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Instruction of Nurses

PAPER

ORIGINALLY INTENDED FOR THE CONGRESS OF
NURSES, BUFFALO, U.S., SEPTEMBER 19TH, 1901

BY

REBECCA STRONG


MATRON, ROYAL INFIRMARY, GLASGOW

GLASGOW

JAMES MACLEHOSE AND SONS

Publishers to the University

1901



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Introductory.

LADIES, I must thank you for the honour you have conferred upon me by asking me to read a paper on the "Preparatory Instruction of Nurses," and presume it is the technical course of study to be pursued before entering the wards as probationers for practical training in the art of Nursing which you desire to hear about, and not the ordinary preliminary general education which is a *sine qua non*. I ask your indulgence should I digress somewhat from the particular point, as it is a wide subject, with many side issues. I will endeavour to place before you something of our work and aims on the other side of the Atlantic, and the various events in the "chain of evolution" which have led to the desire to rescue nursing from its chaotic condition, placing it on a sound basis of systematic tuition, leading on to a final examination, to be conducted by an outside body, under the control of the State.

We wish to see ourselves in connection with the "General Medical Council," to have a curriculum laid down by them of the studies, examinations, and

work to be done, before a woman presents herself for examination for her Diploma. We cannot be a separate independent body, we are the hand-maidens of the Medical profession; and if we educate ourselves beyond what is required of us, it is valuable time lost, and is apt to produce a spirit of discontent with the subordinate position which we must hold in regard to the doctor. On the other hand, we require to keep abreast of the times, and if we do not educate ourselves to meet their needs we cannot expect their interest in us. Diagnosing is not our province, our responsibility ends with a loyalty of spirit in carrying out the instructions given, obeying in spirit as well as in letter; and it is only by being at one with the doctors, supplying their wants, that we can look for guidance and help from them in the forming of ourselves into a recognised body of people.

I cannot say that my ideas are representative of the thought of the country, they are merely the gathered experience of a thirty-five years' nursing career.

The Medical Profession are by no means unanimous, in our country, as to the necessity of a fixed curriculum for Nurses, and what should constitute a "Trained Nurse" (I use the term for want of a better), but it must be borne in mind that it was only in the eighties of last century that that profession became a corporate body. We can scarcely expect in so short a time that the want should be universally felt of a body of women specially educated on fixed lines to give assistance to them in

their work. Physicians and surgeons will always have their individuality to be considered with their methods of treatment; but a nurse must have a certain amount of information before she is capable of adapting herself to their various requirements, otherwise it would entail a great deal of misunderstanding of instruction given. We would like to do away with what is so aptly called the "daring of inexperience." There are many medical men who are of opinion that the time is not far distant when the term "Qualified Nurse" will require to have a definite meaning and not be left to the arbitrary decision of the various hospitals to grant certificates, following upon their own private examinations, which may or may not be of practical value in regard to the fitness of the holder for carrying on the work of nursing.

The argument that there are many good nurses who have received little but empirical training will not hold good, any more than the same applied to the practice of Medicine half a century ago. As it stands to-day with us any woman who holds a certificate to the effect that she has spent three years in a general hospital containing not less than forty beds can register, provided there is nothing against the moral character.

It is not the size of the hospital I object to—given a good doctor and a capable nurse in charge, who would not grudge to devote their time to teaching, I believe the best results may be obtained. What I maintain is, that residence alone is an insufficient guarantee of ability, or fitness for the work,

without some test of the knowledge gained during the period of residence in hospital. This, I think, is where registration with us fails to meet a much-felt want. The fact of there being an examination by an outside body would be a valuable stimulus to the nurse all through her term of residence, and would do something towards preventing merely mechanical work, adding zest, thus causing happiness, which we cannot do without.

We speak of the old and new order of things, if we compare the generations one with the other, and the conditions under which they have lived ; it seems like constant revolution, but in reality it is a succession of events leading to changed conditions. There is no break in the link ; it is progress, not revolution ; it is the same with the so-called " Profession of Nursing."

