

uniform was at present often employed—instances constantly occurring of its abuse, instances sufficient to fire the indignation of all true nurses, whose calling should be a high one; and yet the amount of indifference was great. It surprised her to find any nurse treating the matter lightly, content to go on in the old grooves, seeing each hospital, large and small, turning out its quota of so-called "trained nurses" into the general stream. No common curriculum, no common final test; the public being largely guided by the size or reputation of the hospital in which the nurse had resided. The woman trained in a provincial hospital might be quite as competent as the one trained in a large leading hospital; but, for want of a common standard, she was at a disadvantage in seeking an appointment. We wanted the State to define what a nurse's qualification should be, her diploma being a sufficient guarantee of her professional ability, apart from any particular school—no anomaly, no injustice.

Every nurse's experience must have taught her the need of a sound, theoretical foundation upon which to build the superstructure of her life's work, a foundation that could not be acquired while engaged in the busy work of a ward, her whole energies of mind and body being engrossed in the immediate practical work. Did one not constantly hear from the poor Pro. how much she would enjoy her work if it were not for those dreadful lectures, which she felt unable to benefit from, through tiredness and want of time to study, time that must be taken from sleep or recreation, which many were unable to give through exhaustion. Her time off duty ought not to be given to the study of lectures, her mind having dwelt sufficiently long on the one subject. Her general health required her to have some out-of-door exercise, if she was to maintain a healthy equilibrium.

Diversity of thought was most desirable, too long dwelling on any one subject was bad, especially anything so all-absorbing and startling as the first weeks spent in the wards of a hospital. We were apt to forget our own first days, days of shock on first contact with severe accidents, and many unpleasant duties, unnerving us and making us unfit for the work in hand, much more unfitting us for the strained attention required in attending lectures and their attendant study. The number of women who failed during their month of trial in hospitals which adopted this system corroborated the necessity of some knowledge of the work before entering upon it. The Sister-in-Charge and the Pro. were both at a disadvantage, victims to unnecessary trials of temper and patience. How was the Pro. to understand the instructions given to her, many of which were as an unknown tongue to her, the simplest phrases in use at the bedside had to be acquired, and she must also have some knowledge of hospital appliances before she could be of any use at the bedside. This was overlooked and oft-times confusion was mistaken for stupidity. But how

was this to be remedied? By the establishing of classes in connection with Medical Schools for the teaching of elementary anatomy, physiology, and hygiene, and by all hospitals refusing to take probationers unless they possessed the certificate of these schools. This was one point which should be decided by the State. The preliminary clinical theoretical instruction to be undertaken by each hospital (this also to be fixed by the State) before the pro. was admitted to learn the practical part of her work. The length of time to be spent in hospital to be also fixed before the pupil was allowed to stand for her final exam. with its attendant diploma, of course under State regulation.

The question of expense, was, Mrs. Strong thought, more fanciful than real judging from her own experience.

A course of preliminary instruction such as she had described had been in practice in the Royal Infirmary, Glasgow, for the last twenty years, and the never-failing supply of pupils during that period contradicted the fear of the initial expense being prohibitory, and causing a lack of pupil nurses. Miss Melrose, Matron of the Infirmary, would, she was sure, have pleasure in giving full information concerning the system. The introduction of the pupils into the wards under this system was so gradual that they were made familiar with the worst parts of the work before entering as regular probationers, thus avoiding many disappointments.

The few failures from this method corroborated her statement of the unsatisfactory system of taking probationers directly into the wards without any previous knowledge of the work.

A great impetus was given to nursing by Miss Nightingale's memorable work in connection with the Crimean War, and her subsequent establishment of a school in conjunction with Mrs. Wardroper, whom she found quietly working in St. Thomas's Hospital, seeking to rescue nursing from its degraded position. All honour to these noble women! Let us, said the speaker, try to do something, in however small a degree, to perpetuate their memories by helping to expand and perfect the work inaugurated by them. They sowed the seed, the growth and fruitfulness of which had been great, but we must look well to the pruning and keep our garden free from weeds. Had St. Thomas' Hospital remained the only "School for Nurses" in the United Kingdom there would have been uniformity of education, and, possibly, as the higher demands arose for the fuller instruction of nurses, the authorities of that hospital might have met those demands and thus have lessened the need for legislation. As it was, almost every hospital in the Kingdom followed the laudable example set by the Nightingale Committee and instituted "training schools," each being a law unto itself. Hence the great variety in the forms or degrees of education, which had called forth the desire for uniformity, both in instruction and in the tests to be applied before "Diplomas in Nursing" were granted.

[previous page](#)

[next page](#)