

Infection—is there *inevitable* infection? Contagion, the effects of antiseptics, the effects of disinfectants.

Nurses should write cases beginning with the supposed cause of their patients coming into Hospital. This will be invaluable to them afterwards if they become District Nurses.

And then we have to consider the immense development that private Nurses have taken.

Lectures on the effects of foods, the value of *milk*, especially for children. This is of truly national importance—the feeding of children, of the toothless; the effects of medicines, what is to be looked for; of narcotics, how soon after taking, &c. Clinical lectures, e.g., on typhoid fever, pneumonia, heart disease, &c. Lectures on physiology, so far [as this is needed to understand what is health, and what disease; how the Nurse is to assist the operations of Nature which is trying to cure disease, to restore health by fresh air, warmth, light, pure water, careful feeding, quiet to mind and body, cleanliness, &c. These are a very few of the things that want teaching.

I think that during the first year classes should be held by an experienced Nurse, who, with the help of models and a skeleton, could further develop the little knowledge acquired in the preliminary education, and impress on them the practical teaching of the wards—in fact, guide their observation by telling them what to observe and how to do it. These classes should entail little or no mental strain, but should simply help the Nurse to remember and observe, and keep her study within reasonable limits.

In the second and third year, when habit has made the work easier, and a year's work has opened the mind and laid some foundation of technical training, then I think the Nurses should attend courses of lectures, alternately by a physician and surgeon, who would explain to them the diseases or injuries which were of common occurrence in the ward, pointing out the mode of treatment usually adopted, its reason and ultimate result. As, for example, it will enable the Nurse to grasp the orders she is given in a case of typhoid fever, and will also help her to carry them out in the spirit as well as in the letter, if the disease has been intelligently explained to her by a physician. And the same may be said of a surgical case; if explained by a surgeon, she will deal all the more carefully with lotions and drugs, if their dangers have been properly pointed out. These lectures would be neither so interesting, nor so useful, if given before the Nurse entered the Hospital, when much that was said to her would lose its significance through her unavoidable ignorance. There is no doubt that the three years spent in training is none too long for the amount of study, practical and theoretic, that the Nurse ought to get into it. It is well, indeed, when some of it is taught before it begins."

Question eight is: "How many examinations do you consider necessary during the period of training and before awarding certificates?" In answer, many Matrons suggest one at the end of each year, which, including the preliminary, is four examinations. One Matron suggests five: "One at the end of the first year, two in the second year, and one at the end of the training." Another: "An examination at the end of each year, and besides one each six months by the Matron," which is, including the preliminary, seven examinations.

A lady of considerable experience says that "examinations should be short and considerate, and that

it would be well to have one at the end of each course of six weeks," which would, if these lectures were given once a week for the last two years, give us about fourteen examinations during that time. (I am glad my training has been over for some years.) Mrs. Strong, too merciful, I think, says a preliminary and a final, the latter to determine "if the candidate is to follow the profession of Nursing or not." The medical instructor says: "Two are useful; the only object of the first being to encourage work and to exclude inefficiency, the latter being regarded as a test of efficiency only when considered with several personal reports as to nursing."

It seems to me that three are enough—the preliminary, one at the end of the first year, one at the end of the third year. The preliminary examination, by giving an idea of the intelligence and capacity of the candidate, is a great assistance in the selection of probationers, but it does not exclude the woman who, with excellent intentions and plenty of intelligence, has no capacity for Nursing, and who will never be satisfactory, train her as you like. Nor will it expose a lack of memory, nor always of common sense. Nor does it point out those women, often clever enough, who cannot, or will not, submit to discipline, and who are a plague spot in the training school. If, however, the Sisters of the Hospital are scrupulously honest in their reports, the Matron knows who those are before the completion of the first year, and the examination held at the close of the first year should enable the Hospital to rid itself of them. I think it is well it should be conducted so that the Matron should have the power of awarding at least a third of the marks, and that if a Nurse fails to deserve those, she should not be allowed to pass, however good she is in theory. In this way the examination may be made a definite landmark, and those who pass may belong to the higher grade of Staff Probationers, which might well be indicated by a different uniform; those who failed would either leave the service of the Hospital, or have the ignominy of remaining in the first year's uniform.

(To be continued.)

As the suggestion to hold a post-graduate course of demonstrations in Nursing seems to have met with appreciative response upon the part of Matrons and Nurses, it has been suggested that one shilling shall be charged to cover the cost of the room. As the space will be limited, early application should be made for admittance to Miss Bristowe's Lecture to be given early in December, to the Hon. Sec., 1, Elm Park Gardens, S.W. Further details will be given next week.

The news of the death of Dr. Launcelot Andrews at the early age of 31, will be heard with the greatest regret by all who were acquainted with him, or who knew that his brilliant collegiate career gave promise of his achieving a high measure of professional success. It will arouse amongst the members of the Matrons' Council feelings of the deepest sorrow and of sincere condolence with his widow, who is the energetic and popular Hon. Secretary of the Council. Words are but empty things at the best, in such times of affliction and bereavement, but we are expressing the feelings of a large and influential section of her profession in conveying to Mrs. Andrews their, and our own, heartfelt and most earnest sympathy.

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