

Superintendent of Nurses at the John Sealy Hospital at Galveston, has been appointed to the Chair of Clinical Nursing in connection with the University of Texas, and, as the first Professor of Nursing, her name will be familiar in the future to all trained nurses who honour their profession. It is significant in this connection that the "officials' organ" of the Royal British Nurses' Association has failed to inform the members of this most interesting and progressive step in the nursing world, although it has been duly appreciated and widely reported by the lay press. From interesting papers, sent to us from Galveston, we feel sure our readers will be glad to learn of the further co-operation between the medical faculty and the nursing school which has been inaugurated, as it is this co-operation of medicine and nursing which will produce the most efficient treatment of the sick in the near future. The medical student must be taught the basis of clinical nursing if he is to instruct the trained nurse in private practice—and the trained nurse must be taught the elements of scientific medicine and surgery if she is to be fitted to carry out the instructions of the medical man; and in far-away Texas they have shown us the way.

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THE Course of Training and Instruction in the School of Clinical Instruction of the Medical Department of the University of Texas, is under a Committee composed of the Dean of the Medical College, the President of the Hospital, the Superintendent of the Hospital, and the Superintendent of the Nurse Training School. The Lecturers include the Dean and Faculty of the Medical College, and the Superintendent of the Training School, and the curriculum includes the following departments:—

Medical, Surgical, Gynæcological, Obstetric and Nervous Nursing:

- (a) Medical—The best methods of baths of all sorts, poultices, cupping, leeching, artificial feeding, the use of the catheter, enemata.
- (b) Surgical—Preparation of the patient for operations; assisting at operations; prevention and treatment of shock; the after care of patient; technique of the operating room, including the preparation of surgical dressings and ligatures, bandaging, etc.
- (c) Obstetric—The care of mother and child; treatment of hæmorrhage and convulsions.
- (d) Gynæcological—Uterine applications and treatment; nursing of operative cases, including abdominal section.
- (e) Nervous—Fattening and thinning, massage, electricity, etc.

The preparation and serving of invalid foods; the modifications of diet in different diseases.

Reflections

FROM A BOARD ROOM MIRROR.



We are glad to learn that Charing Cross Hospital has had a prosperous year. The annual general court of governors of this institution was held in the boardroom of the hospital, Charing Cross, last Wednesday week, Lord Wantage presiding. The council stated in their report that the past year would be memorable in the history of the hospital as having been more successful, financially, than any of its predecessors. The receipts for the year amounted to £57,091 17s. 9d. Of this sum £30,784 4s. 9d. had been assigned to the general fund and £21,876 1s. 7d. to the special appeal for £100,000, the balance being distributed through other funds. The number of patients treated during the year was 25,668, of which number 2017 were in-patients, 11,861 out-patients, and 11,790 casualties. An analysis of the expenditure for 1897, deducting £2365 2s., the cost of 23,651 out-patients, showed the cost per bed to have been £70, and the cost per patient £6. At the convalescent home 186 patients were received. The chairman, in moving the adoption of the report, congratulated the governors on its satisfactory nature. After alluding to the reasons which induced them to make a special appeal for £100,000, which had met with a liberal response, he mentioned that the donations and legacies for the year amounted to £47,000, and a donation of £2006 had been received from the Prince of Wales's Fund.

The *Lancet* has a somewhat guarded "leader" on the subject of the Prince of Wales's Hospital Fund. The appointment of a committee of inquiry into the management of the hospitals, the *Lancet* considers, "commits the Council to a large and difficult undertaking. But it is high time that somebody having the right and having the ability should undertake an inquiry into the management of hospitals. It is the more incumbent on the Prince's Council, as the Council has formally declined to give its support to the creation of a Central Hospital Board, which might have undertaken such a duty with due respect to the governing bodies of the individual hospitals. When the magnitude and delicacy of the task are realized, His Royal Highness may come to doubt whether his own somewhat small Council is able to undertake the whole of it."

Much searching of heart has already been aroused by the suggestion of this Private Inquiry into hospital management, and for our part we strongly deprecate such privacy. The majority of our hospitals are extremely well conducted, and can well stand the search-light of public inquiry, and the very suggestion of privacy arouses suspicion in the public mind. We would also suggest that it would be politic that the names of the Committee of Inquiry should at once be made public, as we learn that, in the opinion of those best able to judge, one member of the Council would be very distasteful to the governing bodies of the hospitals. No assumption of "dictation" through the press or otherwise, must be permitted in relation to this "delicate task."

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