

agree, and of course those by whom the Medical Officer is appointed.

The Matron or Superintendent Nurse must also give lectures, &c.

The Matron or Superintendent Nurse must be qualified, and if there should be a nurse there certificated in any one of the special subjects, she may lecture on that particular subject.

I think this explanation will show Miss M. Burr that I do not intend Medical Men to teach nurses the art of nursing, but to lecture and instruct in those things which are more easily taught by a member of the Medical Profession.

I cannot see why it is essential for the Minor School to have a resident Medical Officer, as Miss Helen Todd suggests; as long as nurses are given lectures and practical instruction by a Medical Man, I think that is quite sufficient.

Section 4.—This will remain the same, with the exception that Midwifery is omitted.

Section 5.—To this I would add the word "defined"; it would then read, "the school to contain not less than a certain number of defined beds," meaning thereby Medical, Surgical, and Gynæcological cases.

With regard to those other Institutions which do not come under the above headings, I think Miss Helen Todd makes a step in the right direction when she suggests that groups of the smaller and general Hospitals should be affiliated. I wish her remarks had been a little more explicit on this difficult problem. I do not think her examples are well chosen, for as the Seamen's Hospital only admits men as patients, a nurse will receive training in Medical work by nursing men only. Now, I consider that a nurse must have experience in male and female Medical nursing, in order that she may have sufficient experience in that subject, for there are certainly differences in the nursing of men and women though they may suffer from the same disease. The Soho Women's Hospital would only give experience, I understand, in Gynæcological nursing, which is distinct from Medical nursing, and, therefore, I think the affiliation of these two would not be consistent with good training.

I think that many of these smaller Institutions will, when the number of defined beds is decided, come under the heading of Minor schools, but for the remainder I will make the following suggestion, arising, as it does, out of Miss Todd's remarks.

If an Institution is wanting in some part or other of the requirements to make it a Minor Training-school, some arrangement might be made with another Institution in which that requirement is fulfilled, so that the first-named may send its nurses there for that part of their training, and the nurses of the latter to the former if required. If it was the intention to get such an Institution recognised by the Board on these lines, the Hospital authorities would have to apply to the Board, stating the deficiency, their method of rectifying it, and their subsequent methods of training nurses. If the Board approved, it might then be called as "assisted Minor Training-School." The Institution aiding in this might be called "an assisting training-school" to the — Hospital or Infirmary, &c.

Of course, many of these smaller Hospitals would be the places where the training for special certificates could be obtained. I should here like to say that a

nurse should be allowed, if she likes, to fulfil the requirements for the schedule of any special subject before she enters upon the training for subjects 1 and 2, and could take the examination in that subject as soon as she likes after she is "qualified" without doing any further special nursing.

I must now deal with the Schedules.

Section 1.—Miss M. Burr complains that in my scheme it takes longer to receive a certain amount of training than in America, and other correspondents seem to think the time I suggest too short. I do not consider that a nurse will turn out as efficient by having so much training crammed into such a short space of time (three years) as in America, as one who has taken longer to complete the same.

I shall now add to this section that the nurse at either class of school must do at least three months' work in the Gynæcological ward.

If a nurse can get her schedule signed at the end of three years, all well and good, though probably she will have to wait a little longer, but that is no reason why a longer time should be stated. The same thing is seen in the Medical, the curriculum there being five years, but few students in proportion finish in that time, they usually take a few months longer.

Exception has been taken to the nurse's age. I do not see why a training-school should hesitate to take a probationer of nineteen or twenty years of age, because at the present time, when so many girls have to work for a living, if they are only to commence a nursing training at twenty-three years or older, what are they to do between the time they leave school and that commencement? One of your correspondents signing herself "A. McB." asks in amazement: "What training-school would take a probationer of nineteen or twenty years of age?" I would ask her: "Why should they not do so?" The average girl of nineteen or twenty can make quite as capable probationer as one of twenty-three or older.

I am glad to see that Miss Kate Richmond agrees with me, and I would advise "A. McB." to read Miss Richmond's remarks on this point, and I am sure she will be convinced by them.

With regard to the schedules for the special subjects, they must be criticised as they stand in the rewritten scheme.

A few points have been raised in the correspondence upon which I have been so far unable to touch. I could not bring them in before, so will do so now.

Firstly, I cannot agree with your correspondent Miss M. Mollett when she says that "Midwifery should be obligatory for every registered nurse."

Maternity nursing can certainly be classed as a specialty, and should therefore be included under that heading; by making it obligatory a hindrance is put in the nurse's path towards registration, as it would take so long for a nurse to get through the necessary training, there being in proportion so few hospitals or places for their instruction in this subject in the proportion to the number of nurses.

Miss Kate Richmond asks if a nurse can be considered fully trained who has not had any fever work. I certainly think she ought to be allowed to be called "qualified" without it. As to what Miss Richmond actually means by fully trained I do not know. Am I to understand that it means "qualified" as in the scheme, or is she using the word as she alone understands it? She also asks concerning the payment of

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