

As to the employment of nursing attendants, suggested by Miss Villiers, Dr. Caiger pointed out that a large number of young women would be ready to take up such work, and would not go on to general training. He did not agree with the proposal. He thought there were still a large number of eligible young women ready to enter the Nursing Profession.

MISS NEVILLE (Lady Superintendent, Manchester Children's Hospital, Pendlebury), supported the views expressed by Miss Coulton. She, however, noticed that Miss Coulton had suggested that the Children's Register would not stand in the future. She hoped that day would never come. She had been asked by doctors in Manchester to say how much importance they attached to this Register.

MISS IND, R.R.C. (Matron of the Hospital, Stratford-on-Avon), thought that very few people realised the immense amount of work for the community done by the small hospitals. Yet it was almost impossible for them to obtain probationers, as intending probationers now asked, "Is your training recognized." Thus a large number of candidates were yearly lost to the Nursing Profession. She advocated their entering the General Hospitals at the end of two years' training, which should be credited to them as one year. If in two years they could not give the equivalent of one year in a Training School, she suggested that the General Nursing Council must raise the standard of the small hospitals.

MISS E. M. MUSSON, R.R.C. (Matron, General Hospital, Birmingham), spoke in favour of reciprocal training, but pointed out that, from the point of view of the General Hospital, it meant cutting off either the fourth or the first year of training. At first, at Birmingham, they had given nurses with two years' training in a small or special hospital credit for one year's work, but now, even if they went on the second and third year's pay list, they had to take the whole of the lectures or they did so badly in their exams. These difficulties would tend to disappear with the establishment of a uniform curriculum. She asked the Matrons of the Special Hospitals not to keep their nurses too long before they passed them on. She had been asked by ophthalmic surgeons to say what an advantage it would be if eye hospitals would take nurses for a three months' course.

MISS S. F. ROSSITER (Royal Naval Nursing Service) spoke from personal experience of the value of fever training to a nurse taking general training subsequently.

MISS CLEARY (Mental Hospital, Norwich) referred to the value of the Medico-Psychological Certificate to the mental nurse, as evidence of having undergone a one-portal system of training. Mental nurses had a considerable amount of general nursing in the course of their three years' training. She noticed that no mention was made by the Council of any Preliminary Examination.

MISS F. A. CANN, R.R.C. (Matron, Norfolk and Norwich Hospital), described herself as an old-fashioned Matron who liked to select her own

probationers. She approved the suggestion that hospitals should be grouped together for training purposes, and thought that if general hospitals of from 50 to 80 beds proved that they could train properly, they might be included in the scheme. Some of the smaller Poor Law Infirmaries might be included in these groups so as to give experience in the nursing of chronic cases.

MISS CROUCHER (Tynemouth Infirmary) described this as a small Infirmary in which the surgical work was limited. There was in the same place a fine general hospital with 80 beds. They would welcome an exchange of nurses. If travelling tutors were appointed she hoped each one would not have more than two schools under her care.

MISS C. VINCENT, R.R.C. (Matron, Royal Infirmary, Leicester), spoke of the difficulty of placing second year nurses from the smaller institutions when passed on to the larger ones. They could not be put to train as second year nurses so had practically to do first year work. If the larger training schools could be sure of having nurses sent on to them educated up to the second year standard they would be willing to put them on the same level as their second year nurses.

MISS M. BREAY (Delegate, Royal British Nurses' Association) said, on the subject of certificates, that while every nurse would always prize the certificate of her own Training School, the public would principally ask whether a nurse was a Registered Nurse, just as the qualifications of Registered Medical Practitioner and Certified Midwife were those which it accepted. She thought the certificate of the Training School should be awarded after, not before, that of the General Nursing Council. What would be the position of a hospital if it certified a nurse as competent, and the General Nursing Council subsequently turned her down as incompetent?

MISS DAVIES (Matron, Royal National Hospital for Consumption, Ventnor) thought a great deal of useful teaching could be given to young girls in a hospital of that kind, and the syllabus of the General Nursing Council taken as the ground work of the first year.

THE CHAIRMAN remarked that they had received no advice as to the Male Part of the Register, but Miss Lloyd-Still and Miss Cox-Davies knew a good deal about the training of male nurses.

QUESTIONS

Handed to the Chairman in Writing.

Question (Miss Foster): Will each Training School still give its own certificate, the examination for registration to be an additional matter, for nurses to call themselves *Registered Nurses*?

Answer (by Mrs. Bedford Fenwick): Every School wishing to hold examinations and give a certificate will be at liberty to continue to do so. Nurses naturally liked to have the certificate of their own Training School, but it would give them no legal status. The only Examination competent to qualify for admission to the State Register will be that held under the authority of the General

[previous page](#)

[next page](#)