

ciliary processes will go on pouring out into the vitreous until the pressure here rises to such an extent that it paralyses the secretory mechanism; or, again, if the quantity of secretion increases above the capacity of the effluent passages the tension will rise to $T+1$, $T+2$, or $T+3$. On the other hand, if the efferent channels are too fine or the fluid secreted is too small in amount, the tension will fall and the eye will become too soft—through $T-1$, $T-2$, $T-3$.

The question of intraocular tension is, as we shall see in a later stage, of great importance, and the habit of careful estimation cannot be too readily acquired. One point may lead us astray. The sclerotic varies in thickness and resistance in different individuals, and there is no means of telling with certainty to which factor the resistance is due. If, as is sometimes the case, the tension varies in different parts of the same globe, the tissues must be at fault. Sometimes one finds a local deposit of bone in the choroid; such a feature would give the observer the sensation of extreme intraocular tension, while the eye might really be soft. I have seen a case in which this occurred; the first examination led the surgeon to note the tension as $+3$, while a few minutes later a second observer noted $T-2$.

(To be continued.)

The International Congress of Nurses.

MORNING SESSION.

THURSDAY, SEPTEMBER 19TH, 1901.

NURSING EDUCATION.

DISCUSSION ON MISS L. L. DOCK'S PAPER, WHAT ARE WE DOING WITH THE THREE YEARS COURSE?

MISS CHAPPELL (Long Island Hospital): I think we all understood that when the three years' course was taken up we were no longer to send out pupil nurses. But pupil nurses are still sent out to private duty in many schools. We must appeal to our Alumnae Societies if the Superintendents cannot do anything for us, and they say that they cannot do away with it altogether.

I think if we could get a letter from the President of the Association, or the Associated Alumnae of the United States, and put it before the Hospital Boards we could have something done. In the hospital I belonged to the nurses have been sent out for as much as six months. I believe in private nursing as a good training, but I do not think that pupils should be sent out to the wealthier families, who are abundantly able to employ graduate nurses. I know there are a great many nurses very much concerned in this matter, and I am one of them.

Mrs. ROBB: Do you believe in private nursing by undergraduates?

MISS CHAPPELL: I think the ward nursing in a hospital does not entirely prepare the pupil for private

nursing, for there you have the head nurse and the superintendent to go to for advice, and I think some training in private nursing is absolutely necessary.

MISS PETERS: I would like to speak on behalf of our School. Until within the last few years we have had a two years' course. The second year we spent in private nursing. I was in the last class of that order. We have now a three years' course, and the last year includes private nursing. I think it is an injustice to the nurse, who should have the benefit of her three years' training. Yet it is also an advantage for her to get acquainted with the doctors. This matter has been discussed in our Alumnae Association, and we hope in the course of time to do away with the sending out of pupil nurses.

MISS HAY: In our Training School there is a course that gives the nurse this very experience in private duty which is spoken of as being so very desirable, and she is not underbidding the graduate nurse. We call it "special duty" nursing. The undergraduates in their third year are put in charge, each, of one private patient, and they are not responsible to the head nurse, but only to the patient and the doctor in charge. They are practically working independently. Their work is not interfered with. This gives the undergraduate nurse the confidence she needs, and she is not at the same time underbidding the graduate nurse.

MRS. BEDFORD FENWICK: Miss Dock's suggestions are so numerous that I think those desirous of speaking would do well to touch on one or two important points only. First, with regard to the all important term of training. When I began nursing twenty-three years ago, the accepted term of training was one year; this proving quite insufficient, it was gradually extended to two years, and in England during the last decade it has become almost universal for nurses to be given a three years' course of practical training in the wards before they are finally examined and certificated. Now we are proving that three years is all too short a time for a nurse to perfect herself in general nursing, and all the specialities such as maternity and fever nursing. Moreover, the majority of general hospitals in Great Britain contain no facilities for clinical experience in obstetric and infectious fever nursing. These courses must be taken after graduation. Several of the large London Hospitals have extended the training course to a four years' term.

I am in favour of a three years' course in a general hospital, as in England many special departments are not attached, and a fourth year can be usefully spent in gaining experience in special work, and in the duties of Sister and domestic management. But nothing under the three years' course can suffice, as after a probationer has learnt the elements of the theory and practice of nursing, she requires time to digest her knowledge and to become skilful in its practice. If we appreciate the lesson we have been taught in past ages, we grasp that no good work can be done in a hurry, in the past long and arduous apprenticeship was compulsory before a man could hope to be a master craftsman, and we have only to compare the artistic value of the handiwork of the long time apprentice, with the shoddy productions of our own time to realise the necessity for perseverance before we can hope for perfection.

Secondly, with regard to the undergraduate nurse being sent out to private duty I strongly deprecate it, it is absolutely indefensible, it is equally unjust to

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