As the science of Medicine has advanced, a more intelligent assistance has been called for by some, an instructed intelligence, which can grasp the meaning of technical instructions left for the guidance of the nurse. To prevent repetition of platitudes, you will find my ideas on this point in a printed form, which any of you may have upon application to me at the close of this meeting.

When I first entered St. Thomas' Hospital, London, nearly thirty-five years ago, a year's residence was considered sufficient length of time to prepare one for the taking of responsible positions, even to that of Matronship. I am sorry to say this custom is not yet quite obsolete in some of our British hospitals.

The year mentioned was an immense improvement upon what had been, before the time of Miss Nightingale establishing her school at St. Thomas' in conjunction with Mrs. Wardroper (Matron of that Hospital), after Miss Nightingale's return from the Crimean War.

The value and far-reaching influence of the work done by that lady requires no comment from me, it will live for ever. For Mrs. Wardroper I would like to say one word. The single-handed combat which she undertook, with the general bad condition and ignorance which prevailed at that time in the nursing world, was being nobly fought, when Miss Nightingale, in search of a hospital wherein to establish a school for the training of nurses, came upon and recognised the good work being done by Mrs. Wardroper, and chose St. Thomas' Hospital as the centre for her operations. This school being established class work was gradually introduced, in addition to the practical work, until it has grown into an elaborate system, and, as I have remarked elsewhere, had St. Thomas' remained the only training school for nurses we should have had uniformity, and possibly the authorities would have risen to the demands made upon them; but, as there was perfect freedom in the matter, a legion of schools, so called, sprang up, each establishing according to their individual ideas a curriculum for the instruction of their nurses, producing a veritable chaos of training. We require to know the method of each school before we can estimate the value of the certificate given.

Looking back upon my own early experience, and the work undertaken by me, without knowledge of the construction of the human frame, its functions, and the hygienic laws pertaining to the maintenance of health, and my ignorance of the leading features of disease, and inability to distinguish between healthy and unhealthy excretions, with the inevitable blunders arising therefrom (in fact learning through blunders), which is not to be commended where risk to life is involved, I concluded that it was necessary to be acquainted with these matters before entering the wards, to be instructed in the practical art of Nursing, as there is too much close study entailed in acquiring the elements of these things to admit of classes being carried on simultaneously with ward work.

Professor Macewen of Glasgow University was the first to suggest to me the possibility of an organised uniform method for the technical instruction of nurses, before entering hospital as probationers for practical work, with final examinations, after a fixed period of residence, by an outside independent body representing the State, whose diploma should be the sole guarantee of fitness for the office of "Nurse."

It was on the New Year's morning of 1891 that Professor Macewen, in an address to our nurses, first made public mention of what he thought might be done in this respect, and added, "Will the Glasgow Royal Infirmary take the lead?"

Scheme of Education as adopted January 1893.

In consequence of his representations to his Colleagues, a scheme was drawn up by our staff for a series of classes for pupils who desired to become probationers. This scheme was placed before our Managers, and they very heartily consented to a trial. We made a start in January, 1893, and from that time we have gone on with our pioneer work, each year strengthening our confidence in the soundness of the step taken, though keenly alive to the necessity of fuller development. The intending pupil (unless holding a Leaving Certificate of the Scottish Education Department, or one in connection with the University) is required to attend a preliminary examination in Grammar, Composition, Spelling, and Arithmetic. Ordinary physique and good general health indispensable. The first six weeks are spent in attending classes (specially arranged for nurses in connection with St. Mungo's College, Glasgow) for the acquiring of the elements of Anatomy, Physiology, and Hygiene, for which the pupil pays £2 2s., providing board and lodging at her own expense. It would take up too long if I fully detailed to you these classes, but will give you an extract from our syllabus.

