

that candidates became numerous. The full double training is, of course, a tremendous advantage to any applicant for a matron's post. No person should, however, be appointed matron of an Asylum, if it can be avoided, who does not hold the Certificate of Proficiency in Mental Nursing, and the training which was instituted in 1896 for hospital nurses, and adopted in many other Asylums since then, obviates the necessity of doing this.

In answer to Dr. Yellowlees I replied that enterprising and intelligent mental nurses, meeting hospital nurses in the wards of Asylums, would be induced to complete their training in Hospitals, and would in their turn be available for matrons' posts. Also that the status of Asylum nurses would be improved by Hospital nurses working in the wards of Asylums. My surmises both proved correct. Scores of my nurses have taken their hospital training. I fancy this practice is more prevalent in Scotland than in England, as our Asylums have become more hospitalised and we employ more hospital nurses in them. The result of this is that many mental nurses who have completed their double training in hospitals are afterwards appointed assistant matrons, and some do ultimately become matrons of Asylums. Lately, I think four out of five assistant matrons at the West House of the Morningside Royal Asylum had begun their career as mental nurses. During the last three years three at least, if not more, of my former assistant matrons, who started as mental nurses, have been appointed matrons of English Asylums. More mental nurses may be appointed matrons than Captain Kirkland-Whittaker suspects, but they usually have the double training, which we all think so desirable. In any case, good mental nurses are now coming into their own in this respect, as I predicted twenty years ago they would, and the status of mental nurses is much higher now than then.

Hard lines still occur, as when a faithful experienced mental nurse is passed over for a younger woman who holds both certificates. Some weight must, of course, be attached to the possession of the second certificate, and the interests of the patients and the institution must come first. One cannot fail to sympathise with these older officials; not so much, however, with the younger generation of mental nurses. Those of them who are enterprising and ambitious should know by this time that if they aspire to the higher posts they must complete their training in a general hospital. If they do this, there are many I know of, like Dr. Yellowlees, who will give them a preference when opposed by candidates who are equally qualified, but whose "first love" has not been the Asylum.

I do not think there is any difficulty such as Captain Kirkland-Whittaker suggests in a mental nurse completing her training in a general hospital. My experience, which is not exceeded by anyone, is opposed to this. She must, of course, resign her asylum post after obtaining her certificate, which she can do by giving a month's notice. She will find she will have less difficulty than the untrained woman in entering a Hospital, as the

certificate of the Association which she possesses, I am proud to say, is held in high esteem. The matron of the Hospital knows that she is not a raw, untrained, ordinary probationer. If she has done good service in the Asylum, the Superintendent and the Matron will help her to enter a Hospital.

I think it distinctly hard that one year should not be deducted from the three required for Hospital training, in virtue of her mental certificate, as is done when a hospital nurse enters for the mental certificate. This point has already been brought by the Medico-Psychological Association to the notice of the College of Nursing, and the favour will no doubt be obtained in time. It was several years before the Medico-Psychological Association itself granted the favour to hospital nurses. As I was the first to train hospital nurses in Asylums, I naturally proposed at the meeting that this favour should be accorded them, but I underwent the trying experience of not finding anyone to second my proposal. Several years afterwards, at a large meeting in London at which I was present, Dr. Mercier made a similar proposal, and he not only found a seconder, but his motion was enthusiastically carried without a dissentient voice. His argument may have been as lucid, interesting, and convincing on that occasion as his speech was at the Annual Meeting, and the times may have been ripe.

I am, Madam, &c.,

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#### KERNELS FROM CORRESPONDENCE.

*Self-supporting Nurse*.—"I ventured into Self-ridges the day last week that actresses and others were selling tickets for the Nation's Fund for Nurses. I told one lady how strongly many nurses objected to its being done as a war Charity. She kept repeating, "Nonsense, Miss Davies must know!" I resented this. Who is Miss Davies, and what has she to do with my freedom of opinion? She is neither the keeper of my conscience nor my purse. I claim the right to form and express my own opinions. To the little actress in question, this appeared entirely superfluous."

[It would.—ED.]

#### OUR PRIZE COMPETITIONS.

*July 20th.*—State fully how you would disinfect a bedroom and its furnishings.

*July 27th.*—What are the chief racial poisons? What steps should be taken to prevent and counteract their effects?

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