

and laws, together with the availability of prophylactic and chemotherapeutic measures. That it is in these more advanced countries that a large proportion of the world's nurses train is not reason for *reducing* their knowledge but rather is it imperative to maintain and extend this knowledge to prepare them adequately for later responsibilities likely to be theirs under these changing conditions in a modern world.

Typhoid fever, smallpox, tuberculosis and most other infectious diseases are all widely prevalent in all lands where a large population struggles with primitive and sub-economic standards of living. Health authorities in vast areas of the world are struggling with these conditions in the interests of the people they serve and in the interests of their neighbours—*meaning ourselves*, who may be exposed to them through rapid transit and intermixing, whether they come to us or we go to them.

A major factor in Florence Nightingale's work was her continuous efforts to apply the principles of sanitary science to *all* situations where the health of the people and the care of the sick were involved. In her biography Cecil Smith writes: "It was inevitable that, having investigated condition... she should find much that needed improvement... and she insisted 'the work must be personal.' 'The Health Missioners' were 'not to lecture the village women but to work with them.'"

In view of the modern lanes of communication with which we are dealing can the modern nurse consider herself less of a "Health Missioner" and investigator than was Florence? True she will have the co-operation of medical authorities in place of having to fight them but her knowledge of the importance and significance of conditions and the need to teach people the basic principles of sanitary science and prevention of disease cannot surely be disputed if she is to be prepared and function well as a health teacher.

It is in this preparation and where and what her experience should be that dispute arises and the dangers occur at home from the declining census in the instance of the infectious fevers. This danger is in common with believing that the earth is flat because our immediate range of vision does not allow us to see that it is round in spite of the established evidence of the scientists. To again quote Cecil Smith, she writes: "The quality of her (F. N.) mind, her common sense, her humanity, freed her from contemporary prejudice." These are qualities that are vital to the nurse and which Florence ever stressed. They are trebly important to administrators and executives who have the control and guidance of nurses and nursing syllabi in their hands, for without this quality of mind, common sense and humanity they will, through contemporary prejudice, fail to see the red light of danger and allow steps to be taken that will jeopardise rather than foster the aspects of nursing education which brings to the students concerned a broad carefully correlated pattern of learning and experience in the prevention and management of the infectious diseases and the related sanitary science, microbiology and socio-psychological aspects.

Such a large and important division of learning, if designed and presented to meet these changes of our modern world, cannot be scattered over the length and breadth of a basic syllabus without danger of losing the true significance of its major objectives. Such a large and important division of learning needs to be applied

as a specialty division in a true life situation. If this life situation gives but a few examples of the types of disease incorporated in the total subject matter involved it is careful use of these precious examples that is of vital importance.

Quality of teaching and experiences must replace quantity which in the past and too often in the present tends to represent wasteful repetition rather than dynamic teaching and learning.

If we accept this point of view our Fever Centres can still prove valuable teaching units. A redistribution of material and method can do much to bring this subject and subject matter into better perspective as they are related to the total nursing syllabus.

Nursing is one of the few professions that struggles to turn out the "Completed Product" within a strictly rigid time period. The courage to omit and adjust belongs to those disciplines which recognise the period and principle of never ending apprenticeship.

If we can bravely take Dr. Stratermeyer's axiom for educational method, that of "Putting the Problem First," as a necessary concomitant for the reconstruction of our educational syllabus to meet these changing needs of the modern patient wherever he is to be found, we cannot fail to recognise that this major problem incorporates the need for greater emphasis on the principles and practice of Preventive Medicine and Health Education. Further we must recognise that these are applied most effectively when they operate in the areas of the Infectious Diseases.

In summary, in the advanced countries we have a shrinking census in the field of the infectious diseases which requires to be used more qualitatively as field experience in the basic education for the preparation of the modern nursing student as a member of the World Health Team.

In the less developed countries infectious diseases and poor conditions of living still flourish and, due to modern lanes of communication, are significant factors in all our lives today: they are therefore of greater importance than ever in the nursing curriculum.

A better balance between practice of mechanical skills and dynamic learning of the basic principles of the management of disease and health care would eliminate much waste of time and so allow major adjustments that would ensure the student better preparation for her future responsibilities which are more comprehensive today in view of advancing world events.

Au Revoir.

HAVING HAD THE WRITER of this article, Miss Edith M. Foulkes-Pritchard, Registered Nurse in Great Britain, South Africa and U.S.A., back in the old country for some months, we regretfully announce that she has once more left these shores to return to New York, taking with her her outstanding abilities, her culture and her untrammelled outlook on life.

Of gay and charming personality, her education is not confined to nursing and the allied arts, but she is a natural artist in water-colours, oils, and her ceramics have to be seen to be believed.

We are hoping, one day, to receive from her brush, a special portrait which will have a treasured niche in the precincts of 19, Queen's Gate, London, S.W.7.

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