always be equal to an emergency, i.e., a hæmorrhage. We repeat what Dr. Stumpff wrote, she has become his assistant. And if the nurse would indeed be such, then her training needs to be very careful, of a long duration, and of wide compass. The life of the patient often depends on the nurse's skilfulness.

The numerous and justified complaints about the experience of certificated nurses, both in hospital and in private, are the most convincing proof, that training is not what it should be. The directorates of hospitals seek in the first place cheap and good labour. The work in the hospitals is done for the greater part by probationers, who consequently come to be looked upon rather in the light of helpers, than of persons who have to be prepared for a difficult calling.

We say purposely, that the hospital derives benefit from her work. Under the present system there are persons in the hospitals, who, in exchange for a small salary, serve for long workinghours. A theoretical course of one hour a week, often only given during the winter months, has to compensate for the small salary; and the certificate given after three years is rather a blind to probationers than a proof of capacity.

The drawbacks of such a system are two-fold. In the first place, only too often (and by this system it is almost impossible otherwise) the care of persons who are dangerously ill is left entirely, or at any rate without sufficient control, to probationers. Many cases are known where the ignorance and inexperience of the nurse has harmed the patient.

One can understand, that a great many nurses, who commence their training in this way, and receive an education about which we will give you a few particulars later on, have a peculiar and unjust idea of their work, which they take with them when they launch out upon their career. To them the rough work comes first, the care of the patient being a secondary consideration. Serious cases having been entrusted to their care in the hospitals, they accept as a matter of course the nursing of patients about whose illness, symptoms, and possible complications they are entirely ignorant.

The doctor who engages her cannot know, because it is impossible for him to do so, whether the nurse to whom he confides his patient is fit for her duties. The certificate given by the *Bond* is no warrant of the nurse's capacity.

In the second place, as regards the nurses themselves, there are the long working-hours, the large amount of rough work, they have to do, and the desultory training.

The probationer entering the hospital is quite bewildered by the different impressions of her new surroundings; she sees sights she has never seen before; she takes part in scenes, that agitate and confuse her; she has to do work entirely new to her, and between all this she has to master her profession. She has to acquire this knowledge fragmentarily, in the absence of any practical teaching. Her very training being unsystematic, she is needlessly over-tired at the end of the day,

and unable to assimilate the teaching of the theoretical course, which very often is held in the evening hours.

But supposing the theoretical course were held at an earlier hour, supposing there were less rough work and the working hours were shorter, it would yet be impossible to get a sufficient training in such an important and difficult science as nursing has become in recent years, merely by the aid of a theoretical course of one hour a week and by practical work learned empirically. It is only the most intelligent probationer, who gets sufficient training this way, the average probationer wants a more careful teaching.

The training should be theoretical, but above all things, practical. The theoretical training should be extensive and profound, because nursing is akin to so many other sciences. It is no longer sufficient, that the prospectus of a training school states, that the rudiments of anatomy, physiology, and hygiene are taught in so far as the practice of nursing requires, there should be clearly defined regulations as to how far the teaching of all these branches should extend, how many hours a week the various subjects should be taken up. The regulations of the *Bond* are too vague on this point, besides every training school can give what instruction it considers proper.

We desire, that these matters shall be regulated by the State, and not left to private persons to settle. Then and only then will there be uniformity in the teaching.

As to the practical training we have little to say. Practical teaching in the true sense of the word, there is none. People say that the nurse learns her practical work sufficiently by experience. This is, however, undeniably a mode of learning too often to her own detriment, as well as to that of the patient. To give some instances in which harm may be done, and has been done, by unskilful nurses: (1) In hæmorrhages; in violent bleeding from the nose, if the nurse in the doctor's absence is ignorant what means she may apply to stop bleeding from nose and ears indicating a possible lesion of the skull; in a suddenly violent spitting of blood, when the nurse, not knowing how to apply the means within her reach, her patient is in great danger; in hæmorrhage from the stomach; in hæmorrhage from the female genitals (after a confinement or abortion), when there is the possibility that the patient bleeds to death before the arrival of the doctor if the nurse from ignorance cannot act on her own responsibility (injections of salt water, plug); in hæmorrhage from the intestines (typhus), where, from the ignorance of the nurse, the patient may be in danger of losing his life (i.e., by changing the bed), if she is not acquainted with the symptoms of internal hæmorrhage; in hæmorrhage, after an abdominal operation (a ligature in the abdomen becoming loose), the patient bleeding to death if the doctor is not immediately called; the nursing of these patients requires such intense care, that it is really in-excusable that they should be entrusted to pro-bationers during the night. Such internal