“The Anatomy course consists of not less than twelve lectures, embracing the description of the bones, joints, and chief muscles of the body, the course of the main blood vessels and nerves, and the broad outlines of the anatomy of the brain and of the thoracic, abdominal, and pelvic viscera,

illustrated by diagrams, casts, and recent dissections. These lectures are given by Professor Henry E. Clark of St. Mungo's College. Oral examinations on the subject matter are held throughout the course, closing with a written examination by an outsider. This method of examination, I may say, is carried out in the other subjects, *i.e.* Physiology and Hygiene."

Physiology also consists of twelve lectures given by Professor John Barlow of the same College, illustrated by diagrams, instruments, and by microscopic preparations—the subject matter comprising a description of the blood, muscles, food, digestion of food, circulation of blood, respiration; the skin, kidneys, nervous system, general arrangements of parts of the brain in man, and the special senses.

Hygiene is taught by Professor Hugh Galt, also of the same College, consisting of twelve lectures profusely illustrated by models and diagrams, and including the general principles and fundamental laws of Hygiene. The dwelling in relation to health; air, ventilation, water; the various methods of heating and lighting are all very carefully considered. Hygiene for nurses in regard to personal clothing and food, and in regard to disease is entered into, and the general principles upon which buildings constructed for the treatment of disease should be erected.

Upon the pupil passing successfully the examinations connected with this first course, she goes on to a second course, for which the sum of £3 3s. is paid. This course comprises twenty classes or

lectures by Dr. James A. Adams, Surgeon to the Royal Infirmary, on the nursing of cases before and after operation, according to modern ideas of Surgery, in relation to the germ theory, including the operating room and its equipments.

Fractures, dislocations, haemorrhage, dressing of wounds, instruments, the application of splints, bandaging, etc., are all fully dealt with, several classes being entirely given to practical work.

Lectures and demonstrations on Medical cases are given by Dr. Lindsay Steven, Physician to the Royal Infirmary, consisting of lectures and occasional demonstrations in the wards of the Lecturer.

The chief diseases of the various organs are briefly described, attention being specially directed to the training of the nurses in (1) What and how to observe; (2) What is required in regard to nursing; and (3) What to do in emergencies.

Instruction is also given in the observation of the pulse, the respiration and the temperature, and the excretions generally; in the examination of the urine, the administration of medicines, and in the signs of poisoning by the more common poisons employed as drugs in the treatment of disease.

A series of classes, ten in number, are also held by myself, comprising practical instruction in the cleaning and use of ward appliances, preparation of surgical dressings and methods of keeping such, care of instruments, preparing and application of fomentations and poultices, application of ointments, blisters, leeches, etc.; special attention being given

to the care of beds and bedding. Syringes of all kinds, including enema, are explained, and their uses, with different methods of cleaning.

Cooking is confined to ten lessons, as the principles are taught in the Physiology and Hygienic classes. Particulars of this work have been published, and I take it for granted they are already known to you. This scheme excludes all class work during the three years spent in the wards, the time given to the acquiring of practical skill in the art of Nursing. On looking over our syllabus you will observe that the three months' preliminary instruction is given entirely at the pupil's own expense.

Disadvantages of the Old System.

Up to that time we, in common with others, had gone on increasing our class work until it came to be a serious hindrance in the work of the wards, being detrimental to teachers, nurses, and patients. Examinations were a constant "Nemesis," giving no freedom to really enjoy work, and with insufficient leisure to study the subject matter given in lecture, much of the good of it was lost. We could not see our way to less than a ten hours' day of ward work, and classes in addition to this interfered with both sleep and recreation.

Advantages of New Scheme.

One great advantage of the scheme is, that it rids us of the incubus of a number of unsuitable women entering the wards upon a month's trial.

I do not know which to pity most, the nurse or the probationer, where the old custom still prevails, and believe some good pupils are lost through the difficulty of getting accustomed to the extremely new environment into which they are thrown, whereas, by being gradually led into it through a preparatory course, they might succeed; it also ensures a uniformity of instruction, and we know exactly what to expect from each probationer.

First Course: Anatomy, Physiology, and Hygiene.

