

emptory manner," but the Chairman clinched the argument by aptly remarking "that it was a case either for dismissal or for the police." Why not for both? one feels inclined to ask.

Dr. Anna Hamilton's exhaustive Thesis on Nursing in France, has aroused a vast amount of interest in the question, and it is interesting to note that the new Director of the "Assistance Publique," of Paris, is having a report prepared on hospital nurses in England, Germany, and the United States, towards the preparation of which report material is now being obtained descriptive of the systems of nursing in these countries.

Dr. Anna Hamilton has another book on the nursing question in the press, which we hope to review at an early date. It is finely illustrated. Her Report on Nursing in France, which she has so kindly consented to contribute to the International Council of Nurses at Buffalo, will be received with the respect it deserves.

Every week some questionable case drags the vocation of nursing into the police court; we quote from the local press:—

"At the Portsmouth County Court Judge Gye heard the case of Smythe v. Kendall. Plaintiffs are dress-makers carrying on business at Clarendon Road, and defendant ordered goods to the value of £9 13s. 4d. A cheque was sent on account for £5, but in mistake, so plaintiff said, the bookkeeper gave a receipt for the full amount. Defendant, who is a nurse, denied that the balance was still owing, and said that she had destroyed all receipts on account when she received the receipt for the full amount. Defendant said that being 'flush' of money she paid £3 for some of the goods in the fitting-room while being fitted. Plaintiff replied that she recollected nothing whatever of the transaction. She was not likely to forget it if it did happen, she said, for ladies rarely paid 6d. before having their goods, much less £3. In giving judgment for plaintiff, on the question of recollection, his Honour expressed the hope that the case would not terminate business relations between the parties."

That depends, we should imagine, upon the common sense of the dressmaker.

From a writer in the *New York Sun* we learn that at least one-half of the graduates of all the leading schools in the larger cities in the United States are from Canada.

Miss Rykert, of the New York Post-Graduate Training School for Nurses, in speaking on this subject says:—

"I am a Canadian, but that does not prevent my doing my duty by the American applicants for admission. The class before I came here was over 65 per cent. Canadian. Being Canadian myself I am distinctly sensitive lest I may be accused of favouring

Canadian applicants. I have discussed the matter freely with the board. We cannot admit everyone who thinks trained nursing is a money-making profession and goes into it with the idea of escaping some drudgery of some other kind. If we did the reputation of trained nursing and of the school would soon fall. A trained nurse to be up to the ideal must be a well-bred woman of refinement and delicacy, with firmness, tact, and good judgment. I am not saying the American girl has not all these qualities. There are none superior to the American nurse when she fills all these requirements. But I wish I could show you a bunch of letters from applicants I now have under consideration. I cannot, without violating confidences, but one is from a milliner, another from a former lady's maid, and a third from a cook. When a trained nurse goes into an establishment with many servants, she occupies a peculiar position, and it is found that the American girl, often coming from a home where all domestic labour falls to the mother, and no servant is kept, does not know how to carry herself towards the servants. She causes friction, is too demanding, and wants all sorts of attention no well bred nurse expects. The Canadian applicants, with few exceptions, come from well-to-do or prosperous families, are well bred in the truest sense of the word, and succeed accordingly. That is one reason why American doctors with the best practices, often prefer Canadian nurses. An American applicant, all things being equal, always has the preference with me over the Canadian, because I realize I am in an American institution. Yet, with the best of intentions, out of a class of sixteen (16) this year, eleven will be Canadians, although some of these had been accepted when I took charge. The subject has been discussed by the heads of the training schools at our meetings. While American girls are clever at books, it isn't always the cleverest book students who can follow implicitly a doctor's orders. The head of a large training school was telling an experience that proves it. A Vassar Greek medal girl conceived the idea that she was called to nurse the sick, and was admitted of course. The head of the training school said the Greek medalist from Vassar lasted just one month and nearly finished half the patients she handled in that time. Canadian girls have many of the qualifications the Vassar girl lacked. That's why I suppose they have crowded American applicants out."

Miss Turner, a graduate of Bellevue Hospital, writes from Las Animas Hospital, Cuba, to the *American Journal of Nursing*:—

"This hospital is designed for all contagious diseases, but we get more yellow fever than anything else. During 1900 we had about two hundred and seventy cases, and two-thirds of them were Americans. A great many Spaniards have yellow fever, but most of them are treated in the Cuban hospital.

"You people of the North think yellow fever is much worse than it really is. A bad case cannot, it is true, be much exaggerated, but there are many light cases, and there are other diseases having a higher death rate, the worst of which is tuberculosis; never advise anyone with phthisis to go to Cuba, for they would not live long. October and November were our worst months. We then had a large number of cases, and the disease seemed to be of a more malignant type.

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