

Each block could almost be called a hospital in itself, save that it relies on central services, because each is under the control of a supervisor who also controls the allocation of Student Nurses within her block.

Notable among the many interesting things seen during a conducted tour of the hospital was the charming garden with fountain, streams and pools belonging to the Phipps Psychiatric Clinic. In the same block also was a delightfully laid table ready for the patients' lunch with white cloth and folded napkins, yellow candles down the centre and gleaming silver. Interesting too are the nurses' instruction rooms attached to each block, fitted with blackboard, charts and models. Here the nurses in the block receive their daily tuition. The Johns Hopkins Hospital is maintaining its well-deserved reputation for progress (it has run a Pre-Clinical Course, or as we would say, Preliminary School, since 1901) by inaugurating recently a new system of training which aims at a greater co-ordination of theory with practice. It is arranged in four sequences of experience, of 16 weeks each, first psychiatric and medical, next surgical, including operating theatre, then obstetrics and gynaecology, finally pediatrics. The remaining time is spent in special diseases, public health and a return to any branch not completed. Lectures are given on the appropriate subject during the time spent in each block.

All students in the Johns Hopkins Hospital hold a Baccalaureate and undergo a six-months' pre-clinical course before entering the wards.

It is fatally easy for one to be carried away by the "quick sales" enthusiasm of the Americans, until one remembers that they are not slow to move as we are, and that they would be quite prepared to scrap entirely next year a system that they found not up to expectations. With their greater flexibility there is more room for experiment. Moreover, much can be done where the nurse has student status, for which each student pays

about £145. But where the nurse is student someone must be found to do the routine nursing. In Baltimore this big problem is solved by recruiting well-educated negroes, who, under the class segregation existing there, are not able to train as nurses, but can be used as nursing aids.

A final sobering thought when considering the introduction of American methods of training is their large teaching staff. In the Johns Hopkins Hospital for their 260 students there are about 14 instructors, excluding all medical staff and instructor-supervisors.

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### CANADA AND RECIPROCITY.

It appears that the remaining eight provinces of Canada, with the exception of Manitoba, are becoming increasingly concerned about the advisability of offering reciprocal registration to British Nurses.

They have discovered from the applications and inquiries of English Nurses who wish to go out to Canada to work the great discrepancy which exists in the theoretical and practical programmes of the different training schools in England.

They have also discovered that the general education of Student Nurses varies very greatly. In Canada a Student Nurse must have matriculated, or obtained some equivalent school leaving certificate before she can hope to be accepted in a School of Nursing. Some provinces

may even demand a University degree before acceptance. It behoves English Nurses to make sure of their own individual reciprocity before setting out on their long journey across the Atlantic, otherwise they may find themselves unable to earn their living as Registered Nurses. It may be necessary for them to spend a year in further study to enable them to become licensed to work there.

England needs all the trained Nurses the country can produce, and emigration is a serious business.

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