

Of preliminary professional training, we have as yet none. Our probationers go at once into the wards and carry on theoretical and practical work simultaneously. One Canadian School, the Royal Victoria, at Montreal, has contemplated a preliminary course, and it may possibly be even now under way. Our as yet imperfect professional ethics I attribute to our—until very recently—generally unorganized state. Plain working men, in their trades unions, have a sounder and more definite idea of their relations and obligations to each other, and to their work, than have many nurses. Too often is found among us that narrow individualism which holds that what one does is one's own affair only, and concerns no other. We need to learn that what one does, affects all, and that as we owe to others much of what we are and of what our opportunities have been, so are we bound by obligations and honour to one another.

Such propaganda as has been made among graduate nurses in ethics has been carried on chiefly by our Alumnae Associations. In training schools, etiquette is taught thoroughly; ethics but inadequately. There is a tremendous work along this line for our Associated Alumnae. Democracy forbids the control of the graduate nurse by School, Church, or Board of Managers. Yet discipline and order we must have. Therefore we must discipline ourselves.

The curriculum of study in our hospitals is now, through the efforts of the Society of Superintendents, approaching a reasonable approximation to uniformity in the two years' course, and the extension of this course to three years, is going on rapidly. New demands are being made upon our curriculum. There is a call coming for nurses who, beside professional ability, shall have such wider enthusiasms and capacities as will fit them to help in the wider world-interests concerned in the preservation of health and happiness.

Already some of our schools are responding to this demand, and the Illinois Training School and the Johns Hopkins' (there may be others) are giving their third year nurses talks suggestive of these new fields of influence into which nurses may enter.

Has there been, perhaps, a tendency in the nurses' teaching to leave the individuality of the patient as a suffering human atom too far out of sight? It has occurred to me that when we are sometimes chagrined by the preference of patient or physician for what we call an "old-fashioned nurse," it simply means that in a crude, blundering way they are seeking the "ever womanly" which in the alert, up-to-date, soldier-like nurse, in full

armour, though surely present, is sometimes hidden out of sight.

In examinations, with us, more and more prominence is being given to written papers and to practical demonstrations of technical skill, and less to oral examinations.

Certification, in America, is entirely at the option of the schools, all of which give, at the end of two or three years, diplomas, more properly called certificates.

Registration, we have not as yet. It is one of the hopes of the future.

MISS TODD (Bournemouth) enquired if the midwives in Cape Colony received general training or only the special training for their own branch of work.

MISS WATKINS (Cape Colony) replied that there were very few midwives who did not receive general training.

MISS ISLA STEWART (Matron of St. Bartholomew's Hospital) wished to speak on the point of Preliminary Examination. All Probationers admitted into the training school at St. Bartholomew's Hospital had to pass an examination. That examination implied a certain amount of general education and a knowledge of elementary physiology and anatomy, and though that knowledge was of a most elementary kind it formed a basis to work upon, and she had had infinitely less failures in practical work than before the Preliminary Examination was adopted, and patients had not so frequently suffered from the inefficient work of unsuitable people. As to the difficulty in the ordinary training of Nurses. No doubt large Hospitals were first and foremost for training. Nurses got more opportunities for general training, and they could move about from ward to ward and see different kinds of work. Mrs. Neill mentioned the three years' standard for nurses, and Miss Stewart cordially agreed. She further said she would like to emphasise her strong conviction that no Nurse ought to be taught at the expense of a patient, and no Nurse ought to be allowed to take charge of a ward at the end of her first year. She was still a probationer. During her second and third years the Nurse was taught, under very careful superintendence, to increase her responsibility. With regard to Nurses being examined by an outside body Miss Stewart was quite certain that such a system must come in time. There were great difficulties in the way, and the first one that presented itself to her mind was that the *qualities* of a Nurse were of such great importance—her disposition, her power of organization, her special aptitude were all things that the outside examiner could not estimate. A Nurse's certificate was valuable according to the people who gave it. This matter should be discussed by the meeting together of women of experience in training nurses; only a Matron could estimate the character and the special qualities possessed by a Nurse.

MRS BEDFORD FENWICK said that Mrs. Neill had touched on several points for discussion. She would take the standard of general education of the Probationer, her preliminary training, her age, the training she would receive in the hospital wards, and the time and curriculum of that training, also the standard and

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