

as something more than mere cogs in a vast health machine. Your problems are the common problems of our democracy. You may choose to allow your conflicts to simmer in the dark room of suspicion, or you may bring them into the sunlight of candid discussion—there to take their places as elements in the total human situation.

We all tend to become specialists, but our specialized functions do not encompass the whole of our personalities. We are also human beings. We cannot be “good” human beings if we do not also achieve such relations with other specialists as will keep all the professions humanized. We need to learn how to elevate our little conflicts to the higher levels of national concern.

The nursing profession has become indispensable to the nation's health. I wish it might become more than a necessity. I long to see its individual members view their function as an integral part of that long, long struggle towards the democratic ideal, that valiant endeavour to create a society characterised by freedom, tolerance, an approximation of equality with respect to the basic requirements of life, widespread participation in cultural activities, personal dignity, and universal education. In truth, what I am striving to say has already been said, and by a member of your profession. In an essay written by a practising public-health nurse there appears this closing comment:

“I used to watch a single pulse day after day for signs of returning health. I sometimes asked myself: ‘Whose pulse are you watching now?’ And because I believe that we cannot be a healthy country unless all our people, high and low, are healthy, I smile at my own temerity and answer myself, ‘Maybe, just maybe, it is the pulse of the U. S. A.’ ”*

We are greatly indebted to Mrs. Gleim Fisher not only for sending in this splendid article but for writing to her friend Mr. Lindeman and asking him for the introductory statement. We also thank Mr. Lindeman very much indeed for sending it. It is both an honour and a pleasure to be able to print both the article and the introduction.

TRAINING SCHOOLS IN FINLAND

By Miss EDITH PAULL, Bombay

There were three Central Preliminary Training Schools in Finland until the beginning of this year, the first one being founded by Baroness Mannerheim on returning to Finland from St. Thomas's Hospital, London. The three central schools were at Helsinki, the capital, at Abo, and at Viipuri. In 1930, the State took control of all hospitals. There were then six State schools of nursing, one municipal school of nursing, and two Deaconess Schools.

By the law, the State is responsible for the training of nurses in Finland, under a State Inspector, who lays down the minimum requirements. There is a “Board of Matrons” with a President, to enable co-operation. All problems for the education of nurses

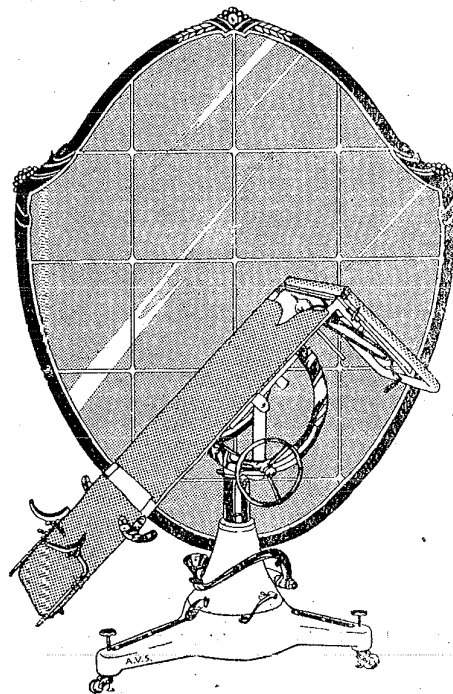
* Nan Potter, “Nursing Is My Job,” *Survey*, Vol. 73, May 1937, pp. 142-143.

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are discussed here. Each school of nursing has its own Board, comprising the Medical Director, the Superintendent of Nurses, the Director of Training Schools, and two Hospital Matrons. Twelve meetings are held during the year.

Students are selected by the Board of their own school and are advised which Central Preliminary Training School to attend. After successful completion of four months at the Central School they return to their own districts and start their practical training. After one year's practice in hospitals and after having a holiday, nurses return to the Central School for one month's study period. The students pay 2,000 Finnish marks, or roughly Rs.150, for their four months preliminary training. They are admitted twice a year (in August and January), about forty at a time, out of which 60 % are of the university matriculation standard.

