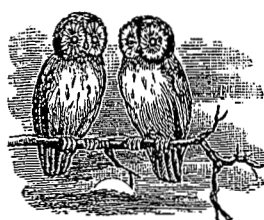


Matrons in Council.

WHAT IS A TRAINED NURSE?

QUESTION 6.—*What form of Certificate should a Nurse receive?*



MADAM,—Not being a Matron, I must apologise for addressing your readers through this column. I am glad to see that all your correspondents upon this important question advocate that the Certificate which should be awarded to a Trained Nurse should be the reward of a uniform system of training and examination. At present the Certificates given in our Nursing Schools are of very uncertain value—some sign for a one, others a two or three years' course of practical experience; some are given with, others without, a theoretical examination, and are quite useless to the general public as significant of a certain standard of knowledge. What is needed is that some professional body—and a body composed of persons of unquestionable professional knowledge and status—should form themselves into an examining body. These persons should prescribe a definite course of study and standard of professional knowledge and efficiency, and no Nurse should be considered qualified who had not passed through this course, and who had not passed the prescribed examination. At present the whole system of a Nurse's education is a farce from a professional point of view, and the Nurses are thoroughly dissatisfied with the system. We are entirely at the mercy of governing Committees of Hospitals, few of whom know anything concerning us, beyond the fact that should we dare to express an opinion concerning our own affairs, we are reported as insubordinate and inefficient (often because we are unable to make bricks without straw), and are requested to depart in peace. We do depart generally in peace, because the brand *difficile*, we find, if passed from one institution to another, prevents any further hope of work and progress. There would certainly be fewer *difficile* Probationers, if the curriculum of their education was more clearly defined, and if they felt that there was but one standard of Nursing education to which they must attain, or be content to fail. What we now resent is the fact that we are not educated on a *just basis*, and are therefore sometimes judged by incompetent authorities.

I am, etc.,
"A *difficile* PRO."

Medical Matters.

PANCREATIC COLIC.



In addition to the ordinary attacks of abdominal pain which are distinguished by the physician as colic, due either, according to the original meaning of the word, to pain caused by obstruction or disease of the colon, or to that produced by the passage of a calculus either through the gall duct or down the ureter, and known under the names respectively of hepatic colic or renal colic, there has now been added a comparatively rare class of cases to which the diagnosis of pancreatic colic has been applied. In these, which are apparently due to the passage of a concretion through the duct of that gland, the pain appears to be, as a rule, extremely severe, to be located in the left hypochondriac region, radiating sometimes to the right side. The attack of pain is usually preceded by dull, aching sensations, in the abdomen. In these cases, there was a concretion often found in the stools, but quite distinct in its appearance and composition from a gall stone. There was no evidence of disease of the colon, nor of the kidneys, and the attack was not followed by jaundice. In other words, it was clearly not due to the ordinary causes of colic. Besides the concretion, however, and the localisation of the pain, there were, in most cases, found considerable fever and marked salivation, and in a considerable proportion of the patients distinct traces of sugar were found in the urine. These clinical facts are of great importance, and their precise significance remains to be yet explained. Medicinally, it has been found that morphia has little or no benefit, and the only drug which has been tried so far with any appreciable benefit is pilocarpin. Judging by analogy, however, we venture to suggest that it might be found advantageous to give doses of ptyalin, or of tincture of pellitory in these cases.

GENERAL PARALYSIS AT PUBERTY.

One of the most interesting and obscure diseases classed under the general head of insanity, is that known as general paralysis. It occurs, as a rule, in middle-aged men, but there are a few well recorded and undoubted cases of this disease in medical literature, which occurred in early life, curiously enough, at the age of puberty. Such a case, recorded last month in a German contemporary, was that of a girl, aged 14, who during her school life had been noticed to be morose and backward. About thirteen her speech and handwriting became confused and then defective, and finally mental disease became very marked. The pupils were

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