I should like to see this modified, as I do not think nursing is sufficiently remunerative to compensate for any great outlay in the gaining of the knowledge necessary for the carrying on of the work, and I would advocate the taking of the first course, viz., Anatomy, Physiology, and Hygiene, at some established Medical school, independent of any particular hospital. This expense to be borne by the pupil, the course being specially arranged for pupil-nurses.

I have attended the classes under the auspices of the Royal Infirmary, Glasgow, which are held in St. Mungo's College of that city, regularly, and am of opinion that the ground covered by the teachers is sufficient to enable a woman to carry on her work at the bedside intelligently, and I have no desire to see these subjects extended. The fees for these classes could be minimised by large attendances, if all hospital authorities agreed in not taking pupils for clinical instruction until they held certificates from the different recognised

schools for the teaching of these three subjects. Each large town possesses at least one such college, and hospitals situated in smaller towns, where they have not the same facilities, might combine to insist upon their pupils holding these certificates.

I have not mentioned Chemistry, as both Physiology and Hygiene touch upon this sufficiently for the purpose of nursing, but we want uniformity, and this can never be attained without a central controlling power to regulate these things for us. One distinct gain we should have in the above would be, freedom from a preliminary examination, as the woman who could pass the examinations connected with the first course would certainly possess sufficient general education for the second.

Second Course: Clinical Classes.

I think the Clinical classes should be undertaken by the hospital authorities, each for themselves, the nature of these also to be fixed, being confined entirely to the general, no specialism. About two months should be sufficient to cover the necessary ground, the pupils paying fees sufficient to cover the expenses of lectures, the hospital providing board and lodging free of expense to the pupil with suitable class rooms, and the Matron or Lady Superintendent, as she may be termed, taking general supervision of these classes, and seeing that efficient tutorial assistance is given to the pupils, in addition to her own proper classes.

The nature of this teaching as adopted by us, and the subjects we think it necessary for the pupil

to be instructed in, I have already mentioned. We also endeavour to impart some principles upon which self-education may be carried on during the three years' perfect freedom from class work.

I should like to see more time devoted to this second course of instruction than we are at present able to give to it, and that is why I advocate the lessening of the expense to the pupil, that she may not feel it a hardship in lengthening out the time. What we cover in one month I think requires two. One hour's class work, I think, requires the whole of the remainder of the working day for study, either mentally or manually.

Modus Operandi re Ward Work : Three Years' Course.

The pupil, on entering upon the actual work of nursing under the tuition of the "Nurse in Charge," to make herself practically acquainted with the ward duties and the individual care of the sick, should apply herself diligently to the understanding and practical application of the theory gained in class.

Unconscious tuition is constantly going on ; the Clinical classes, held for the benefit of the medical students, are of great use to the probationer in keeping her memory fresh, and helping her to understand the why and wherefor of things. The three years mentioned is none too long for the acquiring of the necessary skill to carry on so serious a work as nursing. We must not lose sight of the manipulative part of the work, which largely predominates ; in this, as in all other handicrafts,

nothing but actual handling can produce skill. We might hold class after class, but all we can do is to give rules for guidance; books also can do no more. It is for the nurse to make the knowledge her own by practical application. We cannot ensure uniformity of skill in the carrying out of nursing, any more than in any other calling. Individualism will reign here as elsewhere; general adaptation and quick intelligence is not given to all, but we require a certain amount of definite knowledge.

If our larger hospitals must become recognised "Training Schools" for the supply of smaller institutions (where they have not the facilities for teaching) and also for the supply of private nurses, I think we should endeavour to accomplish these objects with a minimum of disturbance in the ward work. The constant change of probationers from ward to ward, to give them an insight into the different methods of working, was well enough in theory, but unworkable in practice. We found they were not long enough in any one place to take a grip of things, or for those about them to take sufficient interest in teaching, feeling they would be so shortly removed. We prefer them to take eighteen months in one set of Medical wards before going to the Surgical to take the other eighteen months, but cannot always manage this; sometimes they have to take the Surgical first. At the end of the three years thus spent in general Medical and Surgical work, we should like them to be examined by outside examiners from some

recognised body, as I have already said, whose "Diploma" should be the only legal guarantee for fitness for the work. Should the nurse be fortunate enough to obtain this, we should still be glad to retain her services; should she fail, I think she should have the opportunity of returning to her "Alma Mater" and be re-admitted to examination later on.

