Shortage of Nurses

SIR,—My father died recently after a long illness. Towards the end I engaged a man to help with the night-nursing. He was an excellent fellow and a most competent nurse. He made a living doing casual private nursing as he was not qualified to obtain the responsible hospital post he desired. Twelve years he had spent in the R.A.M.C., and although he had left the Service with an excellent character and the qualification of First Class Nursing Orderly he had sought in vain for a civilian nursing post suitable for a man of his ability. He was only 30, keen, competent, and reliable—but he had no civilian qualifications. Training for State Registration was out of the question; he was a family man and had to live. He could call himself a Service Trained Male Nurse, but this would open to him only the menial and less responsible positions in nursing.

This must happen so often, Sir, that I wonder how the Service medical authorities can be blind to its effects. Time and time again good ex-Service male nurses drift into other occupations because they are unqualified by civilian standards. This loss to nursing is all the more tragic at the present time when public assistance hospitals are closed for want of trained staff. My experience has convinced me that a scheme could be evolved whereby orderlies in all three Services would be obliged to obtain a nursing diploma as a prerequisite to advancement. The professional examinations for higher rank or rating could and should be brought into line with civilian standards. In this way the qualified Service nurse would automatically be a qualified civilian nurse and could be fully and usefully employed on his discharge from the Service.

I know it will be argued that while in the Service these men have the chance of taking civilian examinations if they wish. I doubt if this is always true, but in any case the initiative should be with the authorities. If this waste of nursing personnel is to be checked, orderlies must be made to take examinations recognized for a nursing diploma—and the fees must be paid by the State.—I am, etc.,

London, N.W.1.

R. HOWELL ROBERTS.

SIR,—Would it not be helpful if there could be a scheme whereby nurses could attend patients during early convalescence in their own homes, thus allowing more room in hospitals for acute cases and for helping to reduce the present long waiting-lists? If recruitment to the nursing profession were to be carried out according to grades, there should be a supply to meet such a demand—say Grade A, where the standard of entry was dependent more on character and personality than on the “knack” of having passed examinations. Such nurses would be able to carry out all the duties required of a good practical nurse without having to pass examinations, which proves so great a stumbling-block to the recruitment of nurses at present.

This Grade A nurse would probably include most of those who are lost to the profession at present on account of the amount of theoretical lectures and reading they have to do for even the Preliminary Nursing Examination. They should get a thoroughly practical training and could qualify for an external nursing service attached to their training-school or interchange with other hospitals. Under such a scheme nurses could be sent home with early convalescent patients or they could be sent out to attend other patients in their homes at charges drawn up according to scale by the hospital almoner. A system of home nurses should help to reduce the number of patients who have to go to hospital for observation or for only a few days' treatment or because they live alone or have nobody to attend them at home. The external auxiliary nurses should be able to live at the hospital and be called in to help there when necessary for, say, only a limited number of weeks each year. There should be a block of one- or two-room flatlets with service, catering, and laundry facilities. They should be relieved of certain household responsibilities and so get proper leisure. At present private nurses often live in one room, or move about from room to room in a club, between cases. They should be able to rent the flatlet and come back to their own room and not have to pack up before going to a case. Only so long as they served the hospital should they be allowed to be tenants of a flat, but they should be tenants on the same terms as tenants of any other block of flats in the country.

Grade B nurses would be mostly women who wish to enter the profession when they are older and have gained some experience of the world and people. The age limit of 28 years would not be too high for such entrants. Grade B nurses would most likely be qualified to shoulder the responsibility of sisters, house-sisters,

sister-tutors, or matrons. If any Grade A nurse proved to be exceptionally able she should be allowed to transfer to Grade B at the end of her first year and have an extended period of training of, say, six months along with the examinations required for Grade B nurses.

Grade O nursing orderlies are those women who like looking after and doing things for other people but who from educational and other reasons cannot take up nursing proper. They could carry out routine duties in the wards, in the kitchen, and in the residential quarters. They should be moved about during their training but later become attached to one special ward or sister when such an arrangement is proved mutually agreeable. They would then take an interest in their ward. They should be allowed to live in or live out.

Why not make nursing a compulsory national service and make the period of it, eighteen months or one year, sufficiently attractive to make the maidens want to continue training or at least look forward to the sixty days' service later as “supplies” for holiday relief of the regular nursing staff? These are just a few points which I think could be further considered by those responsible for the recruitment of nurses.—I am, etc.,

Aberdeen.

WINNIEFRED M. GRAY.

Admissions to Hospitals

SIR,—One hopes that a recent experience does not reveal the shape of things to come.

In an endeavour to get a patient with pneumonia into hospital (there being no one at home capable of nursing him) I 'phoned a local authority hospital—his area hospital—and was informed that they now received mental cases only. That is hospital A. I 'phoned hospital B, on the recommendation of A, and was told that they could not accept the case, as they were not receiving that day. I 'phoned hospital C, on the recommendation of B, and was told that it was not likely that they could accept and that all they could do would be to put the case on the waiting list, but that they would 'phone me back. In about an hour C 'phoned to say that hospital B, which had refused me, would take the case. To my protests at the delay and lack of liaison I was told that this was constantly happening since the grouping of hospitals had taken place. This I believe is correct, for in more than 20 years of practice in the same area I cannot recollect having spent one-quarter of the time in getting a patient admitted, nor can I recollect having heard the suggestion made that an acute case as this should be put on the waiting list.

In view of the negotiations in progress one feels that this sort of thing should be seriously considered *now*, and the pros and cons of grouping accurately assessed before the whole hospital system of the country is committed to such a plan.—I am, etc.,

London, N.6.

W. LEES TEMPLETON.

Surgical Anatomy of the Vagina

SIR,—Students of gynaecology will be extremely grateful to Mr. Wilfred Shaw (April 12, p. 477) for having described the surgical anatomy and operations of the vagina in his characteristic lucid and masterly style. The terminology suggested for the various grooves and sulci cannot be improved upon except in the case of the “transverse vaginal sulcus,” which, I think, deserves the nomenclature of “urethro-vesical sulcus” as being more definite, descriptive, and going well with the term “bladder sulcus” of Mr. Shaw. The terms “transverse” and “vaginal” are both quite superfluous because all the grooves described by Mr. Shaw, except the obvious “oblique vaginal folds,” are transverse, and they are all situated on the anterior vaginal wall.

In the description of vaginal hysterectomy for severe degrees of uterine prolapse I feel that the name of A. C. Palmer has been inadvertently omitted. The technique independently devised by A. C. Palmer and described by him in the *British Medical Journal*, 1934, 2, 899, and in the *Proc. roy. Soc. Med.*, 1937, 30, 1353, though similar to that of Mayo and Franz, is not quite identical with it and lays emphasis on certain features which merited at least a passing mention of his name, especially when Mr. Shaw himself, in his *Textbook of Gynaecology* (1941), has associated Palmer's name with Mayo in the description of the operation.—I am, etc.,

London, W.C.1.

B. S. SURTI.