ality and character fundamental to a high quality of nursing. Some of the chairman's remarks have a special significance for nursing in this day and age. We tend to assume that all nurses will have certain qualities of character and personality, that they will be kind and sympathetic, that they will be compassionate and tolerant; and that they will be people of complete integrity. But we need to bear these qualities in mind when we are planning our educational programme and organizing our schools. We have to ensure that these qualities will not be stamped out, for it is very easy to destroy a sense of vocation. We must endeavour to provide a climate which will keep alive a sensitive approach, the compassion and tenderness essential for the support of the patient. There is a need in nursing education today to pay attention to the art of living, to the type of person we are producing, as well as her knowledge and professional skill. Moral as well as intellectual leadership is required. The question we have to ask ourselves is, Will sufficient numbers of people be available in the future? It is all very well to talk about selection—it is all very well to talk about the nursing team—but are we going to have enough people with these qualities that we look for in nursing? Are the humanity and the humanism of our present age enough? Will the respect for the dignity of the human personality, which is so fundamental to nursing, be able to withstand the pressures of the age in which we live? The values we prize in nursing have their roots in the Christian religion. Yet we live in an age when many of our young nurses profess no religious beliefs at all. Will the qualities we look for endure? I suppose that this will depend very much on the homes from which these young people come and the schools in which they are educated. My experience in visiting girls' schools up and down the country leads me to hope that we shall continue to attract into nursing people with the same high ideals and qualities as we have looked for in the past.

DISCUSSION

Chairman: In many sentences and many paragraphs of Miss Powell's talk the subsitution of ' general practitioner ' for ' nurse ' could have been made, for she was expressing the very problems that we must consider in relation to recruitment of future family doctors. Her hopes were related with our hopes that on the academic side there will be enough young men and women coming forward

with academic training added to their experience in general practice and nursing, to supply teachers in the medical schools and hospitals bringing what can be learned in medicine in man's normal environment. Her talk was a remarkable demonstration of the parallel and over-lapping needs of our two professions and it brings our two professions very close.

Question: Miss Powell said the doctors do not meet the district nurses. I am ashamed to say that I have met the district nurses on very few occasions, not because I do not want to meet them but because of the time factor: their working time and our working time are such that there is very little opportunity to find a time that will suit us both. The only time we can see them is probably in the evening when they are tired out. The Medical Officer of Health for Liverpool did arrange such meetings but the response on the part of the family doctors was very poor. Could some arrangements be made for meetings which would be advantageous to both family doctors and the nursing association?

Chairman: Does Miss Powell feel that the hospital trained nurse needs some form of introduction to the business of general practice? We know that she gets additional training for district nursing.

Question: Ought we to aim in the future at administering the district nurse from the hospitals?

Question: What is the situation regarding postgraduate education for nurses in the United States? Most nurses are entirely divorced from the work of the general practitioner in that they spend their time entirely in hospitals. I am certain Miss Powell would be overcome if it became compulsory for nurses in their final year to do at least three months on the district. Then they would see the sort of problem the general practitioner, particularly in the industrial areas, has to cope with. I have had the honour of working for eight years in the laboratories of a hospital in Liverpool, and I was disheartened and dismayed at the remarks made by the most junior nurses, as well as the sister tutor.

Question: Is not the only way in which nursing in general practice can be carried out the direct attachment of the district nurse to the general practitioner, as part of his team?

Miss Powell: I think we have got to get our priorities right; if the doctor and the district nurse did meet more often there might be fewer patients. They might get better more quickly, for illness is prolonged if these two people are working in complete isolation; we might get better nursing care in hospital if we had good communications. Five minutes explaining something to a nurse so that it will be done properly will save time, and therefore in the end will produce better service. We are all rather inclined to want to be

doing something all the time to assure ourselves that we are very busy people, but sometimes sitting down and thinking and talking about a thing would save time in the end. We should not say we haven't got the time; it is dreadful that nurses are going out and carrying out treatment on patients without any consultation with the doctor ordering it.

I certainly think that some further training of nurses would be needed. I don't know what your thinking is about group practice, but in a group practice employing more than one nurse, a nurse who has had good experience would be able to train another new nurse with the help of the doctors. That kind of on-the-job training should be sufficient if a nurse has been given a really sound preparation in the basic principles, including psychiatric nursing and obstetric nursing, in her general training, and if she has been taught to think for herself and to be critical and to read and know where to find information and to be flexible. If the doctor is working on his own, a nurse who had worked in a group practice could be sent to work with him.

I do not think that administration from hospitals would be generally acceptable because I do not think that hospitals are good on social aspects of care and community care. If a health centre were set up within the complex of a general hospital and staffed by general practitioners, that would be a different matter; probably a group practice with nurses working directly for the doctors would be better than sending nurses out from the hospital.

In the United States there is more money available; we cannot get any money for education and the Ministry of Health have no understanding of what we need for basic education. I believe there is more money for postgraduate education for medicine in Britain than for nursing. Certainly in the United States they have more money for education and more money for postgraduate education. Some of their nurses, because they have so much better facilities, are really surpassing us, that is another good thing to quote to the Ministry. I am sorry to hear that the nurse is being hypercritical of the general practitioner. When student nurses go out with the district nurse they do not have three months, because it is impossible to arrange in London, but I know that even brief visits with the district nurse help the student nurse to understand what is being done in the community. I hope therefore that *our* nurses are not critical of the general practitioner. Sometimes consultants say things which are picked up by a bright young nurse; she does not mean it, but it is just the fashionable thing to say. You probably say similar things about consultants to your district nurses so maybe district nurses think badly of consultants. Whenever I have been in the country I have found that district nurses absolutely

idolize their general practitioners, if they know them. I hope that all general practitioners will one day know their district nurses, but I believe you get a lot of loyalty from your district nurses. That is a thing you should think about and not worry about these awful, stupid nurses and matrons and sisters in hospitals who cause you so much work.

Chairman: This applause shows our appreciation of your contribution to this afternoon far better than I can put into words, but of course it is your understanding of the problems of the interrelation of our two professions that we appreciate and value so very much, and of the possibilities that lie therein too that we want to see developed, and we thank you most warmly.

SECOND SESSION

Dr J. H. F. Brotherston, M.D., F.R.C.P. (*Chief Medical Officer to the Scottish Home and Health Department*)

We are going to proceed to the second part of the programme and hear from Dr Malleson, who is in charge of the Student Health Service, University College, London. He is going to talk to us about a new pattern of medical education. As we know, he and committees stimulated by him have been producing extremely interesting reports on this subject recently.

A NEW PATTERN IN MEDICAL EDUCATION

Dr N. B. Malleson, M.D., M.R.C.P. (*Research Unit for Student Problems, University of London*)

I am here in my capacity as secretary of the Steering Committee for the School of Medicine and Human Biology. We are a group of doctors who have got together in a purely *ad hoc* manner to make suggestions about new medical schools particularly the sort of new