

womanhood. They should be in touch with the normal, not with the abnormal, with the healthy and not with the sick. Early adolescence is hypersensitive, and suffering may have a morbid effect on them, even to causing shock from which they do not readily recover.

In all our training we aim at the gradual development of a sense of responsibility in our nurses, so that they can ultimately take charge of a ward in the absence of the Sister in charge. This stimulates them and makes for efficiency, but obviously it is a strain. Therefore the girl should not be too young to be given such responsibility.

Looked at from the patient's point of view, youth is definitely very attractive, but when it comes to a question of life and death, it is the knowledge and sympathy which come from experience which avail, and patients have a right to demand a responsible, resourceful, tolerant person to nurse them.

INTERIM PERIOD.

This is frequently termed "the gap," and I mean the age between 16 and 19.

I think we are all agreed that the continuation of general education is of primary importance.

Since the General Nursing Council have agreed to the division of the Preliminary State Examination, it is interesting to find that many schemes have been planned for this interim period by schools, colleges and hospitals. It must be remembered, however, that rules for carrying out such courses, to enable students to sit for the first part of the State Examination have not yet been formulated by the General Nursing Council, or passed by the Ministry of Health or by Parliament.

Many decisions will depend upon the findings of the Inter-departmental Committee now sitting.

During the last 10 months I have asked many candidates who have remained at school, what special subjects they have been able to take up during the last year, and nearly always the answer has been a "preparatory course for nursing."

The County Secondary School at Streatham has a syllabus for a pre-nursing course which includes biology, chemistry and physics—all helpful subjects. I understand that Bedford High School has a similar course. The Wyggeston Grammar School, Leicester, has had a course in operation for six years and forms a good basis for nursing training. The Essex County Council education authority has just introduced a scheme where the first year is to be spent in general education work; the second in subjects for the Preliminary State Examination, while in the third year studies are to be continued with approximately half the time given to practical work in the hospital wards.

So much for the schools.

COLLEGES.

The Kilburn and Battersea Polytechnics have courses in preparation for entry to the Nursing Profession which seem to fulfil a very real need; the fees are extremely moderate and grants are available for the course.

HOSPITAL SCHEMES.

At present all have the same difficulty—that the students are employed for certain hours in the wards and come into contact with patients without proper preparation.

There will undoubtedly be many developments in pre-nursing courses in the coming years, but I think it would be admirable to have a one-year or two-years course in connection with a university where, besides the subjects already taught in the pre-nursing syllabus, psychology should be added and possibly occupational therapy. How valuable occupational therapy would be to patients. There should be a definite practical field arranged for the students, such as the out-patient and special departments of a large public hospital—mothercraft, orthopaedic, etc., where students should be given the opportunity of observing

and studying *the onset* of disease and if possible learning the social side of the work; also preventive work. If possible they should have the opportunity of visiting patients in their own homes to understand their social background. Thus the all-important preventive side of medicine will have been put before them before they see the curative side.

In the meantime many candidates must earn their own living, and from 16-19 no disciplined experience comes amiss. In fact it will always find its special value later when the training is completed. In the present age new avenues of usefulness are continually being opened up.

I would like again to plead, in this interim period, 16-19, for contact with normal healthy children, looking after them individually or in crèches, kindergarten schools, open-air schools, orthopaedic work, or teaching handicrafts.

PRELIMINARY TRAINING SCHOOLS.

After bridging the gap, we must presume that our candidate has been accepted and has entered hospital and possibly has taken her course in the preliminary training school.

It has been my privilege to have been in charge of a P.T.S. for some eight years, so that I feel I can speak with experience of their genuine value. I believe that everyone who has an opportunity of passing through a P.T.S. looks back on it with gratitude and affection; gratitude because it means good sound nursing foundations were laid; affection because it taught us gently and humorously how to adapt ourselves to a nurse's life and work without suffering too badly from shock in the learning.

The increase in the number of preliminary training schools has proved their worth; they are an asset in setting a good uniform standard and relieving the strain of the first year of training.

The question has frequently arisen as to how small hospitals which cannot afford to institute their own P.T.S. can be provided with such schools. It has been suggested that central preliminary training schools should be established in towns of any considerable size, as for example, a county town—to serve several hospitals, both general and special, in the area or even in the county; each hospital to contribute to the maintenance of such a school in proportion to the number of candidates selected annually to recruit its nursing staff. Such a school has many possibilities and could be organised to give courses of varying lengths. There is no reason why the pre-nursing course of 1-2 years could not be arranged under the aegis of such schools.

It is a costly undertaking for large central preliminary training schools to be established in a separate building, which is responsible for overhead charges and must be supplied with a considerable staff of teachers and nurse-instructors. Nevertheless it would do much to stimulate a co-operative and progressive spirit among members of different hospital training schools, and, I believe, would improve the type of entrant to the nursing profession.

A simpler plan, and one that could be put into action almost immediately to bring into being central preliminary training schools, would be to make use of existing educational facilities such as technical and domestic science colleges, polytechnics, etc., in conjunction with the large hospital in each particular area.

When travelling in America I was given an opportunity of visiting certain central preliminary training schools. In the majority of cases the classes were too large and the theory taught was not sufficiently adapted to the needs of the nurses in hospital. This shortcoming was felt and special "correlating" lectures had to be introduced.

There was a very successful central preliminary training school at Simmons College in Boston, Mass. It was called a "vocational college" and was more or less what we call a polytechnic. Simmons College had been opened in 1902,

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