

THE SUPPLEMENTARY REGISTERS.

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

Dr. Goodall prefaced his remarks on the Supplementary Registers by saying that he had been asked to defer this part of his paper till the Afternoon Session. He pointed out that the Nurses' Registration Act laid it down that there should be a Mental Nurses', a Male Nurses' and a Children's Nurses' Supplementary Register. The General Nursing Council was empowered to form other Supplementary Registers, and had taken steps to set up a Fever Nurses' Supplementary Register. A nurse who was registered on the General Register could also register on the Supplementary Registers (except that for male nurses), if she complied with the conditions laid down by the General Nursing Council. Nurses could register on the Supplementary Registers without being on the General Register. But it must be distinctly understood that a nurse who was on a Supplementary Register only should call herself a Registered Mental, or Children's, or Fever Nurse, as the case might be. Male nurses could never get on the General Register. It would be possible for them to get on the other Supplementary Registers, but it would be very unlikely that they would get on any except the Mental Nurses' Register. The Supplementary Mental and Male Nurses' Registers would appear, therefore, to be permanent, as they provided for a class—the male nurses—who could never get on to the General Register. As regarded the other two Supplementary Registers, it was hoped that, in course of time, they would be really *Supplementary Registers, i.e.*, that they would contain the names of nurses who had supplemented their General by a Special training. Finally, these registers might be disused, if it should be provided that training in infectious diseases and the diseases of children should form part of the course of training of every general trained nurse.

DISCUSSION.

The Chairman then invited discussion of the papers which had been presented.

COUNCILLOR BEATRICE KENT emphasised the importance of including instruction in public health work in the Syllabus. All present would agree that the person most suitable for such work was the three years' trained nurse. She was interested in this matter of public health work as it came under the control of the Borough Councils. Their health visitors had to carry out inspections in such cases as infectious fevers and erysipelas, and, unless they were trained nurses, they could have no knowledge of these diseases. She also emphasised the importance of a knowledge of psychology for nurses, especially in the case of prison nurses.

MISS TISDALE, R.R.C., Matron of the Hospital for Sick Children, Great Ormond Street, W.C., fully endorsed the views expressed by Miss Coulton. She was of opinion that training in children's hospitals should be for three years. She was

perfectly willing to take the Syllabus of the first year, defined by the General Nursing Council. She thought nurses who qualified for the Supplementary Children's Register should subsequently have three years' general training, which should include training for the certificate of the Central Midwives Board.

MISS E. C. BARTON, R.R.C., desired to associate herself with the vote of sympathy to Miss Seymour Yapp. It was difficult to criticize Miss Yapp's views in her absence. She, however, pointed out that those Poor-Law hospitals recognised by the Ministry of Health as nurse training schools were anxious to remain as training schools. They did not want to give up their identity. It was difficult to estimate the value of training ground by the number of beds only. Miss Yapp had limited complete major schools to hospitals with from 500-1,500 beds. Some of the best schools contained from 300-400 beds. She was very proud of the training school at the Chelsea Infirmary, and should be extremely sorry for it to lose its identity.

MISS G. VERGETTE (Matron of the Royal Victoria Hospital, Dover) spoke of the difficulties experienced by the small hospitals. At the Royal Victoria Hospital they had from 30 to 40 beds, most excellent work, as far as it went, and an honorary staff ready to teach. But probationers were most difficult to obtain and to keep. How were they going to take part in a reciprocal scheme?

DR. FOORD CAIGER (President of the Fever Nurses' Association) congratulated Miss Villiers on the admirable manner in which she had set out the relative advantages and disadvantages of two schemes of co-operation between fever and general hospitals in the training of nurses. After 30 years' experience in connection with infectious hospitals he could endorse almost everything she had said. When there was a prospect of State Registration of Nurses, the Fever Nurses' Association, in which there were some 2,600 nurses, strongly desired that fever nurses should have proper recognition in any scheme of State Registration. To that end they were hopeful that they would be hall-marked on the Register as possessing a special qualification in addition to their general training, just as any medical practitioner could go up for his Diploma in Public Health, and have it added to his qualifications on the Medical Register. The Fever Nurses' Association had never desired a Supplementary Register of Fever Nurses apart from general training. He did not gather whether the Supplementary Register which had been set up contemplated including specialists in fever nursing. If so he hoped it would not be long lived.

Of the two methods of working co-operative training between General and Fever Hospitals, from the point of view of the nurse the general training should precede the special. Whether this was to the interests of the Fever Hospitals he was not so certain. The nurses would be experienced, but not in fever nursing.

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