

our streets. Yet this week the whole civilised world is ringing with a discovery in the treatment of disease towards which Doctors for ages past, and in every nation, have been working and striving, each adding his quota to the common knowledge destined some day—each was certain, and yet none knew when—to burst into the full effulgence of perfect triumph over Death. And so next week, perchance, the electrician will have given us greater power and greater good from the subtle fluid which a century ago only lightened the sky, and destroyed on earth. And even so it may safely be assumed will the progress of Nursing be. Overpraised yesterday, overtaxed to-day; to-morrow its true capacity and its real value may be clearly estimated.

It is in view of this process of evolution that it becomes an important practical question for every Nurse to consider what system of education will be necessary for those who enter the profession in future. Because although this more immediately concerns those commencing the work hereafter, it also, and very directly, affects everyone already engaged in the calling. For knowledge ever tends to rise—never to fall; and from the juniors improvement must extend upwards to the seniors, or the latter will necessarily find themselves falling behind in the competition for excellence. It is, therefore, a question of not merely academic importance, but vitally essential to every Nurse to endeavour to understand and forecast how her future colleagues are to be educated; in other words, to what standard she must herself attain.

Some two years ago we discussed this matter from the standpoint of examinations, and the views we then expressed have received strangely complete confirmation since at more than one important Hospital. Now, we wish more especially to consider the results which would follow the adoption of the principle that "Nurse Training Schools should be organised upon the same lines as the Medical Schools"—that Probationers, in short, should pay for their training in the science and art of Nursing exactly as medical students have to pay for their education, and as indeed even apprentices to most trades are also called upon to pay. The first consequences, we take it, would be that much fewer women would every year become Nurses than is at present the case, because there can be little doubt that the payment of a premium would be a considerable deterrent. Certainly, many who, with a light mind and lighter head, are now considered by themselves or their relations suited for a trial as a Probationer, would be deemed at home to be unsuitable if hard cash had to be expended on the experiment. For exactly the same reasons the quality of the general body of workers would

be increased, because it is an ancient axiom that rubbish is never deposited on valuable ground, and the greater the difficulty of obtaining a Nursing education was made, the fewer candidates who were successful in obtaining it, the more would it necessarily be valued both by themselves and others. In fact, there is probably nothing which would so instantly, and so completely, elevate the status of Nurses as this one measure of making them pay for their education. In the next place, it would of necessity improve the schemes of training now in force, and probably within a brief space of time bring these all to one uniform standard and system. For it is proverbially as ungenerous "to look a gift horse in the mouth" —or to criticise a training which is accorded gratuitously—as it is unjustifiable "to withhold what is paid for," which in this case would be an education in Nursing, not only complete, but necessarily comparable with that given in other Institutions.

And then comes the still more important practical point—the effect which the system would have on the pupils in the Hospital, and on the Nurse's status when her training was completed. But these, and the other practical results of the system, demand deferred consideration.

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

### PART I.—MATERNAL.

#### CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 232.)

"IT is a long lane that has no turning," and we must now be thinking about getting our patient up. Assuming that the affected limb is returning to its normal *external* condition, the lady anxiously asking Doctor and Nurse, "When can I get up?" we must do our best to carry out her wish. This first getting up is an important part of Nursing duty in "phlegmasia," and we must enter into the matter fully. In an ordinary case of "broken leg," where there are all the outward and visible signs of the injury, there is but little outside pressure brought to bear upon a Nurse in this matter of "getting up"; but in "white leg" at this stage of convalescence the lesion is neither seen nor understood, and our prudent precautions are apt to be regarded as unnecessary "fuss," even by the sufferer herself, and many Nurses even do not fully realise their importance.

If my young Nursing readers will refer to their

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