Remuneration.

At present there is a great demand in our country for nurses who have spent three years in hospital, and with the human love of change we require to do what we can to make hospital life agreeable and healthful, and to give fair remuneration, otherwise we should be depleted of our best nurses, and our hospitals would thus suffer from the use of them as "Schools for Nurses."

I think payment should commence as soon as a probationer is taken into the service of the hospital. I repeat, nursing is not a money-making calling. The day is past when it was thought to be noble self-sacrifice to take up nursing. It is now recognised as an "honourable calling for honourable women," and I think it ought to be so arranged that women of moderate means are enabled to enter with the object of making a living, which object does not necessarily entail a mercenary spirit. I think it is a stimulus to the overcoming of the initial difficulties connected with the work. We do not wish to attract the dilettante class—we rather wish to exclude them; and I would emphasise what has already been ably

said by Professor Macewen as to the desirability of equality in the work—merit alone carrying the day, and not the paying of fees nor purchase of the higher positions. We want women of earnest purpose, with no heroics, but sufficient interest in the work to be happy in it and to carry them through emergencies that may arise with a spirit of pleasure without feeling ill used.

Free from the worry of classes, I think it a most pleasant work, always varying with the myriad individuals and their myriad interests. I speak from the experience of twelve years spent directly at the bedside.

Domestic Work.

I am aware that some may raise objection to the purely technical character of our scheme of preparatory instruction for nurses, and think we altogether lose sight of the domestic. This we can never escape from; it is this domestic nature of the work which makes it essentially a woman's work, and I would advise everyone who wishes to perfect herself in the art of nursing to perfect herself first in the art of housekeeping, including cooking. I think it waste of time to come to hospital to learn these things, and they cannot be done without; they meet a nurse at every turn.

The whole condition of a ward depends on the nurse in charge. (Cleanliness is a much more scientific matter than appears at first sight.) We do not ask our nurses to do the housemaid's work of the ward, but we do ask for a thorough knowledge

of the best methods of cleaning, that she may be able to direct. We have no system for the training of ward maids—I wish we had—and therefore have to depend upon the nurse in charge for the general brightness and comfort of all under her. It is similar to an ordinary home, and we all know how much depends upon the head. It is sometimes quite distressing to hear an otherwise capable woman expressing her ignorance of the most common household matters, giving as an excuse the depending upon servants.

Johns Hopkins Curriculum.

In looking over the *Circular of Information* kindly sent to me by Miss Nutting of the Johns Hopkins Hospital School for Nurses, I did so bearing in mind the characteristics of the two nationalities and their differing needs. In comparing the two systems, please do not misunderstand me, and think that I suppose either of the systems, transplanted, would take kindly to the foreign soil. Each has sprung out of its own particular need. It is interesting to know what others are doing, and we may be helpful to each other in this way; beyond this we cannot go.

We see that during the first six months of probation, before the pupil enters the wards, instruction is given in household economics, food, hygiene, sanitation, anatomy, physiology, and materia medica. I must interrupt to say one cannot but feel envious at the well-arranged school for preparatory work, and wish some generous donor would furnish us

with the same facilities for teaching. Well, after this six months comes eighteen months spent in practical work in medical, surgical, gynecological, infectious and orthopedic wards, not less than eight hours daily with an hour or two given to class work. This holds good through the two and a half years of ward work. The last twelve months are given to obstetrics, pediatrics, nervous diseases, and surgical technique, as taught in the various operating rooms. We go to the other extreme, giving a ten hours' day to ward work, banishing all classes during the three years spent in the wards; exclusion of class work while in the wards being our main object in adopting a plan for the preparatory technical instruction of nurses. In addition to this, we confine ourselves strictly to the acquiring of skill in general medical and surgical nursing during the three years, believing this to be the best course for us. I do not think the average woman of our country could cover more ground thoroughly, and, as I have previously said, we have the disturbance of the ward work in regard to the interests of the patients to consider.

