

to come to classes in a condition in which they were unable to assimilate knowledge.

In regard to the danger of the "over-educated nurse," Miss Gage considered that many pupils were not over-educated but under-educated, though some might be over-educated because they had no capacity for assimilating knowledge.

The nurse's education should be related to what she does for the physician and surgeon, for the patient, for herself (she should radiate the health she preaches), and for the community. The nurse should see her patient in relation to the community, and the community in relation to the patient, remembering, moreover, that economic conditions always govern community diseases.

Good house-keeping at home was the best preparation for a student nurse, whether she came from a well-appointed home or a hut, and previous preparation should govern what the students should be taught. In West China obstetrics were taught to male nurses.

Teachers must be careful to instil into their pupils that the patient and his needs must be the first consideration.

Education was a liberation of capacities, and the student must be taught to weigh facts, and then to judge of their value. Should the student really study, or get around the teacher to escape work? She should rise to her duty, and use all her theoretical knowledge to assist her in the work in hand, remembering always Florence Nightingale's definition of Nursing, "Helping the patient to live."

Discussion.

Miss Ellen Nylander, Matron of the Second Medical Hospital of the University Hospitals of Helsingfors, who opened the discussion, gave a most interesting account of the system of Nurse training in Finland, and illustrated her address by diagrams.

The Nursing School of the Association of Nurses in Finland (the original Association), takes 32 pupils into the Preliminary School for a four months' course in August and 32 in February. The course is for three years including the preliminary training, and, at the end, the student receives a Diploma containing a summary of her training, and two efficiency Marks, one for theory and one for practice. The Training schools in this case are in connection with the University Clinics of Helsingfors.

There is also a Course of Training under the Helsingfors Municipal School of Nursing. In this 57 pupils are admitted in August, December, and April, 171 in all. These also pass through a four months' Preliminary Course and a three years' training, and receive a leaving certificate signed by the Medical Board which entitles them to practise as Senior Trained Nurses. The student pays an entrance fee on admission to the school, during the first four months she pays for board. Throughout the course of training the student is provided with free lodging and washing, and with medical attendance and nursing for not more than two months in the calendar year. In the second year she receives an allowance for uniform while on hospital duty, and in the third year when on duty as junior nurse she receives the salary of that position.

Miss Goodrich remarked that we should evidently cut up the large countries into small countries, and then we should really progress.

Miss Helen L. Bridge, Director of the Warsaw School of Nursing, Warsaw, Poland, remarked that Miss Gage had said that "the fundamentals of education must be judged by the needs of the community." In attempting to establish a school, having a curriculum, basic or otherwise, in a country where modern nursing is in its earliest infancy, the question arises as to how the needs of the community are to be adequately met. Locally they had in Warsaw at the beginning of their work a small group of people enthusiastic and interested enough to lend their energies to help bring

into being a school. The attitude of mind of this group varied widely. For the most part they placed the emphasis upon sick rather than upon well nursing. For the actual work of organising the school came several American nurses, who could scarcely be expected to understand the needs of a community in which they had little, if any, previous experience. There was, however, in the beginning one common ground, on which both the local and the American groups could meet, that being the common knowledge that in Poland there were no professionally trained nurses, and that Poland must produce them and in the shortest time consistent with reasonable thoroughness.

It was decided to progress from this point of common understanding to organise a school.

Miss Bridge spoke highly of the "plastic material" in Poland, as to education, age, and natural ability, but the health of young women who passed their most plastic years during the war and post-war period was subnormal physically, and this was a most important point in considering the adaptations to be made in the curriculum, as the general health average of the students is such that they cannot stand the strain of too long or too intensive periods of instruction in either the classroom or hospital.

Miss Alice Reeves, R.R.C., Matron of Dr. Steevens Hospital, Dublin, said only a few words, but emphasised the necessity for the inculcation of reliance and self-discipline under any scheme of training.

THE RELATIONSHIP OF THE SCHOOL OF NURSING TO THE HOSPITAL.

Miss F. Meyboom, Matron of the Municipal Hospital, Rotterdam, presented the principal paper on the "Relationship of the School of Nursing to the Hospital," with special reference to Holland.

There are about 15,000 nurses in Holland. Miss Meyboom emphasised the importance of a real sisterhood between all the nurses of the world. She considered international influence of great value for every country, both as regards comparison and also as a stimulant for energy. The training and examination of nurses in Holland was still in private hands—conducted by medical directors and other doctors, but, during the last few years, matrons had been admitted to the examining committees.

In 1926 the State would carry out its promised intention of supervision, and would be represented at all examinations.

Miss Meyboom pointed out that the introduction of a training school for a certain hospital depended on the importance which the Medical Director attached to it. His earnest co-operation and powerful maintenance of the right motives often influenced the hospital committees to adopt the training school method.

Miss Meyboom dealt at some length with the question of preliminary training, and said at the beginning one meets with some opposition to preliminary training on the part of the older nurses, perhaps because they feel that less trouble has been taken to prepare them for their task. But with tact this opposition can be overcome.

She said, I have told you a great deal about the preliminary training, perhaps more than I should have done, but in Holland it is quite new, and several doctors and some medical directors do every thing possible to prevent it.

I feel it is most important for the making of a good nurse, and I ask your co-operation in this matter.

It is really very necessary that the nurses should begin with seeing that the chief thing they have to work for, is not only the material side of their work, but that a thorough and a careful education should be given them. They must claim a complete training, which places them in a position to work in whatever line they wish to follow after their hospital training.

The Discussion was opened by a paper by Miss Alice de Ibránzi (Hungary).

(To be continued.)

[previous page](#)

[next page](#)