

and certainly on the chronic medical and surgical side. The impending changes under the Ministry of Health would, however, almost certainly change the position completely, since there would be a larger proportion of acute medical and surgical cases.

She based her suggestions on existing conditions, but allowed elasticity for full development in the future assuming that the time had come when the large hospitals must recognise the claim of the small ones upon them, and that there was evidence of such a desire. She took into consideration

- (1) The needs of Poor-Law sick persons.
- (2) The Syllabus of the General Nursing Council.
- (3) The difficulties and limitations of certain hospitals, Poor-Law and Voluntary.
- (4) The material for training in hospitals personally known to her.

Miss Yapp discussed (1) how best to utilise teaching material in the various grades of hospitals so as to meet the requirements of the Syllabus of the General Nursing Council; (2) how best to meet the needs of small hospitals in connection with staffing.

Suggestions.

1. *Poor-Law Minor Training Schools without a Resident Medical Officer* could become Preliminary Schools, taking girls, preferably of 19, for two years only. During this time the first year's work on the Syllabus could be taken. After successfully passing an examination on that work the nurse could enter the Grade 3 Hospital (Complete Major Training Schools) of 500 to 1,500 beds, where she would take two years' further training, ranking as a second and third year nurse. She considered that the first year's work on the Syllabus could be taught entirely by a well-trained nurse.

2. *Major Training Schools, Medium Size.*—Miss Seymour Yapp suggested affiliation (as indicated in the introductory paragraph) with special hospitals: (a) These special hospitals to be used as Preliminary Schools, covering the first year's work of the Schedule in a two years' course, the pupils should then pass on to the Major Training Schools of medium size, and after passing two examinations should be eligible for the State Examination. (b) Affiliation with small general or cottage hospitals, which should be used as Preliminary Schools; and (c) with the local General Hospital. In this case the nurses should not be sent until after their 18th month, as they were then ready to profit by their training and were useful also. Miss Yapp did not consider that hospitals with Medical Schools should enter into this scheme of affiliation as they had no more material than they needed, what with students and their own large staff.

3. *Complete Major Schools.*—These, the largest Infirmaries, should reserve a certain proportion of their vacancies for women trained in the Minor Schools, who would rank as second year nurses.

Points for Discussion.

1. How long a Poor-Law Nurse should spend at the General Hospital should depend on the amount

necessary to supplement her training, and not on what can be got out of the nurse.

2. Who will pay the nurse's salary? At the Lake Hospital, Ashton-under-Lyne, it is paid by the Guardians, which Miss Yapp considers the right method. The nurse serves the two months at the General Hospital extra to her three years, and lives at the Lake Hospital.

Miss Yapp described her own experience of taking probationers with two years' training from small schools as a great success.

Before passing on to the next paper, a vote of sympathy was passed with Miss Seymour Yapp on the reason for her absence which was owing to illness.

RECIPROCAL TRAINING IN CONNECTION WITH GENERAL HOSPITALS FOR ADULTS AND GENERAL HOSPITALS FOR CHILDREN.

By Miss A. COULTON.

Miss Coulton, who presented the next paper, said that the conditions under which reciprocal training in connection with general hospitals, and hospitals for children could be carried out was an exceedingly difficult matter to decide, and at present the subject was open to discussion.

There was no doubt whatever that those responsible for the training of nurses in both general hospitals and hospitals for children would have to be willing to meet each other half way.

The training given to probationers in a hospital for children did not qualify a nurse to have the care of sick adults, but a certificate of training in a general hospital ought to guarantee a training which justified a nurse in saying that she was able to nurse sick adults and sick children. Under present conditions this was not always the case. There were general hospitals which did not possess a ward for children only, and in the institutions possessing such a ward did every probationer receive instruction in that ward, and was that instruction given by a Sister who was herself a certificated sick children's nurse?

No nurse should consider herself a specialist in the nursing of sick children unless she had devoted at least three years to training in that particular work in a hospital for children. Probationers were received for training in a hospital for children, at an early age—eighteen years. This added to the exacting supervision which a Ward Sister was bound to exercise. It followed that a Sister in a children's hospital, or in a ward for children in a general hospital must be a very well-trained and experienced nurse with a real love for children. No one would feel that three years' training in a hospital for children, and three years in a general hospital, would be too much to demand from anyone who desired to act in that very responsible capacity.

In regard to the suggestion that a combined training of two years in a general hospital and two years in a children's hospital should qualify a candidate for general work, Miss Coulton was

[previous page](#)

[next page](#)