The examinations and schools must be approved by the State Board, which also appoints the teachers. The staff of the Central Preliminary Training School at Helsinki comprises the Director, four Instructors, and professors from outside for bacteriology and chemistry.

The curriculum includes:

1. Anatomy and Physiology	35 hours with demonstrations
2. Chemistry	30 hours with laboratory classes
3. Bacteriology	15 hours
4. Pathology	10 hours with laboratory tests
5. Personal Hygiene	15 hours (correlated with Anatomy & Physics)
6. Nutrition and Dietetics	24 hours theory; and 48 hours Diet Kitchen
7. Theory of Nursing	25 hours
8. Practical Nursing	54 hours
9. Bandaging, combined with surgical asepsis	22 hours
10. Massage	15 hours by trained masseuse 10 hours (4 lectures, 6 demonstrations, by special lecturer)
11. Occupational Therapy	6 hours
12. Materia Medica	20 hours
13. Psychology	25 hours
14. Ethics and History of Nursing	6 hours
15. Hospital Visits	One hour a week
16. Gymnastics	

Students are divided into three groups and each group receives instruction in a branch by the Instructors. All lecturers are appointed by the Board and are paid. Lectures and classroom work comprise from four to seven hours a day. Domestic work is done in the mornings by different groups. The students are free after 5 p.m. or occasionally have gymnastics. Each group has an afternoon off once a week. Students must supply their own uniform and pay 125 Finnish marks as Health Examination fee.

Curriculum for practice in hospitals:

- 4 months surgical nursing with operation theatre technique
- 4 „ medical nursing
- 3—4 „ children (one month with healthy children)
- 1 month gynaecology
- 1 „ maternity nursing

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- 2 months out patients department
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- 1 month eye diseases
- 1 „ ear, nose and throat
- 1 „ dermatology and V.D.
- 1 „ epidemic diseases (infectious)
- 1 „ tuberculosis
- 1—2 months public-health nursing if possible
- 3 „ night duty in three years (one month at a time)
- 2 „ holiday in three years

The student nurses are sent to various hospitals for their practical training, as the hospitals are more or less specialised.

Lectures given by doctors:

Surgery	15 hours
Medicine	15 „
Gynaecology	11 „
Pediatrics	13 „
Psychiatry	12 „
Eye, ear, nose & throat	5 „

Annual reports are sent of student nurses' work, progress and ill health to the Inspectress of Nursing Schools.

An interesting point in Finland and other Scandinavian countries is that nurses are taught how to give anaesthetics and actually give them during operations. Trained nurses also specialise in clinical laboratory work and social work.

There were seven trained nurses who were social workers in the Maria Hospital in Helsinki, which is a municipal hospital. They do home visiting and give treatment when necessary.

Finland has a pension scheme for nurses, and a winter and summer home for nurses, who pay 20 Finnish marks a day while residing there. It was the first country to be associated with the International Council of Nurses.

Student Nurses Health Care in Finland

Students present health certificates from the doctor of their training school, but are thoroughly examined again on entrance to the Central Preliminary Training School. The chest is X-rayed. Dick test and vaccination are done. A von Pirquet or Mantoux skin test is done for tuberculosis, and if the Mantoux test is negative, a Calmette vaccine injection is given, and for at least four months after this injection a nurse is not sent to work in a tuberculosis hospital and is distinguished by a red line on her apron. Parents must give permission for Calmette vaccine to be given.

The students are weighed every two months in the first year, and three or four times a year thereafter. They are examined yearly by a doctor, and X-rayed again if T.B. is negative. If a nurse develops tuberculosis, she can get free treatment for one year in a State hospital. I gathered that as tuberculosis is very prevalent in Finland, these extra precautions have to be taken.