental Science* of Dr. A. Helen Boyle's admirable paper on "Some Points in the Early Treatment of Mental and Nervous Cases" (with special reference to the poor).

The object of the paper is to urge the establishment throughout the country of institutions for the treatment of nervous cases and of early uncertifiable insanity. The fact of certification leads to an erroneous view of insanity, for it does not make a person insane, nor does the absence of it prove sanity. The boundary line of certification is a purely arbitrary one, and, from the nature of the illness and our present ignorance of it, this is bound to be so. Certification does not necessarily mean that at such a moment a person became mentally upset, but rather that at such a time, after observation showing them not to be responsible for their actions, it became advisable, in the interests of themselves or others, to control them, if required, by force.

Treatment, therefore, should begin irrespective of certification. The law, a very valuable one, surely has importance purely in that connection; it merely sees that physical control, when given, is not abused. Certification is only an accident in the course of the insane illness, and not necessarily, nor even often, at the beginning of it.

Insanity begins before a person is insane, and it is then that recognition and skilled treatment are most valuable.

It is this truth which terribly needs to be driven and hammered into the understanding of the lay public, and even more into that of the general practitioner, who is too apt to associate mental trouble with the striking picture of an acute maniac and to think that psychic disturbance short of delusions, or of *expressed* delusions, is what is called "only nervousness" or "hysteria."

Dr. Boyle asks—Do we as a nation do all in our power to prevent nervous breakdown of

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