

again, but it did not do so, and, therefore, the only thing left to them was to appeal to the Minister of Health, which they did.

MR. TOM PERCIVAL said that there were a certain number of Poor Law Training Schools known as Minor Training Schools. Under the Poor Law Institutions Nursing Order before a Poor Law Nurse could be appointed as a Superintendent Nurse she must have been trained in a Major Training School. But the Minister had, after due inquiry, waived this condition in the case of certain Minor Training Schools, and, at the present moment, nurses were being trained in Minor Training Schools who eventually might be appointed to the supreme position of Superintendent in an institution of 900 beds.

The nurses in training in these institutions were alarmed because they saw that should the Council adhere to its decision they had lost time and would have to begin their training over again in order to be eligible for admission to the State Register.

He gave the following instances of the type of school which it was, he said, proposed to destroy:—

#### BROMLEY HOSPITAL.

Number of beds, 292. Average number occupied, 200. Total admitted in the year, 761. Normal proportion of cases: Acute, 380; non-acute, 381. Operations, 150; major, 58; minor, 92.

#### CHESTERFIELD UNION HOSPITAL.

Number of beds, 205. Average number occupied, 115. Acute, 20 per cent.; non-acute, 80 per cent. There was no surgery, but the 19 probationer nurses had six months' surgical training at the General Hospital, Northampton.

#### KING EDWARD AVENUE UNION HOSPITAL, DARTFORD.

Number of beds, 178. Average occupied, 148. Acute cases, 40 per cent.; 21 major, and 42 minor operations. Nursing staff of 30, with 19 probationers.

#### EPSOM HOSPITAL.

Number of beds, 153. Average occupied, 120. Average number of acute cases, 41. Major operations, 14; minor, 15. Nursing staff, 20 nurses, including 13 probationers. There was no Resident Medical Officer, but the practitioner appointed was one of a firm of four of whom one was always available if required.

#### HUNSLET POOR LAW HOSPITAL.

A separated hospital, with 209 beds. Average occupied, 178. Acute cases, 25 per cent. Trains 18 probationers. No major operations, but probationers have six months' training in a Surgical Home.

#### KEIGHLEY UNION HOSPITAL.

Number of beds, 235. Average occupied, 175. Acute cases, 10 per cent. Major operations, 15; minor, 25. Nursing staff of 28, including 18 probationers and four male nurses.

#### YORK UNION HOSPITAL.

Number of general beds, 227. Average occupied, 170. One-third of the cases are acute. The probationers have four months' surgical training in a Surgical Home. Already the York Guardians were entering into arrangements, which would further improve the training, for the appointment of a Sister-Tutor, conjointly with the York County Hospital and three other local hospitals.

The regulations of the Ministry of Health were, Mr. Percival stated, more or less elastic if they found that the training in an institution was sound, and he appealed to the General Nursing Council to adopt a similar course.

#### TYNEMOUTH POOR LAW INSTITUTION.

At Tynemouth Poor Law Institution they had two whole-time medical officers, but they lived the other side of the wall of the Institution, and, therefore, they were technically non-resident.

The Association desired to urge that Minor Training Schools should be given time to set their house in order. He did not suggest that the conditions in all were ideal, but he emphasised the unfairness and unwisdom of destroying this magnificent training.

There was no magic in residing inside an institution provided the man gave whole-time service. Further, some visiting medical officers were much better qualified than some resident ones. He appealed for a period of grace in which the Poor Law Hospitals should have an opportunity of putting their house in order. It did not matter if a man was resident or non-resident provided the institution could train properly. The Association of Poor Law Unions asked for some other test, and for the withdrawal of the Order. He appealed to the Council not to waste training material.

SIR WILMOT HERRINGHAM said that in some of the instances put forward by Mr. Percival there was affiliated training. No restriction as to the employment of a Resident Medical Officer was proposed in regard to affiliated hospitals, but only in the case of complete training schools.

CANON GLOSSOP said that he did not want to repeat the arguments put forward by Mr. Tom Percival, but to urge that this was not simply a Poor Law question, but a question for all hospitals.

THE CHAIRMAN said that there were very few Voluntary Hospitals which would not regard the regulation as to a Resident Medical Officer as a fair one.

CANON GLOSSOP said he was interested in the Voluntary Hospitals, more especially in Hertfordshire, and all the small hospitals were a little anxious. He would welcome further consideration of the question on the part of the Council. He was anxious to manufacture a halo for the whole Council at some future date. He wanted to be rather more clear that the medical officer need not necessarily be resident.

MR. DAVEY said that one or two of the bigger hospitals were rather anxious, especially two in

[previous page](#)

[next page](#)