

necessary in certain subjects to carry out the scheme, this could be met by additional tutors.

There was no lack of facilities in most of the Poor-Law Schools. Guardians, as a rule, were most anxious to provide the necessary equipment to enable the higher standard of education to be attained.

The smaller Poor Law Training Schools would welcome this Syllabus as a guide to their teachers, and the value of the Chart issued with it could not be overestimated.

It was important that adequate daily instruction should be given in the wards by the Sisters. The chart issued with the Syllabus to all hospitals would emphasise its importance. With a definite system of teaching in all hospitals, a general standard of nursing education would be possible. To ensure uniformity and continuity of teaching it was desirable that more Sister-Tutors should be employed. The State Examination would give Poor-Law nurses the advantage of competing on equal terms with nurses trained in Voluntary Hospitals.

The Medical Superintendents were the administrative heads of Poor-Law Hospitals, and always took a keen interest in the training of the nurses, knowing that the better they were taught the better would be the service rendered to the sick patients.

The development of more highly complicated methods of diagnosis and treatment made it necessary that a nurse should be taught to assume an increasing measure of responsibility in the care and treatment of patients. The medical staff was usually a very low percentage to the number of patients, consequently much of the work done in a Voluntary Hospital by house surgeons had of necessity to be passed on to the Ward Sister and senior nurses.

The ordinary training of a nurse dealt mainly with disease. Nurses would be taught to study the way of health as well as disease.

Poor-Law Hospitals provided an excellent training field. The fact that they were State-controlled widened their responsibilities. Patients of all classes and of all ages other than infectious must be received. A certain percentage of these cases were of a chronic nature, but they were useful in the scheme of training.

In addition to the four main services there were several special departments in some Poor-Law Schools in which a nurse wishing to specialise in any particular branch would have an opportunity to make a beginning. These included massage, midwifery, and ante-natal work as extras in the fourth year; tuberculosis nursing, cancer, venereal diseases work, X-ray work, medical electricity, and special training in infant care. There was also a rich field for training in public health work.

The syllabus was issued with the object of welding together the various training schools, and giving them such a new orientation as should be conducive to the health of the people as a whole.

It was a question of new relationship, focus, and

outlook, and was a big step in a national scheme of unification. There would be a new relation and a better understanding between the various training schools for nurses.

THE MEDICAL ASPECT.

By E. W. GOODALL, ESQ., O.B.E., M.D.

Dr. Goodall stated that the medical profession for many years advocated the State Registration of Nurses, and the British Medical Association in particular was helpful in getting the Act on the Statute Book.

The Medical and Nursing Professions were very closely linked together; one could not function efficiently without the other.

Medical men had always taken a part in the training of nurses, and would continue to do so, though, perhaps, not to such a large extent in the elementary and practical teaching as in the past. A nurse must have a knowledge of the structure of the human body and the functions of the various organs. This necessitated some acquaintance with chemistry and physics. Still more was this acquaintance necessary for nurses engaged in public health work. Further, a knowledge of the diseases from which her patients suffered was absolutely necessary for a nurse. All these subjects were best taught by members of the medical profession, who had had a special training in them to a fuller extent than was required of a nurse.

Mistakes had been made as regards the rôle of a medical man in the training of nurses:—

(1) The work had been relegated too much to the junior members of the profession. It was suggested that, while purely scientific subjects might be taught by them, such subjects as the nature and results of diseases should be taught by more experienced members.

(2) Medical men had often been engaged in teaching subjects that should be taught by a trained and experienced nurse (Matron and Sister Tutor). Hence the teaching had been too theoretical and not sufficiently practical. The teaching of the science and art of nursing should be in the hands of trained and experienced nurses.

(3) The examinations of nurses for certificates of efficiency in nursing had been (and still were) almost entirely conducted by medical men. This should not be. The candidate should be examined in purely nursing matters by a trained nurse.

It had always been a matter of some perplexity with teachers and examiners to fix the minimum a nurse should be required to know of the scientific subjects. Even the syllabus issued by the General Nursing Council left the question somewhat vague. It was feared that this must be left so for some little time. No preliminary test of education was required for the would-be nurse as for the would-be medical man. Experience gained by the results of a few years' State Examination would alone be able to settle the question. But teachers and examiners should bear in mind that it was not desired that a nurse should be an inferior kind of medical practitioner.

[previous page](#)

[next page](#)