Specialism re Post-Graduate Work.

I also think all special subjects should be taken up after a nurse holds her diploma for general nursing. I should like to see the day when it would be illegal with us for any woman to follow specialism, especially Midwifery, without her diploma in general nursing—that is when we arrive at the “halcyon” days of knowing what that term indicates.

So many complications arise in all forms of illness, that if a woman takes up any special branch of nursing, without a general training, she is likely to find herself in many difficulties.

General.

Any measure of success attending our enterprise is entirely due to the enthusiasm with which all concerned threw themselves into the work. The medical men who kindly undertook the various classes have been untiring in their efforts to make the two courses as useful as possible, and the coming in daily contact with the pupil through the whole term of residence, viz., the three years, is most helpful in keeping up her interest and seeing that she makes the best possible use of her time.

Our nurses in charge have almost all passed through the same course of instruction, and are most helpful to me in seeing that the practical nursing is well taught; not only in this but in my own classes held during the second course I should be at a sad loss if it were not for the ready help I receive from them. Last winter our charge nurses in the Medical wards kindly made arrangements for the practical instruction of the pupils in the taking of temperatures, pulses, study of excretions, and testing. The resident doctors also kindly assisted in giving lessons on the position of the organs, etc. I must thank one and all; without co-operation the Matron is helpless. The intimacy arising from the contact with so many of her future fellow-workers is most beneficial to the pupil, taking away much of the

strangeness of the new surroundings and cultivating a spirit of good will.

Thanking you for your patience in listening to me, and your interest in our doings, I now conclude with the hope that we may all go on with earnest purpose, ever keeping before us the highest ideals.

ADDENDA.

OCTOBER 15TH, 1901.

It may be of interest to you to hear something of the history of the Nursing in the Royal Infirmary during the last quarter of a century. At the beginning of that period a nurse had to commence as a semi-wardmaid, under the name of assistant nurse, and work her way without any direct instruction, she was called at 3 A.M., commencing work at four, which included the ordinary cleaning, such as grates, scullery and bathroom, sweeping of ward, dusting, etc. Carrying of food, for the ward supply, and the washing up of the dishes had also to be done by her, and much carrying which is now done by men, her duties ended at 8.30 P.M., without any definite time off duty. This so-called "Assistant" obtained in the "Surgical Houses" only. In the Medical the day and night nurses did all between them, nursing and cleaning, with the exception of the ward being scrubbed out once a week by a little army of women, six in number, who went the round of all the wards in turn.

It was surprising to find the good nurses that were sometimes the outcome of this very empirical manner of obtaining knowledge, but these were certainly the exceptions. We had better be silent about the majority, sit kindly in judgment, as the circumstances and conditions were to blame, not the women.

The most of these nurses slept in small rooms adjoining the wards, and took all their meals (excepting dinner) in the ward kitchens. Nurses and servants shared the same dining room, and had to carry a knife, fork, and glass with them. The nursing staff at this time numbered 76.

The Managers were desirous of remedying this state of matters, and after much consideration a plan was devised for the carrying out of a building into the quadrangle to provide dining accommodation for the resident doctors, and utilising their old rooms for the nurses, providing suitable dining accommodation with proper table equipments.

An attempt was also made to separate the house work from the nursing, and was partially brought about by the appointing of a woman to every two wards to do the roughest part of the work. A time table was introduced, which allowed each nurse two hours off duty daily and shortened the hours on duty. A uniform dress was also supplied to the nurses at the expense of the Infirmary. Lectures were instituted to enable them to have a better understanding of their duties, but these were a questionable boon, as they had to be attended at the cost of sleep or recreation.

