

One realises that it is the teaching that is at fault. In many cases the lecturing to nurses in training is in the hands of a house surgeon whose experience does not yet include a knowledge of the difference between the province of a doctor and that of a nurse. His lectures will probably be based on the notes of those delivered to him in his student days. Can a nurse be blamed if with such teaching her answers read like those of a medical student?

Of course she should have, to counteract this influence, the lectures from her matron and practical instruction from the ward sister. In some cases—not many, I am glad to say—the matron fails in her duty; and do nurses in training receive much instruction from the ward sister nowadays? With shorter hours of duty the sister is frequently in charge only for a portion of the day, and cannot have the same keen interest in all that appertains to the ward, as in the days when it was her own little kingdom where she reigned supreme.

I do not propose to weary you by setting forth the defects of our training, especially now that we have found a remedy; but there is one which must be touched upon, as it seem to be to be sapping the very foundation of good nursing.

During the last few years—notably since the war—precedence appears to have been given to surgery to such an extent that in some institutions nurses taking their cue from the surgeons seem to regard medical nursing as something of minor importance. It is noteworthy that whereas formerly failures in the paper on surgical nursing were the more frequent, it is now usually the medical nursing paper that fails to reach the standard. This, you will agree, is a most serious fault, for while any nurse of ordinary intelligence can quickly learn to dress wounds and master an aseptic technique, it takes time, patience, skill and all the best qualities of heart and head to make a good medical nurse.

I would not have you think that the faults enumerated exist either singly or collectively in all our hospitals, but they are to be found in some.

Nurses can only be taught practical nursing by nurses, and the post-graduate course is designed to provide well-qualified sister-tutors who will later undertake the responsibility of teaching and training our pupils. They will also be examiners under the Nurses' Registration Act, thereby ensuring efficiency and uniformity.

It was in order to secure the early provision of this post-graduate training that the Department recently sent Miss Janet Moore to undergo a course for Nurse Administrators and Teachers at Bedford College, London, and I am sure those of you who are acquainted with Miss Moore's work will agree that it would have been difficult to select one more likely to justify the confidence thus placed in her fitness for so responsible a position.

The University Council has agreed to appoint her an instructor in connection with the Diploma in Nursing, and has undertaken that the post-graduate course shall be made available to nurses as soon as practicable after her return—in all probability early in 1926.

Following is an outline of the course as laid down by the University Council:—

A Teaching and Administration in Schools of Nursing. It will be understood that the course will be made as practical as possible.

- (a) Principles of hospital administration: Medical Superintendent, Dunedin Hospital. 36 hours.
- (b) Administration in Schools of Nursing: The Matron, Dunedin Hospital. 12 hours.
- (c) Principles of Education and Methods of Teaching: Prof. Strong, Home Science Department. 24 hours.
- (d) Psychology as Applied to Nursing: Dunedin Hospital, Tutor. 12 hours.
- (e) History of Nursing and Contemporary Problems: Dunedin Hospital, Tutor. 12 hours.
- (f) Nutrition: Prof. Strong, Home Science Department. 48 hours.