

essential to the conduct of the hospital, but of no educational value to the student concerned. Hours and days spent in performing the work of a ward maid, in putting away linen, in sterilizing apparatus, in mending rubber gloves, in running errands, long after any important technique involved had become second nature, accounted in one typical hospital operating under the eight-hour system, for a clear wastage of between one-fourth and one-fifth of the student's working day.

"The total amount of time assigned to ward service under the conditions which obtain in many hospitals is, in itself, a fairly complete obstacle to educational achievement. Our selected group of hospitals, surely in this respect far above the general average, shows a median day of between 8 and 8.5 hours on ward duty alone, exclusive of all class-room instruction. Irregular and excessive and unproductive night duty is the rule rather than the exception. Crowded and unattractive living conditions tend, in certain hospitals, to impair the morale of the student body; and an atmosphere of autocratic discipline frequently prevents the development of a psychological atmosphere favourable to effective co-operative effort."

The Committee is careful to emphasise in the first place that such shortcomings as have been pointed out are not fairly chargeable to deliberate neglect on the part of hospital authorities or nursing superintendents. "In so far as they exist they are due to the inherent difficulty of adjusting the conflicting claims of hospital management and nursing education, under a system in which nursing education is provided with no independent endowments for its specific ends. The difficulties involved in the task of resolving this conflict are perhaps illustrated by the fact that, out of 144 registered training schools in New York State, 60 changed Superintendents during a single recent year.

"In the second place it is encouraging to note, by reference to Miss Goldmark's report, that every one of the shortcomings in hospital training, discussed above, has been corrected, with substantially complete success, in one or more of the training schools studied by our investigators. The difficulties are not insuperable. Each of them has been overcome in some schools, and most of them in some of the best schools. Training schools exist to-day in which the student receives a sound and an inspiring education, with a minimum of sacrifice to the exigencies of hospital administration. Yet such schools are still the exception, and we are convinced that the progress we desire can come only through a frank facing of the truth."

*Conclusion 5.*—"That while Training Schools for Nurses have made remarkable progress, and while the best schools of to-day in many respects reach a high level of educational attainment, the average hospital Training School is not organised on such a basis as to conform to the standards accepted in other educational fields; that the instruction in such schools is frequently casual and uncorrelated; that the educational needs and

the health and strength of the students are frequently sacrificed to practical hospital exigencies; that such shortcomings are primarily due to the lack of independent endowments for nursing education; that existing educational facilities are, on the whole, in the majority of schools, inadequate for the preparation of the high grade of nurses required for the care of serious illness, and for service in the fields of Public Health Nursing and Nursing Education; and that one of the chief reasons for the lack of sufficient recruits of a high type to meet such needs lies precisely in the fact that the average hospital training school does not offer a sufficiently attractive avenue of entrance to this field."

(To be continued.)

### THE HOSPITAL WORLD.

Princess Mary will open with a silver key the War Memorial Nurses' Home at Newmarket on Thursday, November 1st, at 11.30 a.m. Several ladies well known in "Turf" circles are endowing cots in a children's ward connected with the Home.

An appeal for £50,000 is being made for bringing Westminster Hospital up to date. The cost of reconstruction is estimated at £70,000, of which £20,000 has already been subscribed. "Westminster" is the oldest of those supported by voluntary contributions, and dates back to 1719, and has earned the confidence of the philanthropic public, its reputation for economic management is recognised by King Edward's Hospital Fund.

The Minister of Health has sent a somewhat uncompromising letter to the Insurance Acts Committee of the British Medical Association in reply to their communication rejecting the proposed new panel fees. He states that his offer represented a considered decision, arrived at on the merits of the case, and he refuses to submit the matter to arbitration.

In a rejoinder to the Health Minister, the Insurance Acts Committee declares that, while it would have preferred arbitration or negotiation, it has no option but to accept the responsibility he now imposes on it.

If the medical profession is loyal to the best interests of the public—to say nothing of its own stability—there should be but one result in this controversy.

It is over ten years since 476 children helped to build the Birmingham Children's Hospital by buying and laying their own bricks. It was then decided that any children purchasing bricks after July, 1913, when the first bricklaying ceremony was held, should have an opportunity of making their contribution to the building of the out-patients' department, when that was decided upon. There are 200 children waiting to lay the bricks they have purchased for £1 rs. 6d. each; and the ceremony will take place on Saturday, November

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