

cluded, for the entire scheme has been made public, and this week, we understand, *more than three thousand forms of application for Registration have been sent out to Nurses* desirous of being amongst the first to be enrolled on the Register. We commend this one fact to those who have been misled into expressing their opinion that there is not a strong professional desire for the adoption of this system. We should be glad to know how otherwise they can explain why one quarter of the whole number of Trained Nurses now at work in these United Kingdoms have individually asked for Registration for themselves.

We learn that the Registration Board, appointed by the British Nurses' Association to carry out the scheme, is, as might easily be imagined, a very powerful, important, and representative body, composed of an equal number of some of the most eminent Physicians and Surgeons of the day, and of the Matrons of the largest and most important Hospitals in the Metropolis and the Kingdom. We commend this second fact to those who have been misled into protesting that the adoption of Registration is not strongly urged by professional people. Can they seriously believe that men whose hours are priceless, and women who have attained to the highest posts in their profession, would give time and thought and trouble for month after month and year after year to a professional matter of no importance?

We would now devote our most careful consideration to the scheme of Registration put forth by the Association. We learn, in the first place, that it is a cardinal rule that no Nurse can apply for enrolment upon the Register until she has been engaged for three years in attendance upon the sick. Secondly, that everyone must make application for Registration upon a special stamped form, and produce Hospital Certificates or testimonials of knowledge, and give references both as to professional efficiency and personal character. Each application, we are informed, will be separately and carefully investigated by the Board, and no one will be Registered unless her credentials are considered in every respect satisfactory. Those who pass this scrutiny successfully will, it appears, receive an official Certificate of Registration and a gratis copy of the first issue of the Register of Nurses in which their names appear.

Stress is laid upon the absolute necessity of each Registered Nurse communicating immediately to the Registrar any change of her permanent address, and upon the possibility, if this is not done, that the name may be removed from the Register. Exactly the same rule is necessarily enforced in the case of Medical men ;

and it is obvious that the Register would be quite unreliable unless some precaution were taken to ensure the continued accuracy of the addresses it contains.

The members of the B.N.A. are, it appears, to receive a very just recompense for their steadfastness and subscriptions to the body which has originated Registration. Provided that their applications are received within the next four weeks, they are absolved from the payment of a fee. But all other Nurses will be required to pay half-a-guinea at first ; and after five thousand have been Registered it is announced that the fee will be doubled. In this connection it is noteworthy that more than three thousand are already, it seems, preparing to apply.

The final Regulation as to the disposal of these fees will command general approval, and deserves further comment. But now we content ourselves with congratulating the British Nurses' Association most heartily upon the successful initiation of its scheme for the Registration of Nurses.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER V.—DUTIES DURING CONVALESCENCE.

(Continued from page 38.)

THE Nursing duty that demands attention after those detailed in my last paper (No. 94, *Nursing Record*) is the washing and changing of the patient. Of course the binder will have to be replaced by a clean one, and draw-sheets removed, at least once in twelve hours after delivery, as that does not much disturb her ; but in my judgment the patient's night-dress should not be changed until twenty-four after delivery, as perfect repose is so necessary during that period, for reasons I have recently pointed out to you. In making our calculations we must remember they all date from the hour at which the birth took place—the beginning of an "obstetric" day, if I may so call it, both for mothers and infants. Assuming birth took place at two a.m. or ten a.m. on a Monday, the earliest we could prudently change our patient would be nine a.m. or ten a.m. the following Tuesday, or if birth took place at ten p.m. Tuesday, it would be the Thursday morning following. You cannot always make it a level twenty-four hours, but you can arrange that it shall never be less. And here I must digress a little, to impress upon you that the same fact—time of delivery—must guide you in feeding your patient, and sometimes influence the

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