

comparatively few nursing organizations which are not in touch with the Institute. A trained nurse was also appointed as general inspector of nursing.

In 1889 the Institute was incorporated by royal charter, and a president and council were appointed by her late Majesty.

Mention must be made of what was done in Scotland, Wales, and Ireland, as well as in England, to estimate rightly the growth of district nursing.

In Scotland an energetic Council at once started a central home in Edinburgh, and the system extended rapidly to Glasgow, Dundee, Aberdeen, and other places.

In Wales a central home was established in Cardiff, and the work has spread slowly but steadily over the principality. It is found necessary to employ Welsh-speaking nurses in the rural districts, as that language is still spoken far more generally than is supposed, especially among the older people. However, in spite of this difficulty, the work is spreading from one district to another.

In Ireland the initiation of district nursing was slower, and it was necessary to establish two training-homes in Dublin, one for Roman Catholics, the other for Protestant nurses. But its progress has been uninterrupted, and the Queen's nurses are in every part of the country, even in the desolate island of Achil, where, to quote the words of the superintendent: "The people are nursed under conditions inconceivable except to those who have seen them. There is only one nurse to the 8,000 inhabitants, and Achil is twenty-five miles long and fifteen miles broad."

In 1888, almost at the same time as the Queen's Institute was taking form and beginning its great work in the towns and large centres of the United Kingdom, the Rural Nursing Association was started very quietly in a corner of the Western Midlands, by a small association of ladies and gentlemen, to provide nurses and midwives for the sick poor, with whose homes and needs they were personally familiar. From the first the Rural Nursing Association determined against the system of sending nurses to live in their patients' homes, the committee believing the poor have neither accommodation nor means sufficient to enable them to lodge and feed, as well as partially to pay for the services of a competent nurse. A high standard of training was required, and the nurse's services were extended over as large an area as possible by means of a pony or donkey cart, and later of the ubiquitous bicycle. This association was soon affiliated to the Queen's Institute, in 1891, and in 1897 was amalgamated entirely with it.

(To be continued.)

### The Society for the State Registration of Trained Nurses.

The following ladies have consented to act as Local Hon. Secretaries of the above Society:—Miss Foley, Matron of the Royal Hospital, Richmond, for Surrey; Miss Emery, Lady Superintendent of the Nurses' Home, Newcastle-on-Tyne, for Northumberland; Miss J. G. Watkins, Acting Matron of the English Hospital, Cairo, for Egypt.

In compliance with the desire expressed by many members of the Society, the Registration Sub-Committee of the Matrons' Council has formulated a memorandum *re* the State Registration of Trained Nurses, which may be obtained from the Hon. Secretary *pro tem.*, 20, Upper Wimpole Street, W.

#### MEMORANDUM.

The State Registration of Trained Nurses is a question which is of the highest importance to nurses, the medical profession, and the public, and therefore demands their earnest consideration, for the efficient nursing of the sick is of vital concern to all classes of the community.

#### NURSES.

It is of importance to nurses because there is at present no recognized standard of education for a nurse, and no means of control of or supervision over the nursing profession. Consequently any woman inadequately trained, or without any professional training at all, may act and describe herself as a nurse, and by her want of skill, or personal unsuitability, may not only endanger the life of the patient, but can, and in many instances does, bring discredit upon the qualified members of the vocation.

The Registration of Nurses by Act of Parliament is the only means by which a general standard of education and a definite system of professional control can be obtained.

#### MEDICAL PRACTITIONERS.

To medical practitioners, because there is no central authority in nursing analogous to the General Medical Council, which defines the professional curriculum for nurses, or which is empowered to enforce the reasonable control and discipline of graduate nurses.

#### THE PUBLIC.

To the public, because it is of supreme importance to them in cases of illness that their nurses should be competent and trustworthy. At present, unfortunately, the private nursing world is more largely exploited by untrained and unsuitable persons than any other branch of nursing work, and the public pay the fees commanded by trained and experienced nurses for the services of women who are neither one nor the other. When it is realized that between the visits of the medical attendant the nurse is left in sole charge, and that the comfort and even the safety of the patient often depends upon her care and devotion, it will

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