

general hospitals, as the inevitable result is that a number of nurses are certificated, highly skilled, perhaps, in one branch of nursing, but with very limited knowledge of general medical and surgical work, which, nevertheless, they undertake later as private nurses. Thus we are brought face to face with the need for co-ordination of training, and for reciprocity between the general and special hospitals with this end in view.

At the very beginning we should consider the age at which it is desirable for a girl to begin to train as a nurse. There are, I know, diversities of views on this point, and it is one upon which expressions of opinion may usefully be invited at the conclusion of this paper. Personally, I am in favour of the admission of probationers to general hospitals at the age of 21, rather than at 23 when most girls who have to earn their living have already chosen their professional work.

Even so, there are still some years between the time when a girl leaves school, and the age at which a general hospital is willing to receive her.

One's thoughts naturally turn to the care of infants and children as employment for these unoccupied years.

There is nothing to prevent a girl at this age acquiring a knowledge of the care and feeding of infants and young children, for many are mothers before 18, confronted with all the problems of infant care and feeding, and it would certainly be a life-long advantage to her whether her future life lies in her own home, or in a hospital to do so.

Much might be done in connection with the care of infants' crèches and babies' welcomes if they were in charge of trained nurses of experience as they always should be, and pupils received theoretical instruction in a central school, and practical training in the former institutions.

Additional experience in children's hospitals would fill the three years from 18 to 21, and the pupil would begin her general training seasoned to some extent to hospital work, but without having been subjected to the strain of dealing with adult and helpless cases while her own physique was still immature.

If we consider one of our alternative schemes of nursing education, that of one year surgical and two years medical nursing, including the infectious fevers, we shall find that the co-operation of the authorities of fever hospitals with those of the general hospitals is necessary for the arrangement of such a curriculum, and this in all large centres would be quite feasible.

In London, the authorities of the great fever hospitals—the Metropolitan Asylums Board—have shown themselves not only willing, but desirous to enter into an arrangement with the general hospitals for reciprocal training—and a few years ago addressed communications to the Matrons of the large general hospitals with the object of securing their co-operation with such a scheme.

The late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, showed herself, as ever, a broad-minded educationalist, and recommended to her committee to co-operate with the Metropolitan Asylums Board, with the result that a scheme of reciprocal training was adopted by the Committee of the Hospital and the Board, but other Matrons less eager to obtain all the educational advantages possible for their nurses, did not fall in with the same far-sighted policy.

It is interesting to note how the organisation of Nursing Education through State Legislation has affected this question of reciprocal training outside the United Kingdom.

A professional committee, in a Report presented to the International Congress of Nurses last year at Cologne, on State Registration in the United States, wrote:—

“The most conspicuous result has been the truly surprising extent to which we have the uniting together of several hospitals in giving training to one set of nurses.

“This kind of affiliation, providing all branches of work for the pupils passing from one to another is going on all over the country. The most prominent example is Bellevue; which has pupil nurses coming to it from 23 hospitals in other cities, and even in other States, as far away as Maine,” and Miss Mary C. Wheeler, R.N., in her Presidential Address last year to the American Society of Superintendents of Training Schools for Nurses said:—

“It has been borne in upon me that we have a splendid amount and kind of material in training; that the development of this material is hampered; that this development is hampered by an educational system, which is incompatible with the educational movements in other lines of vocational training of to-day.

“This problem is one which needs our best efforts in order to find a workable solution. In the reconstruction of nursing education, I feel sure that affiliation will play an important part. Affiliation, as it now stands between Schools for Nurses, is in its infancy, but we must have combined action on broad lines to become efficient.”

The problems of nursing are the same the world over, and it is as imperative that we

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