

immensely creditable to the Irish Nurses' Association, and proves the very great advantage of co-operation for professional purposes, for surely it is well that nurses should have facilities for acquainting themselves with the pros and cons of any movement which concerns them as a whole, so that they may consider such questions from every point of view, and thus be able, without prejudice, to form an opinion for themselves. This is the line which should be taken by the Committees of Training-Schools before they—like the proverbial sheep—are led astray by specious statements and sign illogical manifestoes. They should also arrange meetings, so that the nursing staffs of their hospitals shall have an opportunity of hearing both sides of the question. In London, in many of the larger hospitals the senior officials have signed against State Registration without consulting the nurses at all. Next week I hope to show from the hospitals I visited that nursing work in Dublin is wonderfully well organised, and has attained a high standard of efficiency, especially in the surgical technique.

E. G. F.

The Progress of State Registration.

THE INTERESTS OF THE PUBLIC.

We published last week the Memorandum presented by Miss Isla Stewart on behalf of the Society for the State Registration of Trained Nurses to the Public Health Committee of the House of Commons. The memoranda which we print below, and which deal with the question mainly from the point of view of the public, were presented by Lady Helen Munro Ferguson and Mrs. Mackenzie Davidson.

PRESENTED BY THE LADY HELEN MUNRO FERGUSON.

The advance of medicine and surgery has increased the necessity to the public of a plentiful and easily available supply of well-trained and efficient nurses, while it has rendered more acute the dangers inherent in the present disorganised state of the profession.

It is equally important both from the medical point of view and also from that of the public that the standard of skill in the nursing profession should keep pace with the progress of medical and surgical science.

This is impossible so long as the absence of any central governing body and of any recognised standard of training reduces the nursing profession to a disorganised crowd of women, whose proficiency ranges from that of the highly-trained hospital Sister to that of the uneducated woman with six months' experience in one department of nursing, all of whom compete indiscriminately in the same market for the same rate of remuneration.

The institution of a central governing body is of

primary importance in order, in the first place, that a minimum course of training should be defined.

The twelve leading metropolitan hospitals have established no common standard; some enforce a three years' training in the wards, others grant a certificate after one year (Guy's and Middlesex). Certain hospitals bind their nurses to a four years' engagement, one or two of which are spent in private nursing for the financial benefit of the hospital (London). Specialist and cottage hospitals grant certificates which ensure the same consideration, and enable the recipient to rank as a trained nurse and compete for all cases of nursing with nurses who have been trained in the wards of a general hospital.

Nor have the public any guarantee that even those nurses who hold a three or four years' certificate from a large hospital have, in truth, had that amount of practical training. It is perfectly possible that such an individual will have spent one or perhaps two years of her ostensible training as Home Sister in charge of china, linen, and house-keeping, or as Sister in charge of the ward-maids, or as clerk in the hospital office.

A central governing body would not only fix the minimum period of training, but would be able, through the supervision it would exercise over the nurse-training schools, to insist that such a period of training be spent in *bona-fide* attendance on the sick.

At present private nursing is largely exploited by agencies run as commercial speculations, whose principal object is profit-making, and who, being unhampered by any obligation to provide fully-trained nurses, are tempted by the exigencies of competition to flood the market with nurses of inferior training and limited experience.

In the absence of a register or accepted certificate the public are unable to judge of the professional efficiency of the nurses supplied, and, even if they require a certificate, have not the knowledge to discriminate between the different values of hospital certificates. This condition of things is favourable to the unscrupulous, and encourages those abuses and irregularities which are the acknowledged dangers of our present system of private nursing homes and nursing agencies.

Once Registration is established, the public would seek its nurses from organisations and homes which guaranteed to supply Registered nurses only, the managers of which could be prosecuted for breach of contract should they fail to abide by this undertaking.

The existence of a Register would be valuable in times of emergency, such as occurred during the late war, when the Army Nursing Service and its reserves being exhausted, it became necessary to call for volunteers. It would also have been an advantage if a Central Army Nursing Board had been in existence to undertake the organisation of the nurs-

[previous page](#)

[next page](#)