

MADAM,—In my opinion, a Nurse should not commence her work before the age of 24; she should have three years' training, signing an agreement after the first three months; if she breaks this contract for any reason except for that of ill-health, she should be liable to a fine of £10. For the first year, she should be expected to give her services, receiving a salary of £10 the second, and £20 the third. She should be allowed to attend lectures given by the Medical and Surgical Staff, after the first six months, going up for her examinations in the second and third year. She should have practical class teaching from her Matron, and sound practical teaching in all branches of her profession from her "Sister" or Staff Nurse. Presuming that she passes both her examinations successfully (preliminary and final) on completing her curriculum, she ought to receive her certificate before her departure from the Hospital. There are many women who would be of great value in the Nursing world, who could not afford to pay fees and would find it difficult enough to live for three years on the small amount of salary given; only those who were capable, persevering, and thoroughly in earnest, would be likely to see the advantage of such a period of training.

MIRIAM RIDLEY,
*Registered Nurse, Matron of the Hospital
for Epilepsy and Paralysis.*

"An old London Hospital Sister" writes:—"I have been training Probationers for fifteen years, and should like to express an opinion on this important subject, although I am not a Matron. There are very grave faults in the present system of Nurse education. Too much theoretical teaching is given, and too much theoretical knowledge is expected from Probationers during their first year in the wards, with the result of imperfect knowledge of practical things, and certainly to the disadvantage of the patients. My young Nurses always seem on the eve of an exam., and they are always cramming from books, instead of going, as you advise, to the fountain head—the "sick fellow-creature"—for their instruction. For my part, I should rejoice to see all "lesson books" expelled from the ward, no lectures during the first year's training, so that every moment of valuable time would be devoted to "nursing the sick,"—an old-fashioned and unpopular method of "learning to be a Nurse." One becomes disheartened sometimes with the unpractical method of instruction adopted in many of our large Hospitals. Our Probationers are studying the elements of science they should have learned at school, when they should be practising all the practical methods for comforting those in pain, which require the whole time and attention of a clever woman to acquire. When will a Gold Medal be awarded to the Nurse whose patients and ward are the best cared for? The millenium of Nursing would then indeed be near at hand."

"An Old-fashioned Matron" writes:—"I do hope that Matrons in Council will find a means of devising some scheme of education for our Nurses which will inspire them with a *true interest in sick people*. Devotion to the patient does not appear to me to be the paramount instinct of the modern Nurse; neither do I find her as clean and tidy in her ward work as could be desired. Is my experience singular, or is the Nurse of to-day careless in detail?"

Our African Letter.

FOR the last five years I have had the privilege of belonging to the Universities' Mission to Central Africa, most of my time having been spent on Lake Nyasa. Towards the end of last October, unfortunately, we had a fire in our village, and our church, library, dispensary, dining-room, kitchen, and many of our houses were burnt down. Within thirteen days we had another large fire, and this time my house was burnt down, together with our other grass and reed houses, and only a few new stone buildings were saved. There was nothing for it but to leave Likoma until our menkind could superintend the building of new houses. It was settled I should take shelter at the headquarters of our mission at Zanzibar.

I will not enter upon my experiences of travelling down the Shiré and Zambesi in a small boat, with inadequate shelter, or across the Shiré Highlands in a machila (a hammock carried on men's shoulders), during the rainy season, but there *are* greater pleasures in life.

After two months and three days on the road, I arrived at Zanzibar. In one of the dirtiest and lowest parts of the town is our mission station. Turning out of one of the little narrow, malodorous streets, you enter a wide road which leads to a square, formerly the slave market. On the left is Christ Church Cathedral, a beautiful church, built, like most of the Zanzibar houses, of coral. On the right is a bright garden of acacias with their magnificent red flowers, crotons with every shade of coloured foliage, cocoa-nut and palm trees, pink oleanders, and a lovely creeper commonly called the coral flower, which looks just like little sprays of coral.

Looking out upon the garden lies our new Mission Hospital; from the windows of the other side is a wide view over the sea to Intweni Point. When I had been in Zanzibar before, the foundation stone of the building had only been laid a short time; so it was with the greatest interest I went over it with Nurses Brewerton and Whitbread, two of our Association Nurses. In front is a Baraya for the patients; just inside the entrance on the left is the dispensary or Dawa as the natives call it, to which forty or fifty out-patients come every morning, all sorts and conditions of men—fine-looking Arabs, pale-faced Hindis, or black Swahilis. Opposite the Dawa is the examination and operation room. This part was built by the Mission some years since. Straight through is the Hospital. A central paved hall, at present unroofed; on each side a native ward—one for men and the other for women.

A pretty Moorish-looking staircase pierced with small arches all the way up, looking very picturesque, but distressing to a Matron's eye, if our native domestics have not thoroughly dusted inside them. Open galleries round the hall, and opening out of these, the European wards, rather too small for an eastern climate, but still very nice and airy; not too much furniture in them, but what there is, light and pretty. There are eight European beds, and twenty-four native beds in the wards beyond. Over the dispensary and operation-room is an open baraya, fitted

[previous page](#)

[next page](#)