

be taught with careful selection of their material for the special need. The knowledge required in these subjects was selective, even though elementary, to meet the clinical bias. When they were taught by surgeon or physician, they received constant emphasis and illustration by reference to conditions found in the wards, which were of vivid interest to the nurse at this early stage. Thus for example: The composition of bone gave cause to introduce conditions of excessive or deficient deposit of salts; bones were related to sites of fractures; joints inevitably called up dislocations and displacements. Muscles had the briefest reference and widest grouping as coming but little within the survey of the nurse (they were the province of the masseuse and gymnast); circulation was closely followed and elaborated to account later for cardiac diseases, varying blood pressure, and arterial changes. The excretory systems were all-important and the exact composition of their excretions, with common clinical variations, were essential facts to the junior nurse. As to the ductless glands which loom so largely to-day in medical study and practice, they were only to be explained by reference to the diseases arising from excessive or diminished secretion. These were only a few points to show the clinical aspect given to these subjects.

She knew it was argued that these applications could be made in the lectures on Surgery and Medicine, but so much ground had to be covered in these senior subjects that the lecturers relied on this applied knowledge of anatomy and physiology.

She maintained that the training-nurse was deprived of part of her birthright if these subjects were not given their vocational value by being taught in the environment and atmosphere that gave them life and application.

We might take it that these subjects would not be systematically and efficiently revised during the professional training, if the General Nursing Council accepted qualification at school standard any time within two years of the candidate entering hospital for training—and how much forgotten?

A large number of hospitals now made the General Nursing Council Examinations their own qualifying examinations, and these public bodies were hardly likely to institute lectures on subjects in which the candidate had already satisfied the General Nursing Council. The well-educated candidates obtaining this so-called privilege would be the first to realise of what they had been deprived. They might acquire more general scientific knowledge by being taught at school, but its vocational value would be very deficient, and much that had been learnt might be wisely forgotten.

The only way to ensure that the student nurse obtained a real working knowledge of these professional subjects, through their adequate revision during her training, was to keep the hospital authorities responsible for entering the nurse-candidate by retaining the Preliminary State Examination as at present, *i.e.*, after the first year of training.

The nurse was an essential asset to the medical service, and the demands for an informed Nursing Service grew daily. She could develop along so many lines of public usefulness if she were well grounded in the basic sciences and professional subjects; and the necessary post-graduate study would present few difficulties when she decided to qualify for some other branch of the Nursing Service.

The General Nursing Council, though a Statutory Body, was also a nursing body, sixteen of whose members were returned by a nursing electorate comprising all State Registered Nurses.

At the recent Election, the division of the Preliminary State Examination was made the chief issue, and the opinions of the candidates were stated in no equivocal terms. Surely the voice of the nursing electorate should

bear some weight in these deliberations when we considered that of the thirteen candidates representing General, Sick Children's, and Fever training, nine members were returned who opposed the division as against four members who stood for it.

Miss Cox Davies said she was a little surprised and rather grieved at the terms in which the Memorandum from Leeds had been referred to by one of the speakers. She would like to express gratitude to the medical men and women whose views it incorporated. She could not agree with the division of the Preliminary Examination.

One speaker had expressed the view that it would be an advantage to the smaller hospitals. Since she gave up active hospital work, she had visited many of the smaller hospitals, and she did not think that they would gain any advantage whatever from a divided Preliminary Examination. She thought that if this were sanctioned, the smaller hospitals would have a good deal to say later on.

There were two ways of looking at the amendment. When Dr. Eason was speaking, she realised the force of some of his arguments, and when Miss Gullan got up she thought how perfectly silly she had been not to have seen the points she made sooner. In conclusion, Miss Cox Davies said that she believed the division of the Preliminary Examination would not be good either for the candidates, or for the sick.

Miss E. S. Innes said she felt very strongly that the division of the Preliminary State Examination would be a retrograde step. No one would deny that preliminary knowledge would be useful, but teaching in schools could not possibly be of as much value as that given in conjunction with the practical training and the nursing of the patients, when the nurses had opportunities of applying their knowledge in the care of the sick in the Wards, and when they were taught by men and women who were closely attached to the work in Hospitals and knew what was required.

Anatomy and Physiology taught in schools had not the right setting—they are practical subjects in nursing and want practical application. It would be mere book teaching. Education was by no means the only quality necessary in a nurse—technical efficiency was not enough. Other qualifications were very essential, and could only be discovered after experience in hospital. She did feel that more general culture and wider knowledge were necessary, not specialisation. It was not fair to the nurses of the future to suggest this unsatisfactory method of teaching in their most important subject, a good practical knowledge of which was necessary for them in order to understand their lectures in Medicine, Surgery, Gynaecology, etc. If, under the division of the Preliminary State Examination, Anatomy and Physiology were still to be taught in Nurse Training Schools, then there would be two different standards of knowledge in this subject, as nurses would have had two entirely different types of teaching; this would be confusing. Our nurses ought to have the best teaching in their profession, and surely we were taking this from them by relegating these subjects to teachers with no practical knowledge of their work. Would medical men like Anatomy and Physiology to be taken out of their Curriculum in this way? They required a very much greater knowledge, she knew, but much practical knowledge was essential to a nurse as well.

It had been said that revision of Anatomy and Physiology would take place at the same time as the lectures in Medicine, Surgery, etc., were being given—this would take up much time, as these girls would have forgotten nearly all that they had learnt, especially as it had not been impressed upon them at the time by the practical work in the wards and had been taught at least two years before. She was afraid that the revision could only be superficial.

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