

were in actual fact "general" hospitals. During succeeding years, however, there was a marked tendency for hospitals for special purposes to spring up—infectious diseases hospitals, sick children's hospitals, maternity hospitals, tuberculosis hospitals, incurables' hospitals, orthopædic hospitals, etc.—and as these special hospitals increased in number and variety, the tendency was for cases falling within these special categories to be withdrawn from the general hospitals. As the completeness of a nurse's training depends to some extent on the range of cases in a hospital, the loss of these special cases to the general hospitals reacted on the breadth of training available for the nurses trained in them. The general hospitals, however, were, and still are, the most important training schools in the country.

"The growth of both the general hospitals and the specialised hospitals was not the result of a definite and co-ordinated plan. Each trained its own nurses along the lines of its own needs, and while a nurse trained in one general hospital or one fever hospital was fitted for service in another general hospital or another fever hospital as the case might be, there was no scheme of co-operation whereby nurses in one class of hospital could pass systematically to another class for the purpose of widening their training. Usually the nurse had to start again as a probationer in the new hospital. The above summary applies mainly to the voluntary hospitals in the country, and shows the position when the Nurses Registration Act was passed in 1919."

The Committee then describes how, alongside of the voluntary hospital system of the country there grew up the local authority hospital system, comprising poor-law hospitals and infectious diseases hospitals and other hospitals.

Arising out of the recommendations of the Departmental Committee on Poor Law Medical Relief on the subject of nursing, the Local Government Board for Scotland introduced in 1907 a scheme of examination and registration for nurses in poorhouses. The scheme, which was voluntary, met with considerable acceptance, and four years later, in 1911, the Local Government Board instituted a similar scheme for nurses in fever hospitals. These schemes prescribed a preliminary educational test (except where the Leaving Certificate was held), a three months' trial in hospital to ascertain if candidates were fitted for the nursing profession, and a training course of three years for both classes of nurses. Examinations (written, oral and practical) by examiners appointed by the Local Government Board were held, and successful candidates received certificates and their names were entered on a register. As a result of these schemes the standard of nursing in poor law and fever hospitals was appreciably raised. This examination system ceased in 1925 when the General Nursing Council scheme came into full operation, but the nurses who had passed these Local Government Board examinations had the option of being put on the General Nursing Council Registers without further examination when these registers were opened.

The Committee, after describing the stages in regard to Nurses' Registration before the Nurses' Registration (Scotland) Act was passed in 1919, say:—

"The Act, in giving to nurses the privilege of becoming registered on a State Register, marked a definite advance. A uniform system of training was devised, a uniform standard for common subjects was prescribed, and a shorter training, where a nurse desired to be admitted to another part of the register, became feasible. In the sixteen years since the passing of the Registration Act, the General Nursing Council for Scotland have built up the basis of the Act, and the Rules made thereunder, a system that has succeeded in giving to the nursing profession a cohesion

and standing that were lacking previously. The question, however, arises whether what has been done is sufficient, and on this question there are two main schools of thought. The first, recognising the benefits that have followed from the Registration Act, considers that the present system is in the main satisfactory. The second also recognises the benefits accruing from the Act but is more inclined to regard these benefits as merely a first step, and considers that further steps are needed to enlarge the experience by widening the field of training without extending unduly the period for study, and to weld the nursing profession into an harmonious whole in the interests of the nurses themselves and of the community in general."

The Committee then show that the voluntary hospitals require to retain about 20 per cent. of the nurses trained by them, and that the majority of the remaining 80 per cent. obtain employment in special hospitals, in private nursing, or as members of co-operations, in district nursing, health visiting, school nursing, etc. "The evidence given by the witnesses representing these interests showed that they were not satisfied that, for their purposes, the nurse with the presently accepted general training was adequately meeting their needs. In almost every instance it was thought that something complementary to the general training was called for, and although it was admitted that nurses trained in general hospitals quickly adapt themselves to new conditions, there was the underlying feeling that the special experience necessary for these posts should be obtained during training and not acquired only in the course of the duties attaching to the post."

The functions of the General Nursing Council for Scotland, the conditions for registration, and the structure of the Register are then described.

The Essential Requirements for a Fully Trained Nurse.

Dealing with the "essential requirements for a fully trained nurse" the Committee quote the following dictum: "The profession of nursing, like that of medicine, is an art dependent on science; but in nursing, important as is the underlying science, the art must always predominate."

The Committee state that "training in the wards of a medical and surgical hospital (commonly called a 'general' hospital) is essential to a nurse who wishes to be considered as fully trained. It is unnecessary to submit any arguments in support of this view, which was shared by all the witnesses. The training should be given not only in the general medical and surgical wards, but also in as many as possible of the numerous special departments, including out-patient departments. One point which requires special mention in connection with the training in medical and surgical is the need for special experience in the nursing of the chronic sick . . . Not only do the chronic sick provide excellent training material, but a great deal of the time of trained nurses is of necessity occupied in looking after such cases." The Committee also consider experience in the feeding and care of infants and children suffering from medical and surgical conditions absolutely necessary, and say that they are satisfied that unless nurses have experience in the wards of an infectious diseases hospital they cannot be described as fully trained. "Without exception all the Associations representing nurses which submitted evidence subscribed to this view. . . . They were satisfied that the absence of this training was embarrassing to the nurse called upon to take charge of an infectious diseases case."

Again, "Nurses without mental experience find in hospital or out of it that they are faced with the problem of handling physically ill patients who develop mental symptoms. In their training days, nurses may have encountered a few such cases, but not in sufficient numbers nor for a sufficient length of time to be at ease with them. If they have not had experience in a mental hospital, it is

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