

Medico-Psychological Association began their scheme of training and examination which is now fully established, and their certificate recognised in every mental hospital.

The training is under uniform regulations.

The written examinations are identical in England, Scotland, Ireland, and South Africa.

The practical and oral examinations are conducted under prescribed conditions.

Thus for mental nursing there is already a one-portal system.

The General Nursing Council had decided to accept the Medico-Psychological Association's certificate as qualifying for the admission of existing nurses to the Register, and to adopt its Syllabus for nurses at present in training. It had also set up a Mental Nursing Committee to advise on the education and training of mental nurses.

For the future it was desirable to build on the foundation already laid by the M.P.A., so that there should be no serious break in the continuity of training and examination.

In 1924, the General Nursing Council would begin the State Examination for Mental Nurses. Its form was not yet decided, but presumably, at first, there would be no great departure from the present Syllabus. A sub-Committee of the Council on Mental Nursing, of which he had the honour to be Chairman, had been set up, which was considering the education and training of mental nurses.

All realised that much yet remained to be done. The general education of probationers was often very poor, and the training in some institutions not thorough. Qualified nurses should assist in the examinations, especially in the practical parts. At present they were entirely conducted by medical men.

Mental nursing was not easy to teach, certainly not by books or lectures. The work demanded the highest mental qualities. The personal influence of the nurse was of special importance in this branch of nursing. It might be directly curative, it might be harmful in the extreme. Nurses were required, not attendants, and certainly not warders.

The policy of the General Nursing Council would have a far-reaching influence not only upon mental nurses, but upon mental nursing, and the treatment of the insane. Mental nursing should not be so completely divorced from general nursing as at present. Facilities for experience in different branches of nursing should be freely given. It should be made easy for any nurse to take up another branch. The solidarity of the nursing profession demanded reciprocity, and the General Nursing Council had begun to consider this difficult question.

It was considered that mental nursing demanded the highest qualities and that a well-trained hospital nurse should have two years' additional training before being registered as a mental nurse. Dr. Bedford Pierce, speaking for himself, not as voicing views expressed by the General Nursing

Council, advocated a uniform Preliminary Examination conducted by the Council, and taken during the second year of training for all nurses alike. The subjects would be chiefly fundamental ones— anatomy, physiology, hygiene, and possibly first-aid. The examinations in technical subjects during the first year would be class examinations, conducted by the teachers. A uniform preliminary examination would do much to promote unity in the nursing profession. It would not stereotype the training in the first year, except in so far as the teaching would have to include the subjects selected for the State Preliminary Examination.

It was clear that improvements in the training and examination of mental nurses would involve much more expense to the nurse than at present, but the improved status would justify this. Most of those teaching mental nurses at present were doing so without pay.

In conclusion, Dr. Bedford Pierce laid emphasis on the two points of (1) the far-reaching influence of the policy of the General Nursing Council on mental nursing as well as mental nurses; (2) that there should be a general and identical examination for all nurses during the early part of their training whatever branch they finally take up.

He also mentioned the question of representation of mental nurses on the General Nursing Council. They numbered many thousands, and at present they were represented by one doctor and one mental nurse. There was no want of sympathy on the part of the Council with mental nursing or nurses, as the greatest consideration was always given to the views of the Mental Nursing Sub-Committee.

### THE POSITION OF POOR-LAW HOSPITALS AS TRAINING SCHOOLS.

By MISS SEYMOUR YAPP.

In the regrettable absence of Miss Seymour Yapp, owing to illness, her paper was read by the Chairman. The principle underlying it was that in considering Poor-Law Hospitals as training schools they should be classed as (1) *Preliminary Schools* (Present Minor Schools), (2) *Affiliated Schools* (Present Major recognised Schools of medium size—250–500 beds—lacking material for training on surgical side). Affiliation to be with: (a) Special surgical hospitals, e.g., women's and children's, (b) cottage hospitals (average number of beds to be decided), (c) the local general hospital, for period of two to six months according to need. (3) *Complete Major Schools*. Large Poor-Law Infirmarys might reserve a portion of their vacancies, say to a third of the strength, for girls trained in minor schools, who had passed the first year's examination on the General Nursing Council Syllabus.

Miss Seymour Yapp pointed out that the nature of the material for training in all but the largest Unions, though wide and varied, precluded the possibility of full training in practical work on the acute surgical side, just as many voluntary hospitals lacked teaching material on the medical,

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