

CORRESPONDENCE

(Notes, Queries, &c.)

. WE DO NOT HOLD OURSELVES RESPONSIBLE IN ANY WAY FOR THE OPINIONS EXPRESSED BY CORRESPONDENTS.

. *Brevity and conciseness will have first consideration. See Notices.*

. *British Nurses' Association.—The offices of the Association are now situated at 8, Oxford Circus Avenue, W., where all communications should in future be addressed. Office hours, 10 a.m. to 4 p.m. (Saturdays, 10 a.m. to 1 p.m.). Wednesdays, 6 p.m. to 9 p.m., to meet the convenience of Nurses who may desire information or advice.*

"NURSES' CERTIFICATES."

To the Editor of "The Nursing Record."

Sir,—The Nursing School in which "A Staff Nurse" was trained—of which she complains with good reason—is by no means a solitary example of the unsatisfactory method by which certificates are awarded to Nurses; and the whole system of training, examining, and certification, in the majority of Hospitals, is at present in so transitional a condition that we owe Mrs. Bedford Fenwick a debt of gratitude for bringing the subject forward, in her valuable paper, read before the British Nurses' Association in February last. Because so much has been accomplished within the last twenty years in the method of Nursing, and because an enormous amount has been done for the well-being of Nurses, is no reason why we should now be met at every turn with "Think of your marcies, honey;" or in other words, why we should be expected to rest on our oars, and be content for all time. If much has been done, much more remains to do; and it is only by recognising this fact, that we shall press forward to anything near perfection. So long as certificates are awarded for theoretical knowledge only by male examiners (as they are where I was trained), who often do not know the Nurses by sight, and have therefore no experience of their practical ability—so long shall we have the inevitable result of plucking many a good Nurse, and passing the theoretical woman whose interest is centred in her "case" and not in her "patient." Some system of examination should be inaugurated whereby theory and practice should be tested side by side; and just as all practical Nursing is best taught by women in the Wards, so it is only common sense that Nurses should be examined in those details by the Superintendent of Nursing, and not by Medical men.—Yours truly,

HOSPITAL SISTER.

"DOCTORS AND NURSES."

To the Editor of "The Nursing Record."

Sir,—In discussing the above subject, and the benefit of clinical instruction for Nurses, Miss Graham said that she had "learned more at a provincial Hospital than anywhere else." I think that many young women, who imagine that a training in a Metropolitan Hospital is necessary to become an experienced and efficient

Nurse, and who are willing to put down their names and wait an indefinite period for admittance, might lay this remark to heart. I can from personal experience corroborate Miss Graham's statement, and should advise any friends anxious to gain thorough practical experience in Nursing, to enter a good country Hospital of not less than one hundred beds, where Medical Students are limited in number, and where in consequence numerous details of work are relegated to the Nurse, which in London do not fall to her share. How many Nurses, after two or even three years' experience in a London Hospital, know the sight or names of the various instruments commonly used by the Surgeon for any but the very simplest of operations? I have known a *certificated* Metropolitan Nurse (and doubtless she was not a unique specimen) who did not know the difference between a scalpel and bistoury, who tied "grannie" knots with much placidity, and whose method of bandaging was anything but scientific or neat. This is not surprising when the handling of instruments, sutures, &c., are not comprised in her duties. Curator, House-Surgeon, and Student coming between her and even the sight of them. So little actual practice do many London Nurses get in their Wards in the application of bandages, that in more than one Nursing School, they learn and practice how to apply them, in classes, when "off duty." In a well organised country Hospital, a Nurse learns her skill by practical experience when "on duty," and like the general practitioner of fifteen years ago, is a much better "all round man" than the specialist of to-day.—I remain, yours faithfully,
A PRIVATE NURSE.

To the Editor of "The Nursing Record."

Sir,—The interesting discussion that followed after the reading of Dr. Sturges' paper, before the B.N.A., is one of great importance, both to the Medical and Nursing Professions.

In an article I contributed more than nine months ago to *The Nursing Record* (No. 32), I remarked, "An outline knowledge of disease, as bearing upon points of Nursing special to it, is necessary in a Nurse, in order that she may carry out intelligently and efficiently the instructions of the Medical attendant." To illustrate this position I will take the case of chest diseases, though of course instances can be multiplied indefinitely. Are the pathological developments of bronchitis, pneumonia and pleurisy identical? Are the points of Nursing special to them identical? Does it not follow, that a Nurse who had had clinical instruction in these diseases would be more likely to carry out her Medical directions "intelligently and efficiently" than a Nurse who had not? A habit of accurate and thoughtful observation in a Nurse is of invaluable assistance to a Doctor, and how can this faculty be acquired by a Nurse, except by clinical instruction, during her period of Hospital training and service? *Knowledge* gives a tenfold value to experience, and Nursing duties should be well understood, as well as performed merely as acts of obedience.

We may, I think, define the position of Doctors and Nurses as one of divided duties, but joint responsibilities. The former takes the supreme charge of the "case," the Nurse of the patient. In the absence of the Doctor the Nurse sees, hears, observes and notes for him the changeful conditions of the disease, and

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