

of thumb. Consequently, it has been found to be necessary to precede the teaching of the value of hygienic conditions in sickness, by lectures on the importance of these conditions in health. In like manner, when it became a recognised duty of the Nurse to watch operation cases, it inevitably meant that she must be provided with some instruction in elementary anatomy and physiology, if she was to do her duty intelligently and efficiently.

The vast importance of such knowledge must be self-evident. To take only one example. A woman acquainted with the course of the circulation, is much more likely to successfully control secondary hæmorrhage, and probably to preserve the patient's life, than any Nurse would be who knew no distinction between arterial and venous blood, and was equally ignorant how to deal with either in a sudden emergency. By parity of reasoning, therefore, we contend that a prolonged course of bedside instruction is quite essential to fit Nurses for their work. It must be ever remembered that a very great part of a Nurse's usefulness to the Doctor lies in the fact, that she acts as his eyes and his ears with regard to the progress of the patient during the intervals between his visits. And if this be important in Hospital work, how far more important must it not be in Private Nursing, where the Nurse is the one and only skilled observer always present?

This being granted—as perforce it must be—we ask, how can the Nurse possibly learn, except she be taught? And if the value of her knowledge in this direction be great, surely the more careful and thorough that teaching is made, the better will it be for her ultimate usefulness. To take only a few familiar examples. A patient with an open wound has a slight rigor. If that is reported to the Doctor at once, probably blood-poisoning is averted by immediate measures. But the Nurse who has had no clinical teaching, who has not heard that any exposed raw surface in the body can act as the conduit whereby the entire system may be infected, and that a shivering fit is one of the earliest evidences of the mischief in such cases, might easily regard the symptom as solely due to cold. She would place additional clothes upon the bed, and regard it as natural that the patient then became hot. So no report of the fact would be made, and invaluable time would be lost.

Or, in a case of typhoid fever, the Nurse who has had clinical instruction is, we maintain, infinitely more useful than one who has not received such teaching. She sees ever in her mind's eye the inflamed ulcers in the intestines, and realises then, as she never otherwise could, the dire necessity of carefulness. Even as a cat watches a mouse, such a Nurse will tend her typhoid cases—equally on the alert against the surreptitious

supply of eatables by foolish friends, and to prevent extra exertion on the patient's part. In her observations, too, the slight hæmorrhage is noticed and at once reported, which, had not its clinical significance been impressed upon her, would probably have never attracted attention.

We surely need not multiply examples to prove our contention. The more the subject is considered, the more evident does it become, that no one can rightly estimate the importance of signs and symptoms in disease, who has not had their value inculcated by clinical demonstration; and that, consequently, such instruction is essential to the efficient education of Nurses. If this be admitted—and we fail to see how the conclusion can be confuted—it appears to us to be merely a question of time, when a regular course of clinical lectures will be considered as necessary a part of the curriculum of a Nurse's training, as a series on elementary anatomy and physiology are now almost universally admitted to be.

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### PRIZE ESSAY COMPETITION.—IX.

LIFE AND WORK IN A COTTAGE HOSPITAL  
BY BLANCHE BECKS.

"THERE'S no place like home." As a rule, no; but, as in these enlightened times all rules are allowed exceptions, I take the Cottage Hospital I live in to claim that distinction, for as the maker and centre of home is a mother, so a Matron, realising in her actions the true meaning of her title, may be the means of presenting to her staff a "place like home." As at one time a worker in a large Hospital, I think I may give an impartial view of the *pros* and *cons* of Cottage Hospital life. It is certainly obvious that the greatest charm a residence among strangers can possess is that degree to which its inmates experience "home comforts," and I find them here anything but the visionary objects we see advertised, and whose absence is so distinctly felt by the workers in a large Hospital. Therefore, it is little wonder if I beg to assure all connected with Nursing, that though a Cottage Hospital is popularly supposed to be dull, and not of much account in the Nursing world, that away from home they would feel at home, by working under a Matron in deed as well as name. It is very possible they may find the means of supplying that void in the often despised Cottage Hospital.

The affairs of this Hospital are virtually and entirely managed by the Matron, with some supervision from the Honorary Secretary, who is the

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