

trained nurse will tend to attract a good class of woman into the profession.

Registration will be beneficial to nurses at a very early stage of their career, for the Central Council will immediately exercise considerable influence on the training given in all institutes, and over the conditions under which nurses work.

No hospital will be able to trade on its reputation and position: all will have to give such a training, both as regards quality and duration, as is considered requisite by the Central Council. This will mean a general levelling-up of hospitals and infirmaries, and it will also mean that nurses trained in the provinces, or in poorhouse infirmaries, will stand at no disadvantage as compared with their London hospital-trained sister.

The position of special institutions, cottage hospitals, and the smaller infirmaries will have to be considered, and a solution of the difficulty they present may be found by grouping these round a general hospital. Nurses will thus find it possible to gain experience through their mother hospital, both in the nursing of those diseases which are treated apart, and in institutions which, not being medical schools, offer opportunities for practical work unattainable in general hospitals.

Thus the training of the future will be more comprehensive and complete than at present. Nurses will no longer leave their training-schools absolutely inexperienced in many branches of their profession, nor will the public be supplied with fever or maternity nurses when they require surgical or general nursing.

It is difficult to understand the opposition to Registration, unless it may be traced to that source of antagonism to all reform—the fear of vested interests—that all change must work to their disadvantage.

The larger hospitals are afraid of interference from the Central Council—they dislike the idea of a common registration certificate, which they anticipate would lower the value of their own individual parchments. They fear that their private nursing practice, from which the hospitals derive considerable financial benefit, might be injured if the public acquired confidence in the registered private nurse, and if it became easier for the latter to start on her own account and profit by her own earnings.

The ostensible reasons advanced against Registration are that personal qualities are more important to a nurse than technical skill, and that no Register can take account of the natural fitness and character of a nurse.

In answer to this it is sufficient to mention—without questioning the premise—that nurses will have to be recommended for registration by their Matrons, and that the Matron will be as responsible then as now for the suitability of the candidate she presents for registration.

Then it is urged that registration implies passing an examination, and that this is a most misleading method of testing a nurse's capabilities. The same answer applies: no Matron will recommend a nurse who is only capable of theoretical work, and it must also be borne in mind that every hospital has instituted a very searching series of examinations, and certificates no nurse who fails to pass any one of them.

A paper was read at the Women's Congress, giving New Zealand's two years' experience of Registration. The writer declared that "nothing but good" had followed its adoption; that it had already educated the public into realising that every uniformed young woman was not necessarily a qualified nurse; and that it had forced many "nurses" who had been engaged for some years in private nursing back to hospital to seek an adequate training. She strongly advised that the "open door" clause should not be made too tolerant or comprehensive, and said that in New Zealand they had found that even the easy and formal test imposed on nurses in active work, at the time of the Act coming into operation, had eliminated many totally unfit persons from the profession.

Nurses should, therefore, fearlessly and energetically promote a movement which promises so greatly to benefit themselves, and the grand profession to which they belong. The public will slowly realise how vitally this question affects them, and if nurses resolutely lead the way they are certain to receive sufficient and effective support.

The General Medical Council and Lay Representatives.

As trained nurses are at present considering the constitution of a General Nursing Council, and the question of lay representation upon it, it is of interest to note the formation of the General Medical Council. It is generally supposed that this must consist entirely of members of the medical profession, and, as a matter of fact, at the present time it does so; but Sir William Turner, the President, in reply to a question addressed to him by Mr. Fournet, of Hammersmith, has stated that all the members of the General Medical Council are chosen by electing bodies under the Medical Acts, and that the perusal of the Acts of 1858 and 1886 will indicate which of the electing authorities are enjoined to choose a representative from among registered medical practitioners, and upon which electing authorities no such injunction is placed. In the opinion of the President of the Council, the Acts are framed with a view to providing that laymen should sit on the Council as well as medical practitioners. This will come as a surprise to many, who have supposed the Council to be an exclusively medical body.

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