

I would emphasize the principle, which is now universally admitted in other callings, that a general training is necessary before it is possible properly to profit by a special one, so that in organizing the future curriculum of training it would be necessary that there should be more co-operation between the general and the special hospitals. Such co-operation would be of mutual benefit, as the special hospitals would draw their Nursing staffs from the ranks of those who had had previous experience, and the general hospitals would be able to avail themselves, for training purposes, of the unique advantages of the special hospitals, whereby the nurse pupils would be able to gain expert experience in the care of patients suffering from special diseases. In the future, therefore, it may be hoped that a nurse will not only be required to be thoroughly conversant with, and efficient in, the nursing of general, medical, and surgical cases, but that she will be required to have gained experience in the details of the nursing of maternity, gynæcological, and ophthalmic cases, of infectious fevers, and of the nursing of the insane. Further, I believe that, in the future, nurses having gone through a course of general training, will ultimately, like medical men, specially qualify themselves for the nursing of one special branch of disease.

I presume that the ambition of every Matron is to see the Profession of Nursing so organised that, metaphorically speaking, the maimed, the halt, and the blind, shall be excluded at the outset, and that the tests of fitness shall be sufficiently defined to preclude any but the best all-round women passing through its curriculum, and attaining professional guarantees. Now, I lay special stress on the best all-round women, because numerous defects go to make hundreds of women unfit to ever become good nurses, and numberless virtues are required, as we know to our cost, to make good nurses, therefore the very portal to the nursing profession should be carefully guarded so that weedy individuals may not pass through and have to be spudded up by the way and added to the rubbish heaps of unfits. Is it too much to demand that a somewhat severe test should be defined before a woman is admitted to work in a sick ward in any capacity whatever? I know theories are easily demonstrated, but it is when we come to the practical solution of an innovation that we require the counsels of experience. It is so easy to say this and that ought to be, so that if I was to lay down the ultimatum, that every woman who offers herself as a Probationer must be efficient in skilled domestic service (as she ought to be) and that it is the duty of a good mother

and a capable housewife to fit her daughter for the same responsibility, such an ultimatum would still leave hospital Matrons high and dry and devoid of Probationers, because many women are neither good mothers nor capable housewives—the average Englishwoman is far too lazy to excel in either capacity—so that we have numbers of Probationers dumped down into the wards, who have not only to be taught the elements of the sciences on which good nursing is based, but have also to be instructed in the very elements of domestic service of which cleanliness and order are the salient features. Watch an average Probationer use a broom, a brush, a duster, inspect the cupboards and drawers under her charge, watch her wicked waste of gas, coals, water, stores, see her mop up her careless slops with a linen sheet, and then ask the average hausfrau, how, after all these years of vaunted domesticity, with which she attempts to annihilate the New Woman, she dares to expose her ignorance and incapacity by offering her untrained daughter as a caretaker to the sick. The sad truth must be owned, the average Englishwoman is not a domesticated person in the sense of being an expert and capable housewife—that she cuddles into her own little cosy corner by the domestic hearth I own—so does the cat—but she is neither thrifty nor clever, which fact must be taken into consideration, and met at the outset in defining a practical standard of nursing.

The average middle-class English girl, who has attained her majority, and from whose ranks the professional nurse must be recruited, has to be taught the elements of domestic service.

In trained nursing I rank the Domestic Arts very high; and to a very considerable extent, nursing is domestic service.

It will be a happy day for hospitals, and for the national welfare, when women are given, from their youth up, a thorough knowledge of domestic economy.

But, awaiting the millennium, it appears to me that the very first step towards attaining a Practical Standard of Nursing is to try and provide the means by which it may be attained by would-be probationers. Something has been done on these lines by the Glasgow Royal Infirmary, and the London Hospital, in instituting preliminary instruction to test and teach probationers—and these preliminary schools would no doubt meet the needs of large and rich hospitals, but are out of the question in considering the needs of numberless small hospitals. Perhaps you will discuss this question. Perhaps a Central Nursing College in London,

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