supervision if given in a right spirit. I have never found an Indian nurse who did not appreciate good training after she grew experienced enough to review her past.

Girls, the only way to learn and perfect your knowledge is to teach someone else, but be perfectly certain that you are teaching the right and not the wrong way. Read the new textbooks and papers. Have you ever noticed the hours which the Sisters put into reading, and into rewriting their lectures? They change their lectures every year. Could the doctors do those new operations in which you are so interested, or use the complicated and new methods of treatment, if they did not read? If you read and tried to understand one professional article every week, you would learn fifty-two new things in one year, and then if each week you tried to explain or teach that new method to your nurses, what a large part you would be taking in Nursing education and in improving your own position and knowledge at the same time!

The need for Nurse Teachers in smaller training schools is very great. These hospitals could then be affiliated and recognised for at least the Preliminary examinations. But this work demands self-sacrifice, hard work, a vision of Nursing needs in India. There will be discouragement, but the goal attained would be worth while.

Nothing gives me greater pleasure than to hear that my nurses are doing well and upholding the great traditions of their profession. Who among you is willing for still greater sacrifice and effort?

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**TRAINING FOR NURSING**

*By Miss D. C. BRIDGES, S.R.N., formerly Resident Tutor to the Florence Nightingale International Foundation*

We publish below a scheme for a comprehensive training of nurses which was thought out and put together in pre-war years and is not submitted as a solution to war-time needs. It is, however, a plan for a wider nursing education, suggested for post-war reconstruction and as a basis for discussion now. We hope our readers will give it thoughtful consideration and then send us opinions and constructive suggestions. Ed., N.T.

The accompanying scheme of comprehensive training for nursing is based on certain facts and assumptions, as outlined below.

When the first school of nursing was founded at St. Thomas's Hospital in 1860, it had an independent finance by endowment, and the hospital to which it was attached had already a stable nursing staff. The students of the new school paid fees, and were supernumeraries in the wards. Unfortunately, this principle of independent finance was lost in the rapid spread of schools throughout this country and other parts of the world. In certain countries, however, and especially in America, a return to the original is
now being made, and where the principle is being adopted, a more comprehensive training results.

The first duty of a hospital board is to see that its patients are cared for by an adequate staff of trained nurses. It should not maintain a school in order to provide nursing for its patients. This generally adopted practice is neither fair on patients, who have a right to expect expert care, nor on students, whose primary needs are educational.

The only justification for maintaining a school is if sufficient experience in all fields of nursing can be offered, and the best standards of education are fulfilled. It should be noted in respect of this that students of nursing need experience in the preventive as well as in the curative aspect. It is not necessary to dissociate these two, since it is possible, with proper teaching facilities, to incorporate the preventive viewpoint throughout the training.

No one hospital should of itself, and without affiliation with other bodies, undertake the training of nurses. Because hospitals are undertaking to provide such training, the present training of nurses is uneconomical in time and money; i.e., a period of three to four years is spent in a school attached to a hospital where curative nursing only is emphasised. It should be possible, in a properly organised system of training, and within a period of three and a half to four years, to provide a basic training in all fields of nursing, i.e., hospital nursing, district nursing, public health nursing, private nursing, without putting undue emphasis on any one field.

It is submitted for consideration that, at the end of this training period, if properly organised, the student nurse will more than have fulfilled all conditions for general training as set down by the General Nursing Council, and be qualified to sit for the examinations of that Council. It is further submitted that the student nurse could, in addition, have covered the syllabus required by the Ministry of Health for the training of health visitors, and be qualified to sit for the examination of the Royal Sanitary Institute.

The type of school in which such a training is most likely to succeed is one which is independent financially of any hospital, has its own means of finance, and manages its own affairs through a school board or council. The school must be able to affiliate with educational bodies for the necessary theoretical teaching, with a variety of hospitals, and with rural and urban health organisations. The student nurses of the school will not be depended on for nursing service by any of the hospitals or other organisations where practical experience is obtained. The amount of time which they spend in any hospital, or in any ward, will be controlled by the authorities of the school, who will outline the whole professional curriculum. The hospitals offering experience to such students must expect to staff their wards and departments with trained nurses.

On the staff of the school should be sufficient trained sister-tutors to instruct and supervise in each branch of the training. The
The ladder of health

Which is the child in your care?

This diagram shows the results of an important investigation (published in "The Medical Officer") into the growth of children between two and five years of age.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Weekly Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing added to usual meals</td>
<td>0.3 oz.</td>
</tr>
<tr>
<td>While on Cod Liver Oil</td>
<td>1.0 oz.</td>
</tr>
<tr>
<td>While on Halibut Liver Oil (and Milk)</td>
<td>1.2 oz.</td>
</tr>
<tr>
<td>While on VIROL</td>
<td>2.6 oz.</td>
</tr>
</tbody>
</table>

Only Virol brought the children in these investigations up to the ideal growth-rate for their age, although all the supplements were of equal caloric value. Only Virol has that "something extra" that children need besides their everyday meals for proper growth. Young children and convalescents especially need Virol. A Virol Constitution lasts for life.

