



LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: In the September JOURNAL OF NURSING, B. H. C. contributed an article on the evils of small hospitals, which shows that B. H. C. is not thoroughly familiar with her subject, and that she is accustomed to looking at things from but one point of view.

I think I may say without fear of contradiction that the small hospital is now a recognized necessity, especially in a factory town, where there are often terrible accidents, where a journey of ten to twenty miles to the nearest city hospital would mean almost certain death to the sufferer.

Can B. H. C. cite an individual case where a general hospital has been established for private gain? I know of none such. The hospital in which I am serving was started with no thought of private gain. The Executive Committee and the Board of Directors are composed of the most eminent and upright men of the town, who give their services unstintedly, *free of charge*.

The work in our hospital is pretty evenly divided between medical and surgical cases. We have a maternity ward and we expect to have a contagious department. We are constantly feeling the need of a training-school for reasons other than financial ones.

Before going further, I should like to ask B. H. C. what opportunities she has had of testing the efficiency of the graduate of the small hospital training-school? If the graduates of the large schools do not believe in the small schools, why are they willing to take charge of these schools and graduate nurses whose efficiency they doubt? For surely no conscientious nurse would be willing to engage in a work she does not consider legitimate. As a matter of fact, after employing graduates from large and small schools, I find that the graduate of the small hospital is *invariably* to be preferred for at least operating-room work.

A hospital cannot be run without nurses. B. H. C. says "there are numbers of good trained nurses who would be glad to do the work in these small hospitals at a fair salary." What would she regard as a fair salary? Our graduate nurses are paid thirty dollars per month, which is, I believe, slightly above the average. If B. H. C. ever has had charge of one of these small hospitals, she must know how nearly impossible it is to find these "good trained nurses." Generally speaking, the only graduate nurses who are willing to do general ward work are those who are worn out by the lack of sleep and irregular hours of private nursing, or who are incapacitated for a larger field by some physical weakness. If the hospital is fortunate enough to secure the services of a really competent nurse, she is scarcely ever willing to stay for more than three or four months, as she prefers a cleaner class of patients and the more remunerative field of private nursing.

In a hospital where five or six graduates are employed, each coming from a different school, there is very little uniformity in the work, and it is very difficult to establish any kind of a system. Each graduate thinks that her method is best, and that it is next to impossible to obtain good results in any other

way. Very often they so far forget their training as to offer a great deal of unasked-for advice and criticism, not only to the superintendent but even to the physicians, forgetting that there is more than one road to a goal. If rebuked for their unprofessional conduct, they promptly take offence and hand in their resignations. Both discipline and harmony are rendered doubly difficult in a hospital without a training-school.

To summarize, if a hospital wants a uniform, loyal, and harmonious nursing service, it must train its own nurses.

What we need is not the abolition of the small hospital training-school, for quality is not necessarily dependent on quantity, but the establishment of more reputable post-graduate courses.

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DEAR EDITOR: The addresses of Dr. Mitchell and Dr. Worcester in the August JOURNAL so interested me that I wish they could be read by every doctor and nurse in the land. Dr. Mitchell has endorsed an idea that has long been my own and one that I have frequently discussed with both doctors and nurses. The idea of State examination for State registration of nurses seems to me the only way that we can ever establish a standard for ourselves. Doctors and pharmacists are submitted to an examination after graduation, and why, if ours is to be a profession, should not we? If nurses when looking forward to the time of receiving their diplomas realized that they were then only considered eligible for State examination, and knew that they could not earn their daily bread until they passed that examination satisfactorily and were registered, we would have better nurses,—for then we should see fewer women who “shirk along” from day to day until graduation, and barely receive their diplomas. How they are ever tolerated is quite beyond comprehension. But they are with us, and, while they may get along “any old way” in the school and escape censure, some way, somehow, they reap what they have sown in private work. They too well advertise themselves and do the profession irredeemable harm, not to mention their schools. The case of Jane Toppan brings out another strong point in favor of State examination. I need to mention but these two good points in favor of State registration as endorsed by Dr. Mitchell.

But Dr. Worcester seems to almost show us that we cannot call ours a profession. Is he not almost right? To be members of a profession should we not be independent in our training? I, at least, think so. A woman best knows the needs of women. Then, since nursing is preëminently a woman's work, should not a nurse best know the needs of nurses? A doctor may *tell* us *how* anything *may* be done; but a nurse *can show* us *how it should* be done. We are at last dependent upon the doctors, you may say. Well, if ours were a recognized profession, we would not be dependent, we would be recognized as assistants, and—let those who clamor for such recognition think well. A training-school should be equipped with a corps of trained nurses to instruct the pupil nurses, just as the doctors do now. The head nurses of the wards should be graduates. These should be selected with regard to their ability as instructors, and should serve with the fact in view of being promoted after a thorough examination to the corps of instructors, then to receive a salary just as all graduate head nurses do now. By this means we should bring into our work a higher standard of education. There are numbers of brilliant women in our work who are capable of becoming instructors. The letters that are written to the editor are all