

person. Modern knowledge and requirements demand that in the future she shall take her place in the ranks of either nurses or medical practitioners, we have no further use for the specialist who has no basis of general knowledge. But if midwives are to be educated at a Medical College will they not assume that they are medical practitioners? Midwifery education of non-medical women should surely be conducted by a College of Nursing, not a College of Medicine, and their practical work, consisting, as it does, largely of obstetric *nursing*, should be entrusted to experienced teachers of nursing holding a midwifery qualification, while theoretical lectures should, without doubt, be given by medical practitioners, who, out of their fuller knowledge, can best give this instruction. We hope that the American Society of Superintendents of Training Schools may see their way to organize the training of nurses in midwifery. We should regret the organization in the United States of a body of pseudo-practitioners in midwifery.

#### NURSE versus ATTENDANT.

Among the many questions requiring resolution in the new century is that of the efficient nursing of the mentally ill, for no one can imagine that this branch of nursing has so far been placed on a satisfactory basis. We are not under-estimating the value of the work done in many instances by asylum attendants, the only wonder is that this work is as good as it is, but the day has gone by for this most important branch of nursing to be handed over to untrained persons, often drawn from the uneducated class. Moreover our lunatic asylums should become in name and reality mental hospitals and schools of mental nursing, and the stigma attached to the name of "lunatic" be abolished once and for all. There is no class of patients who need more tender, loving, and patient care than the mentally afflicted, for it is a well known fact that the poison of mental disease so affects the brain as to change the whole personality of the patient, and traits appear, as the result of disease, which the ignorant are apt to consider legitimate ground for severe and harsh treatment, when, in reality they should call out increased gentleness. We hope that some means of co-operation may be devised between our general training-schools and asylums for the insane whereby the right type of nurse may be increasingly attracted to this branch of nursing work.

## The Nursing of Children's Diseases.

By J. P. PARKINSON, M.D., M.R.C.P.

*Physician to the North-Eastern Hospital for Children; and to the London Temperance Hospital, etc.*

#### INTRODUCTORY.

It is with much pleasure that I have consented to write a series of Lectures on the Nursing of the Diseases of Children for the readers of the NURSING RECORD; and this for various reasons.

In the first place, comparatively few Nurses at the present day are specially trained to watch over and attend upon sick children. The majority pass through the wards of their Training School, that is to say, of some larger or smaller General Hospital, being chiefly occupied in attendance on adult patients in the Medical, Surgical, and Obstetrical Wards. So they may see little or nothing of the work amongst the children. On the other hand, those Nurses who are trained specially in Children's Hospitals do not receive, as a general rule, the special technical instruction which is now-a-days given to every Nurse Probationer in a Training School, and therefore while they see much practical work, they are not taught the theory of their profession, that is say the reason for the various methods of treatment which they are directed to carry out, and the causes and symptoms of the various diseases which they are called upon to nurse. Without such knowledge, it is quite impossible that they can carry out their work with the highest degree of benefit to the patient under their charge, with complete satisfaction to the medical practitioner under whose directions they work, and who, now-a-days, requires an intelligent assistant in his nurse and not as she was in former days, a more or less ignorant, however willing, automaton.

Perhaps in no class of medical patients is intelligent and tactful nursing more useful—indeed more needful—than in the case of sick children. When infants or young children are concerned, the necessity is obvious. Not only does their helplessness demand constant and skilled care, but the doctor is entirely dependent for all information as to the symptoms they have exhibited, in the intervals between his visits, upon the report of the nurse. Indeed, this latter fact exists in the case of all children; because it is a matter of common knowledge that few, if any, of these little patients can give

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