VIROL

qualifications of such tutors should be at least those recognised by the Royal College of Nursing for admission to the Roll of Sister Tutors. At least one of these tutors (or more, according to the number of students) should have had training and wide experience in public health work.

One of the essentials of good educational practice in the training of any profession is that there be correlation between theory and practice. Therefore it is essential that medical lectures be given when the students are working in a medical ward; similarly, the theory and practice of surgery, of gynaecology, or of orthopaedics, and so on, will be learnt together. It is also important that there be closely related experience in the in-patient and out-patient departments of the hospital, and that these be not separated. The various sciences on which all branches of nursing work are based should be taught during the preliminary period.

There should be a more careful and gradual introduction to ward work than is usually given in schools of nursing, and the students should be under the supervision of their own tutors (although responsible to the ward sister) while engaged on such work. Hours of work should be limited to eight hours daily, inclusive of lectures. There should be a 48-hour week, with one day off per week. Both the length of time spent in any ward and the nature of the experience at any time of training should be determined by the school authorities, according to the needs of the student for training. They should not be determined according to the needs of any hospital for service. The hospitals would, therefore, need a stable nursing staff.

The finances of the school would be obtained from: (i) fees from students; (ii) payment by hospital boards to school boards for such service as the students give during their training (not to be paid in 'salaries' to students as is customary), the amount of such service being controlled by the school and not by the hospital; (iii) endowment; (iv) bursaries; (v) State aid, once the principle of this type of school is established.

It is essential that every care be taken to maintain the good health of the students, and that their co-operation be assured in this matter. This will help to instil a conviction of the responsibility of the nurse in maintaining the health of the community, and of preventing disease. A nurse should be, above all things, a teacher of the principles of health; and one of the most essential objectives of the training should be to equip her for this role.

Health care of students should include: (i) a complete physical examination (repeated annually); (ii) X-ray of chest (repeated if indicated); (iii) immunisation tests (these, if given in connection with the lectures on bacteriology and preventive medicine during the preliminary period, can be made of real learning value); (iv) regular weighing of each student, who should be encouraged to keep her own weight chart, any loss of weight being immediately investigated.

It is obvious that there is, at the present time, dissatisfaction within and without the ranks of the nursing profession and among
those employing nurses. In 1937 the Government appointed a
commission to examine nursing problems, and now is the moment
to demonstrate certain necessary changes in methods of training
by those concerned with the future of nursing as a profession, so
that radical changes may be made after the War.

Before the War there were inadequate numbers of candidates
presenting themselves for training; the needs of the community
for nurses were not being met, and the training itself had long
ceased to be sufficiently comprehensive as a preparation for all
the branches of work now open to nurses. Simultaneously with
this lack of suitable candidates for nursing, numbers of girls were
presenting themselves at colleges and universities for training in
social work. These colleges were unable to accept as many as
applied; and for those who trained there were insufficient numbers
of openings. Yet nursing is a form of social work which is getting
insufficient numbers of recruits, because they fail to recognise it
as the finest profession for women.

It seems probable that a more comprehensive training, organised
on educational lines and dealing with constructive health, as well
as care for ill-health, would have its appeal for well educated girls
from secondary schools and universities who are anxious to do some
form of social work. Fees, however small, should be charged for
such a training, and no salaries paid until after the passing of the
State examinations.

The accompanying scheme is submitted in the hope that after
the War some school or schools of nursing will be encouraged
to demonstrate a more comprehensive and constructive form of
training than is at present in operation anywhere in this country.
Eventually, the district sponsoring such a scheme would benefit
from an improved nursing service, and by attracting girls of in-
telligence, good education and a cultural background.

It would be to the advantage of the director of such a school if she
could be given the opportunity of observing, for a period of from three
to six months, a school already successfully established on these lines,
such, for example, as the University School of Nursing, Toronto,
Canada.

Outline of Syllabus

First Year

<table>
<thead>
<tr>
<th>THEORY</th>
<th>PRACTICE</th>
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<tbody>
<tr>
<td>Personal hygiene</td>
<td>Laboratory work in connection with lectures on:</td>
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<tr>
<td>Community hygiene</td>
<td>• Anatomy</td>
</tr>
<tr>
<td>Elementary sociology</td>
<td>• Physiology</td>
</tr>
<tr>
<td>&quot; bacteriology</td>
<td>• Biochemistry</td>
</tr>
<tr>
<td>&quot; psychology</td>
<td>• Bacteriology</td>
</tr>
<tr>
<td>Anatomy</td>
<td>Observation visits to:</td>
</tr>
<tr>
<td>Physiology</td>
<td>• Tuberculosis centres and clinics</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>• Nursery schools</td>
</tr>
<tr>
<td>History and principles of preventive medicine</td>
<td>• Homes of the people with district nurse</td>
</tr>
<tr>
<td>Normal nutrition and budgeting</td>
<td>• Various hospital departments</td>
</tr>
<tr>
<td>Materia medica</td>
<td>ix</td>
</tr>
</tbody>
</table>