

DISCUSSION.

The PRESIDENT informed the meeting that owing to illness Mrs. Strong, Matron of the Glasgow Royal Infirmary, was unable to be present and present her paper on "Preparatory Instruction of Nurses," and also mentioned that Miss Nutting, Superintendent of Nurses at the Johns Hopkins Hospital, was also most unfortunately prevented being present owing to family illness. She regretted the absence of these two ladies, as they would have been able, from personal experience, to speak of preparatory teaching on both sides of the Atlantic.

Before reading her paper on "What are we doing with the Three Years' Course?" Miss L. L. Dock made a few remarks on the system in vogue at the Johns Hopkins Hospital, and asked for information on preliminary training.

REMARKS ON THE PRELIMINARY COURSE.

MRS. BEDFORD FENWICK: The Preliminary Education of Nurses is a question in which I have been deeply interested for some years past. Mrs. Strong, the able Matron of the Glasgow Infirmary, whose absence we all sincerely deplore to-day, was the first to organize a course of preliminary training for nurses in Great Britain, in the year 1893. The pupils are externes, and pay for the cost of the course. Some years later a system of preliminary education for probationers was started in connection with the London Hospital Training School, a house was fitted for the reception of 28 pupils a short distance from the hospital, and a course of seven weeks' instruction is given in elementary hygiene, physiology, and anatomy, together with practical instruction in sick room cookery, bandaging, splint padding, bed making, how to take temperatures, how to keep reports, the names and care of instruments, and various other useful details. The School and Course is expensive, as it costs the hospital upwards of £1,000 annually. In 1897 I outlined a course of preliminary training for nurses in a paper read before the National Union of Women Workers in England, and it was much on the lines now being tried at the Johns Hopkins Hospital. A six months' course is in my opinion all too short a time in which to teach thoroughly all that a woman should know before being admitted to work in the wards; a year would permit of a more efficient system being adopted, but the cost to hospitals would then be too great. A sounder economic policy would be that the pupil herself should pay for all preliminary teaching required and to meet her needs Central Schools in populous centres might be founded at which a thoroughly efficient curriculum could be adopted and carried out.

This is a question of the utmost importance to the nursing profession and will no doubt at an early date receive the consideration it deserves from the Superintendents of Training Schools on both sides of the Atlantic.

MRS. ROBB: It may be of interest to delegates who do not know that a set of papers by Mrs. Strong, Miss Lückes, and Miss Nutting appear in the *American Journal of Nursing*, and anyone interested will find it set forth there, in the issues of the past year.

MISS DOCK: I was at the Johns Hopkins some time ago and saw the beginning of the six months' course. The six months' preparatory course is in reality a part of the three years' course. The whole of the Nurses' Home has been turned into what you might call a

laboratory; a working laboratory. During this six months the pupils do not go into the wards. The junior class, half of them coming in the spring, and half in the autumn, go at once into this preparatory school. While they are there they are taught every branch of domestic training. They are taken out to market, and are taught to inspect foods, supplies, and to purchase in small and large quantities; in wholesale and retail; to arrange different kinds of food, etc. Then they enter the kitchen and prepare all the food for the whole training school. When I was there they were already preparing the breakfasts and suppers for the whole training school of seventy-five pupils.

They pass a stated time in the diet kitchen, where they learn to prepare dainty dishes for one patient. Miss Nutting thinks that preparing food for one person does not teach one to order food for 150 or 200 people as must be done by heads of hospitals. They also learn practical housework, doing every branch in their course, from the work of the kitchenmaid to that of the chambermaid, so that they may be thoroughly competent to direct servants, and so that they will know how much time it ought to take to do every kind of work. They thoroughly do every kind of work in and about the hospital so they will never be embarrassed when confronted by questions of that kind when taking hospitals in charge themselves. They do not keep on doing one kind of work, but pass through each department, and the coming nurses take their places. Their bedrooms are in the most beautiful order. West Point does not come up to them; they are perfect. During this six months they also study their hygiene, anatomy, and physiology. They have also practical demonstrations in the elementary part of the nurse's work. They learn to make dressings and the surgical supplies and appliances they have in the wards, consequently when they go into the wards I think you must agree that they start with much more confidence and do very much better work. It is a very expensive course, and requires quite a staff of teachers, and altogether very few hospitals could ever establish such a course. But the Johns Hopkins School serves as an object lesson and in time we might have central schools in all cities where all probationers may be received before going into the hospitals.

MRS. ROBB: I think one of the general reasons for establishing this course is because we find few probationers understand practical housekeeping as they ought to understand it. The special course in invalid dietary is not sufficient because so many women are vague or unpractical in housekeeping affairs and it was found in practice pupils did not get much benefit from the diet school. With few exceptions a course in diet work only was of comparatively little use to the pupils, and, as we all know, the results of these courses are unsatisfactory. After graduating the pupils we still feel that they are deficient in domestic economy, and one reason why our private nurses are criticised so severely in their work is because they are deficient in household economics. This is just the time to try and overcome that. If pupils understood domestic science before entering training, such a course would not be so badly needed.

MISS McLEOD (Victorian Order of Nurses, Canada): The same system was adopted in Massachusetts, some time ago, in the Waltham Hospital, where it has been worked on somewhat the same plan, which has lately been inaugurated at the Johns Hopkins Hospital, Baltimore.

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