

hæmorrhages even after slight operations may be highly dangerous, if the symptoms are not immediately recognised by the nurse, and every measure to lessen the danger forthwith taken; in hæmorrhages from an artery that has been wounded, which are frequent with nervous and mental patients, and must be immediately looked to by the nurse, yet most trained nurses are in this matter sadly deficient. When nursing diphtheria patients; if the nurse is not able to perceive, through the symptoms being unknown to her, whether the patient is in danger through increasing oppression, so that the child risks being suffocated before the doctor can perform tracheotomy. When the child has been operated upon this same danger continues, because the tube may be blocked by membrane, and the nurse does not know how to handle or to replace the instrument.

Many nurses sent out by well-known nursing homes have no practical knowledge of all these things, besides their theoretical knowledge being very superficial.

And why is that practical experience often woefully incomplete? Because the certificate of the *Bond* is repeatedly awarded to nurses who have received their entire training in children's hospitals, to nurses who have, from faulty methods, not passed through all the divisions of the general hospital, who—i.e., never nursed a fever patient, never assisted at an operation.

Our Association claims regular instruction in practical nursing, the courses to be given by fully-trained nurses, who must be specially appointed, and who are qualified to teach, and for the several courses a minimum standard to be fixed by the State. Furthermore, we desire that the examination not only should be theoretical, as are the examinations instituted by the *Bond*, but that, as in Germany, a long period should be devoted to practical work, and that the Commission holding the examinations should consist of doctors, matrons, and head nurses, all persons to be nominated by the State.

In view of the foregoing we once again insist, in the name of the 700 members of our Association, that the State shall regulate the training of nurses and award them their certificate, so putting an end to the present arbitrary and irregular training and examination of nurses. In the session of the Second Chamber of December the 11th the Minister of the Interior declared that he had read our interesting and detailed petition, and that some of the objections against State Examination are refuted. The Petition was, he said, very ably written, and showed intimate knowledge of the subject. The contents would be seriously considered, and advice asked of persons and societies able to judge in this matter. On Dec. 28th the Ministry fell. J. C. VAN LANSCHOT HUBRECHT.

We regret that we have been obliged by pressure on our space to postpone the publication of Miss Hubrecht's interesting article. It is, however, of special value at the present time, as showing how the struggle of nurses for legal recognition in different countries is proceeding on the same lines.

Our Foreign Letter.

THE AMERICAN MISSION HOSPITAL.

Assiout, Upper Egypt.



We arrived in Alexandria last October, and were there about three weeks when we received a wire saying

nurses were urgently needed at the American Mission Hospital, Assiout, so, having duly considered the matter, we took an early train and forthwith arrived there! How can one describe one's first impressions of a native hospital? It is so entirely different from what one would expect it to be. On reaching the hospital, we were shown to our rooms, which were all that a nurse could wish for, large, airy, and pretty, with French windows leading on to a verandah from which one could see in the distance the white sails of the boats as they glided up and down the Nile.

After a few hours' rest, we were received by Miss Lees, the Superintendent of Nursing, who eleven years ago gave up an excellent post in the American nursing world to take up Medical Mission work abroad, and truly her sacrifice has already been in part rewarded, for when she first came out the hospital was a small native house down a dark street. To-day the Mission has a fine building of its own containing about 150 beds, two resident surgeons, and a large staff of nurses, and is fitted with all modern equipments, and being worked on the somewhat American method of 1st, 2nd, and 3rd class, practically pays its own way, but I am going on too fast. As I have said, Miss Lees received us, and kindly showed us over the hospital. Just inside the front door to the left stands the dispensary, the abode of an English lady pharmacist (fully qualified). Further on can be seen a lift and an ambulance on which the patients are taken up to the operation room. On the first floor are the men's wards (both medical and surgical). These are staffed with male native nurses, who work under an English trained Sister. These men stay for years, and make excellent nurses. Above this is the women's floor, containing two large third class wards for medical and surgical cases, two second, and four or five first class rooms. The beds are usually quite full, the patients looking quaint indeed as even in bed they insist on having their heads covered with heavy shawls, in fact, so fond are they of head dress that a Sister explained they have been compelled to enclose all the blankets together in a kind of double sheet, else they also would be wound round the heads!

Beyond the wards is a large X-ray room, and next to it the operating room for septic cases. Further on, beyond a short shut-off corridor, is the aseptic operation room, and its sterilising ante-room well fitted with all modern appliances, the

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