

**Economical Use of Nursing Ability**

SIR,—I appreciate Dr. W. Ritchie Russell's criticism (December 9, p. 1569) of my letter (November 25, p. 1429), for it is exactly what I might have written before I attended the six 3-hour sessions of the nursing conference, the whole aim of which was to secure, just what he and I want, that the patient and his needs shall be fully met. Like him I too might blame the General Nursing Council, in spite of their excellence, for arrangements in the nursing curriculum, but is it not also true of our own where the houseman has to learn most of the practical care of patients from sisters and nurses?

But a return to the old ways is not the answer. First of all girls of to-day will not have it, and secondly it was the continual complaint of the sisters at the conference that they were so taken up with other duties that they had no time to do their proper teaching of younger nurses in the wards, as they all said they wished to do. From many of these duties they can only be freed by the understanding and co-operation of the medical staff. For example one sister told of how she had five honoraries on her ward, all of whom wanted her constant attendance as long as they were there, though one consultant said that he would often be happy with only a staff nurse or even a "pro." We heard of a case where a patient had his blood pressure taken by a nurse every half hour for 36 hours until it was found out that this had been ordered by an anaesthetist who had not said how long it should go on for.

These are extreme examples of what may occur when there is not the free communication there ought to be between the medical and nursing staffs, which many doctors think there is, but which, as the nurses' remarks showed, there usually is not. It was quite clear that consultants would get many surprises if they encouraged matrons and sisters to speak freely, and it was equally clear, as I said, that senior nurses would get the same if they let the juniors say what was in their minds. It is truly tragic that where people are trying to do their best for others there should be so much frustration and waste largely because, owing to tradition, pride, or fear, communications are blocked.

I may be wrong, I may even be gullible, but this was the unexpected impression the conference made on me; and just because it is so different from what I thought, and what Dr. Ritchie Russell in his eminence thinks, I deemed it my duty to write as I did and reply as I do.—I am, etc.,

Winsford, Cheshire.

W. N. LEAK.

SIR,—As a past member of both those much-criticized bodies, the General Nursing Council and the Council of the Royal College of Nursing, and having been a ward sister in the halcyon days regretted by Dr. W. Ritchie Russell (December 9, p. 1569), may I draw attention to a few facts concerning the nurses in training then which I think should be borne in mind?

Despite great efforts to reduce hours of duty, in most hospitals these were still from 55 to 60 weekly, with a daily span of 13 hours. "Days off" for some only occurred once monthly. Lectures and classes were compulsory, as now, but were almost invariably attended in off-duty hours, even on the days off, and for those on night-duty in sleeping time. The holiday allowance was three weeks annually, and there was little

encouragement to take sick-leave except for very genuine illness.

In the wards the turn-over, with the resultant extra work, was much less rapid. There were fewer severely ill patients at one time, and operating sessions, except for emergencies, normally finished by 8 p.m. There were fewer medical rounds, and the work was not delayed by the frequent visiting of recent years. Although they had some domestic duties, the nursing staff were not called upon to fill the many and varied gaps left by other grades of staff with circumscribed hours of work.

Like many of my contemporaries, I look back nostalgically on those days, but I hardly think we should recommend putting back the clock, even if it was possible to do so, and I am sure that the young student nurses of to-day would hold the same view.—I am, etc.,

Hove.

L. J. OTTLEY.

**Shortage of Nurses**

SIR,—I have been reading the letters of Dr. D. H. Barham (August 5, p. 384, and October 28, p. 1153) with interest. I would suggest that the better solution would be for the Ghanaian Government to improve the training of nurses within their own country.

I believe that the best place for a nurse to receive her basic training is in the economic and social environment that she understands. There is much more to nursing than the acquisition of technical skills and knowledge. To nurse a patient properly one should understand the individual, be able to gauge his reactions and to assess his deviation from normality. I speak from experience because, as a trained nurse, I have nursed in countries other than my own and found it took some considerable time to learn these things about my patients and so be able to nurse them intelligently.

Post basic training is a different thing. In this field we can give valuable help to students from the Commonwealth. It will be many years before these countries can offer courses comparable to the long-established ones we have here. By all means let them come over here to learn how to be nurse teachers, administrators, and public health nurses. They can take this knowledge back and plough it into their own country and so enrich the growth of their own service.

It is said that the hospitals of Great Britain would be in dire straits if we had no Commonwealth students. At first sight this may appear to be so, but I think if this source of labour were to dry up we would get a more realistic picture of the needs of the country and be forced to do more radically what we are already doing very slowly—i.e., measure our needs to our resources. In a time of full employment when there are too many jobs chasing too few people young school-leavers are faced with a wide choice of careers, and for some years nursing has had more than its fair share of them. This cannot continue and statistics are already showing that the numbers of entrants are falling. We will not get more nurses. We will almost certainly get fewer and our efforts should be directed at the better use of nurses' time and the introduction of every possible labour-saving device. This will entail the expenditure of considerable sums of money, but it will be better spent that way than in giving costly education (and the education of a nurse is very costly) to young people whose own governments should carry this responsibility.—I am, etc.,

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