

## Matrons in Council.

### WHAT IS A TRAINED NURSE?

QUESTION 5.—How should a Nurse's knowledge be tested? If by examination, by whom?



MADAM,—I quite agree with "A Young Matron" that this is a most important question, because it seems to me that the present system is all wrong, and must be altered if any improvement is really to be made in teaching Probationers. Naturally, the

knowledge which is gained, or should be gained, in the wards, ought to be properly tested before the Hospital grants a certificate that the Nurse knows her work and can do it. I know there are Hospitals where, at the end of the training, certificates are given just because the Nurse has been for so long in the wards, and without any examination to see if the Nurse knows anything or nothing; and other Hospitals where a written examination is given, and whoever passes it, gets this stated on the certificate; but if a Nurse does not pass the examination, she still gets the certificate all the same. I know several of my fellow-workers who I should like to nurse me if I was ill—and that is saying a good deal—but who could no more answer a written paper of questions than they could fly. They are "too nervous," they say, which really means that they have never had any experience of examinations. I was at a school where we were incessantly being examined. They used to call it, "Getting out of us what they had put in." We used to dislike the process, but it so habituated us to the concentration of memory, that we all did well at the University local examinations, and I have felt the benefit in my Hospital exams. As to the first question, then, I feel sure the only way to test a Nurse's knowledge is by examinations, and these should be both written and *vivi voce*, because there are many Nurses who are excellent in practical work who are not well up in the theory of Nursing, and others who can explain themselves well in conversation and really know their work well, but who are all at sea when asked to express their views on paper. Concerning the second question, it seems to me that it is a wrong system that the teacher and the examiner should be the same person. No University or College would recognise such a principle, and Hospitals would certainly be wise to have their Probationers examined by some unprejudiced outsider. I may be very heretical, but I think the day will come when Nurses will be examined like medical students, quite away from their Hospitals, by some independent body; but then the Nurses' superiors should be able to give a certain number of marks for good conduct and Nursing qualities, as shown in their ward work. Unless she passed such an examination, she ought not to receive a certificate. If she proves she is ignorant, how can anyone certify that she has the knowledge which a thoroughly trained Nurse should possess. I feel certain that to get any uniformity in the education of Nurses, there must be some uniformity in examination and certification.

A HOSPITAL SISTER.

## Medical Matters.

### OVARIOTOMY IN PREGNANCY.



It is a moot question among specialists as to whether it is more advisable to operate upon an ovarian cyst during pregnancy, or if possible, to delay the operation until the completion of gestation. On the one hand, it is recognised that in the majority of cases, the operation in such a condition, is followed by abortion, and some consequent increased danger to the patient: on the other, if the cyst be at all large—and it is only, as a matter of fact, in those cases in which the cyst is of a considerable size, that the question of operation arises at all—there is good reason to believe that not only will the progress of labour be materially retarded—the distension of the abdominal walls naturally hindering muscular action upon the uterus—but also, according to some very careful statistics recently published in a Berlin medical paper, there exists a marked tendency to suppuration in ovarian cysts, consequent upon the abdominal changes which follow delivery. If further investigations confirm this additional danger, there is no doubt that the proper treatment would be, as an invariable rule, to operate upon all ovarian tumours in married women as soon as possible after their diagnosis is certain.

### CONVULSIONS IN CHILDREN.

A well-known French physician has recently contributed to a Paris contemporary, an excellent article upon the treatment of infantile convulsions, which he divides into four stages. Firstly, the bowels should be freely opened: he considers that quite four-fifths of all cases of convulsions are due to intestinal irritation or obstinate constipation. The treatment then should be a large dose of castor oil, and, if necessary, also an ordinary enema. The-writer might have laid, we think, more stress upon the frequency of worms as a cause of such attacks, and, therefore, upon the advisability, whenever there is any reason to suspect the presence of such irritants, of the use of an enema of salt and water. Secondly, he advises that some sedative, either bromide or chloral internally, or a few drops of ether or chloroform by inhalation, should be given to calm the nervous system. Thirdly, in severe cases, that counter irritants such as mustard baths or a blister to the nape of the neck should be employed. Fourthly, if the cause of convulsions be due to burns or other sources of cutaneous irritation, foreign bodies in the nose or ears, hernia or renal disease, that appropriate remedies should be employed without delay.

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