

In the operating room she not infrequently takes the work of the house doctors. She is better fitted for her work after leaving the Hospital than her sister of the larger Hospital, so far as the use of medicines and dressings are concerned; there are fewer cases and the superintendent knows just what each case requires. The superintendent is better acquainted with her pupils, she sees just what each one needs, aside from the routine teaching. I have been surprised at the adaptability displayed by some graduates. This is partly due to the fact that while in the Hospital every thing necessary is at hand. Especially is this true of the larger Hospitals. After all, I cannot see why it should make any difference whether the training has been in a large or small institution, so long as it has been thorough and the Nurse understands her work. The same intelligence, sympathy, patience, thoughtfulness and endurance are required when attending the sick and suffering. And none but the best should be admitted; unless the woman who takes up this work can give of the virtues, she has made a sad mistake of her life and to a certain extent the lives of others.

Let each of us be *thorough* and the result will show; be it from a large or small Hospital.

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"A LOVER of Justice" writes:—

"I graduated from a large school, and am now superintendent of a small training school in a general hospital. I confess to sharing the far too common prejudice against small training schools, when I first entered upon my present field of labour, but ere long began to see my error, and know that in many ways my pupils were having a training much in advance of my own. We had the variety of cases, to be sure, but no time to study them, for the work was so arduous that when release from duty came we were generally too exhausted to look up anything in connection with any interesting case we might have.

We were thoroughly trained to the hard work, but the scientific training was largely wanting, as very frequently from the pressure of work on the wards, we were debarred from attending classes and lectures. We seldom saw an operation, as they were carried off to the clinical theatre and taken charge of by head nurse and house physician, and when my case of laparotomy was doled out to me to be cared for, I went to it with fear and trepidation, having never seen one.

In our small schools where there is no pharmacist and no house physicians, the pupils all get the benefit of all the cases, attend all lectures and classes, also prepare for and attend all operations which we have a large share of, and are made familiar with the combining and preparing of medicines, and are allowed and taught to do a great many things that in my experience were appropriated by the house staff. And yet I am frequently amused by the very patronizing way our small school is spoken of by superintendents and pupils from larger schools. True, they miss the 'red tape' of large schools, but that does not in any way fit them for practical duty as private Nurses, and if they should choose a position as Nurse in a large hospital after graduation, it is easily acquired. I would recommend any one who wanted a thoroughly good practical training, to choose a small training school in a general hospital."

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THE following beautiful poem should prove interesting to Nurses. The lines were published some seventy years ago in the *London Morning Chronicle*, and roused a great deal of attention. Every effort, even to the offering of a reward of fifty guineas, was vainly made to discover the author. All that ever transpired, was that the poem was found near

a skeleton of great beauty of form in the Museum of the Royal College of Surgeons, Lincoln's Inn, London.

"Beneath this mouldering canopy
Once shone a bright and busy eye:
But start not at the dismal void,
If social love that eye employed,
If with no lawless fires it gleamed,
But through the dews of kindness beamed,
That eye shall be for ever bright
When sun and stars are sunk in night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue:
If falsehood's honey it disdained,
And where it could not praise, was chained;
If bold in virtue's cause it spoke,
Yet gentle concord never broke;
This silent tongue shall plead for thee,
When time unveils eternity.

Say, did these fingers delve the mine,
Or with its envied rubies shine?
To hew the rock and wear the gem
Can little now avail to them.
But if the path of truth they sought,
Or comfort to the mourner brought,
These hands a richer mead shall claim
Than all that wait on Wealth or Fame.

Avails it whether bare or shod
These feet the path of duty trod:
If from the bowers of ease they fled
To seek affliction's humble bed;
If Grandeur's guilty bribe they spurned,
And home to Virtue's cot returned,
These feet with angel wings shall rise
And tread the palace of the skies.

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THIS is an age in which a "decided policy" is popular, and a leader in last week's *Lancet*, on the Midwives' Question, has called forth the following letter in this week's issue from Dr. LOVELL-DRAGE, of Hatfield:—

"It is quite evident that the gentleman who wrote your editorial on the midwives' registration question either has not taken the trouble to read the evidence given before the Select Committee of the House of Commons, or that he has quite failed to grasp the position taken up by those whom he designates as not responsible or reflecting men. Perhaps I may be allowed to ask what section in the suggested scheme for the registration of midwives provides for abolishing the practice of midwifery by untrained, ignorant, and often dirty and intemperate women?

Dr. Norman Walker, in his paper on midwives in Austria and Hungary, says: "Legally, all other persons are forbidden to act in the capacity of midwife, but practically the law is a dead letter, and quite a number of women, especially in the country, are attended by their friends just as with us." Again, taking the puerperal statistics contained in the Parliamentary Return on Still-births in England and other Countries, we find that the countries where midwives practise under State control—and stringent control too—have a much higher death rate than our own; for instance, the puerperal death-rate in Spain is 12.3 per 1,000, in Baden 7.2, and in Prussia 5.4 per 1,000. It does not appear, then, that the State recognition and control of a third grade of obstetricians is productive of good results either in preventing the practice of the incompetent or in lowering the death-rate. Another question is pertinent. This legislation is said to be promoted for the benefit of the class who can only pay a few

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