

course of instruction. At present the training received by the nurse is given her almost as a matter of favour. Many of the instructors are unpaid, and like most unpaid instructors, they do their teaching in an irregular and unsystematic way. They often have no special preparation for teaching and no special knowledge of nursing. Their hearts are not in it. They often regard it as a bore or as a kindness on their part to give any instruction at all.

The students will never be in a position to demand a reform in these methods until they pay (like all other professional students) for the teaching which they receive. The nurse's position would then become a far more self-respecting one; she could take her place side by side with other professional students.

(c) As a result of (a) and (b) the nurses would take a keener, more intelligent, more discriminating interest in their work.

II.—NURSING SHOULD BE TAUGHT BY NURSES, MEDICINE BY PHYSICIANS.

The great majority of physicians who allow themselves to be made instructors and examiners of nurses know very little about nursing. It is not possible that many of them should know much about a profession which they do not practise.

Medical and surgical subjects, such as anatomy, physiology, the principles of asepsis, of diet, and of materia medica, are best taught by physicians, but how rare it must always be to find a physician who is as competent as a nurse is to teach and to examine on bed-making, the care of the skin, the details of rectal alimentation, or of bathing in typhoid. At present nurses are examined on these subjects, in some of our larger hospitals, by physicians who know very little about them.

The proper person to teach and to examine in such subjects is a nurse. This principle has already found partial acceptance in many hospitals. Some subjects once taught by physicians are now taught by nurses. But the principle needs to be much further extended, until nothing but medicine, surgery, and their subsidiary branches (anatomy, materia medica, etc.), are taught by physicians.

There is one most essential part of a nurse's training which must be gained under the supervision of a physician. I mean the observation of cases. To see and record what occurs during the interval between the physician's visits is one of the greatest services which the nurse can render, but to do it well needs not only faithful attention and keen senses, but a knowledge of what to watch for. Without this knowledge many important points must escape the notice of even the most careful nurse. But observation of cases, based on a knowledge of what to expect, is part of the practice of medicine, and so must be taught by practising physicians, whose daily work it is.

III.—NURSES SHOULD BE PREPARED FOR PRIVATE NURSING BY PRACTICE IN FAMILIES OUTSIDE OF A HOSPITAL, AND BY THE TEACHING OF NURSES IN ACTIVE PRACTICE.

This is now part of the curriculum of many of the smaller training schools for nurses, but in the larger Boston schools has never been adopted. To any one who realises how different private nursing is from hospital nursing, it is obvious that every nurse should possess before she graduates some acquaintance with the conditions which she is to meet. Free nursing in poor families, or nursing at low rates in families in moderate circumstances, gives this valuable experience to students in the Waltham training school, and in many others.

In order to learn much from such nursing, the student's work should be supervised and criticised by a graduate teaching nurse.

The only objection to this system is urged by the graduate nurses; namely, that it tends to lower their wages by offering to the public, at \$8 or \$10 a week, services which the public is apt to consider more acceptable at that price than those of a graduate at \$21 a week. But this objection can be obviated by care on the part of the attending physician in the selection of the cases.

Further, the students need, even while in the hospital, instruction that will fit them for private nursing; and this can best be given by nurses who are, or very lately have been, in active private practice, and who are conversant with the newest devices and familiar with the peculiar opportunities and difficulties of private nursing.

To be taught nursing by a physician or a nurse who does no nursing is as anomalous as it would be to be taught medicine by a physician who is not in practice. The hospital nurse can hardly help teaching in such a way as to train the students to be good hospital nurses like herself. But the requirements of private nursing are materially different, as many a hospital graduate finds to her cost after leaving the hospital. Routine, dependence upon frequent and exact orders, nice division of attention between a considerable number of patients, speed in carrying out a multitude of well-defined duties—such are the qualities demanded of a hospital nurse. A nurse so trained would be more than human if she did not find herself more or less at sea, when called to concentrate her whole attention upon a single patient with relatively few and indefinite directions from the physician in attendance, a considerable weight of responsibility, and a need for independent judgment and action in the physician's absence.

IV.—THE NURSE'S TRAINING SHOULD NOT BE EXCLUSIVELY TECHNICAL, BUT SHOULD INCLUDE SOME LIBERAL STUDIES SUCH AS SOCIOLOGY, HISTORY, AND LITERATURE.

Consider for a moment the curriculum of the

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