

Nursing Council. The Lying-in Hospitals still continue to give certificates though the Midwives' Act was passed nearly twenty years ago. The Council had not consulted on this point; it was her personal opinion.

Question (Miss Sinclair): How long must a Mental Nurse be trained in a General Hospital before she can go on the General Register?

Answer (by Dr. Bedford Pierce): The question has not been considered by the Council.

Question (Miss Bramwell): What would be the position of a probationer who had trained for two years in an Eye and Ear Infirmary of 72 beds? Would she have recognition of any kind?

Answer (by Mrs. Bedford Fenwick): She would have to fulfil the Rule of having one year's General Training in addition.

Question (Miss Brodie): Would Mental Nursing be considered by the General Nursing Council in regard to Reciprocal Training?

Answer (by the Chairman): The answer is in the affirmative.

Question (Miss Bushby): Should a Nurse fail in the State Examination how many times would she be allowed to sit for it?

Answer (by the Chairman): That point has not been considered by the Education Committee, but no doubt it will be.

Question (Miss Simpson): Will the Chairman say whether there will be one standard of training laid down for Fever Hospitals as qualifying for entrance to a General Training School?

Answer (by the Chairman): No doubt that will be so.

THE SUMMING UP.

MRS. BEDFORD FENWICK, in summing up the afternoon's proceedings, said that the Conference had that afternoon considered Reciprocal and Alternative Training. The General Nursing Council, when defining its Syllabus, had been brought up against the necessity for such affiliated training. Forty years ago General Hospitals had more inclusive material than now. It was questionable whether at the present time, any but a very few of the largest hospitals could give a complete training. Infectious fevers, diphtheria, and other diseases most instructive to the nurse in former days had now been removed from the General Hospitals. The Education and Examination Committee had endeavoured to do justice to all hospitals, and was convinced that, when the education of the highly-trained nurse was defined, all available material in both General and Special Hospitals would be needed.

Miss Sparshott had indicated that the General Nursing Council proposed, after making a geographical survey and estimating the clinical material available, to approve a list (a) of large general hospitals and infirmaries and that these approved schools should be the Mother Houses of defined districts; and (b) of smaller general and special hospitals to be grouped as Part Time professional schools accredited for affiliation to

the approved schools. That schools should be grouped in districts, County and Municipal, and clinical material tabulated for (1) alternative curricula, and (2) for reciprocal curricula, to qualify pupils for examination and registration. Also that Public Health Centres and District Nurses' Centres should be listed and utilised as training centres, in the Approved Alternative Schemes for registration on the General Register.

In regard to the statement presented by Dr. Goodall, Mrs. Fenwick said they would like only the best three years' trained nurses, with fever training in addition, employed in responsible positions in this branch, but the patients had to be nursed, and they could not at present narrow down the supply to this extent.

In regard to the Male Register, there was at present no male nurse, as such, on the Council, though it had the advantage of a male Mental Nurse as a member. That might be remedied when there was an elected Council.

Some nurses were disappointed that Parliament had set up Supplementary Registers. She thought, that in the future, women were going to demand an inclusive training, and that the Fever and Children's Registers were likely to be diminished. Everyone desired to bring the Mental and General Hospital Nurses closer together, but it was probable that the Male and Mental Registers must always continue.

Dr. Caiger had asked a searching question, as to whether present arrangements admitted of nurses with only fever training being placed on the Fever Register. That was the case for existing nurses, but the Fever Register was not defined in the Act and could be dropped at any time.

From the reception accorded to Miss Coulton's paper, she gathered the Conference was in sympathy with the principle of reciprocal training between General and Children's Hospitals.

Preventive Nursing, referred to by Miss Kent, was an important branch. Women should be trained in the methods of preventive nursing as well as in caring for the sick.

Miss Vergette's difficulty of how to get probationers, and keep them, might be met by affiliation with Mother Houses.

They had had some excellent practical suggestions from Miss Musson, and she sympathised with Miss Cann in liking to select her own probationers.

In regard to Miss Brey's suggestion as to certificates, Mrs. Fenwick questioned the right of the Governing Body of a Hospital to withhold a certificate contracted for if earned. Miss Davies had referred to a most important branch of nursing work in Tuberculosis Nursing.

In conclusion, Mrs. Fenwick congratulated the Nursing profession on the representative Conference and hoped it would be the first of many.

The Conference closed with votes of thanks to the Royal Society of Medicine, for the use of their Hall, and to the Chair.

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