The remuneration was increased, commencing with £12 the first year, £20 the second, increasing £2 annually until it reached £30, and three nurses were placed in each ward instead of only in some.

In 1882, when the present Dispensary buildings were reaching completion, a representation was made to the Managers of the insufficiency of the old Dispensary buildings to provide the necessary accommodation for the nurses, and suggestions were made to them for the building of a "Nurses' Home" apart from the main buildings, where the nurses might have suitable sleeping and recreation rooms. The Managers most readily accepted these suggestions, and the late Mr. William M'Ewen, at that time Chairman of the "House Committee," raised money for the express purpose. In 1887 a Home for 75 nurses was completed and opened; this, with the two corridors occupying the site of the old Dispensary, gave accommodation for 105 nurses, and at that time it was arranged for them to take all meals in the dining room, with the exception of afternoon tea. In 1891 the bedside work had increased to such an extent that the three nurses were unable to accomplish the work required of them without undue strain.

The Managers were again approached, and they granted permission to place a wardmaid in each ward to relieve the nurses of the household work. They also granted the erection of an additional flat to the Home, increasing the accommodation for nurses to 129. This enabled four nurses to be placed in each ward, but left a very small reserve for emer-

gencies (two only), the probationers in the wards where the work was lightest being called upon to give assistance in wards where the work was heavier, that the four nurses came to be more nominal than real.

In 1892 a scheme was placed before the Managers whereby the nurses might be relieved from all class work during their three years spent in the wards acquiring the practical art of Nursing, as this in itself was a great hindrance to the practical work of the wards, and occupied much of the nurses' sleeping or recreation time. This also was acceded to, and has proved to be a right step by its very great success; it also ensures uniformity of teaching in regard to the technical requirements of the work. It may yet be enlarged upon, and further developed with advantage to all. In the early part of 1900 further demands arose, in the form of a nurse (for each surgeon) to prepare dressings only, and this being in accordance with modern surgery, in which the whole aim is to obtain the perfect purity of the dressings which are immediately applied to wounds, this also was granted; and a few more beds for nurses were obtained by the giving up of a waiting room, and also our sick room for this purpose. (Salaries were again increased at this time, the maximum reaching £35 at the end of 5 years' service.) The supplying of these nurses hampered us still more in the meeting of emergencies, and permission was given to get lodgings for six additional nurses, which is anything but comfortable for them. The resources of the old Royal in regard to adminis-

tration are now taxed to the uttermost ; day by day the strain is felt. If some benevolent citizen of Glasgow would interest him or herself in the nursing arrangements, and double the accommodation provided in the existing Home, they would be providing for the future well-being of the patients.

About forty nurses' bedrooms will be swept away in the demolishing of the buildings facing Castle Street, and accommodation is also badly needed for the pupils attending the Clinical classes in connection with our preparatory course of instruction. At present they have to provide board and lodging at their own expense, which is rather too much to expect of them, and is also much less satisfactory to us than having them within the building.

It is imperative that the nursing should be made attractive and accomplished with as little physical strain as possible, if the best work is to be got. The arrangements should be such as to cause our nurses to feel reluctance to leave their Alma Mater at the end of their three years' compulsory residence, and a voluntary service of an extra year or two should be given by them to enable us to build up an efficient permanent staff, so that both objects may be attained, viz., a "Training School for Nurses" and an efficiently nursed hospital. The public themselves will ultimately profit by the improved nursing in our hospitals by being able to obtain for themselves a more carefully instructed nurse, but this cannot be arrived at without expense ; and a more generous support is needed to enable us to carry out fully what we would like to do for

the good of the patients, which should be the primary motive of all our movements in hospital.

No good nurse of the past will resent the forward movement; it is they who are most keenly alive to the need of progress. They are thankful to those who have gone before, and left their knowledge and experience for our benefit. The aim of the present should be to leave a like goodly heritage. If we are not progressing, then we are retrograding. Who will come and help us to make our old Royal a household word, and a crown of glory to our city?

