

I have to deliver. It will interest you to have the "Studienplan" of those courses, which have to be followed for the final examination. Like Columbia University we put that at the end of two years, but we ask five years' practical nursing before we allow candidates to go in for the course, as we do not want to encourage superficialism, and will not have women as leaders who shunned the practical hard work of our calling.

May you be able to keep on for many years as "the advance-guard of nursing interests" and may your country realize what it means to have a fearless, unwavering champion in a cause that is not only one of our profession, but of Humanity!

Full of the best wishes for your further work,

Truly yours,

AGNES KARLL
(President of the German
Nurses' Association).

"A TRIFLE SHOWETH RESPECT."

To the Editor of THE BRITISH JOURNAL OF NURSING.

With love and gratitude from

OLD SISTER PRESIDENT.

39, Hogarth Hill,
Hendon.

[A guinea was generously enclosed, and will be used for promoting State Registration of Nurses. "A former Sister President" would be a more accurate description of the ever young-hearted lady in question.—Ed.]

MISSIONARY NURSES IN INDIA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—I have just finished compiling for publication the list of Missionary Nurses in India. It is a long list, and contains names from almost every Protestant country in the world, though, of course, much the largest proportion are from English-speaking countries. It is impossible to estimate the debt which Indian people owe to these nurses, as the civil hospitals are for the most part quite unstaffed by nurses, and only a very few have training schools. Some years ago, Dr. Macphail, the editor of "Medical Missions in India," wrote, in referring to the list then published: "The increase in the staff of qualified nurses is really a more reliable indication of the better organisation, and greater efficiency of medical missions than an additional number of doctors." There is only one weak point in this list, and that is the fact that in some cases nurses are still being sent out, whose training has been incomplete, on the supposition that in a country where the majority of the people are ignorant of the rudiments of hygiene and the most ordinary care of the sick, even the slightest training will be of use. This may be true as regards ordinary missionary work, but the training of Indian nurses should be entrusted only to those who have undergone a full training at home; and are thoroughly conversant with the routine and methods of hospital life, even though those

methods may have to be adapted in many ways to be successful here. Big orphanages also should have a qualified nurse on the staff, and not simply missionaries, who, though they do their best, have never been trained to look after the health of a number of people, or the sanitation of institutions, and usually have had no previous care of children. Mission boards are becoming educated up to this, and there are a few now which send out only nurses who are fully trained. This should be the rule of all Mission Boards.

The remarks about the *Nursing Journal of India*, which appear from time to time in your JOURNAL, are most encouraging, and are greatly appreciated by us.

Ever yours sincerely,

ETHA BUTCHER KLOSZ,
Editor *The Nursing
Journal of India*.

REPLIES TO CORRESPONDENTS.

Correspondent, Edinburgh.—Your question as to the difference between secretion and excretion is an important one. The two terms are totally different in meaning as in derivation, but they are often used somewhat carelessly because the secretion or formation of a fluid by a gland is in health usually followed by the pouring out or excretion of that fluid. For example, saliva is secreted by the glands and then excreted into the mouth. The secretions of the gastric glands are likewise of no use to the system until excreted into the stomach. Still, excretion might more correctly be confined to the description of the action of such organs, e.g., the skin, bowels, lungs, and kidneys, as collect and throw off the waste products of the body.

OUR PRIZE COMPETITIONS.

April 26th.—Mention some of the uses of the skin, its condition in health, and some prominent features characteristic of disease.

May 3rd.—Give routine nursing precautions to prevent post-operative pneumonia.

May 10th.—What complication is most to be feared in diphtheria? How would you guard against it?

NOTICES.

WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

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