

Is the nurse only a handmaid of medicine? Accept the term, but remember that medicine to-day has made such vast advance that the handmaids cannot afford to be caught napping or they will be left behind.

The advocates of State Registration for Nurses do not claim that it is to be a panacea for every ill known to the nursing world to-day. Above all, they do not urge it as an infallible recipe for an employment bureau, whence none but perfect human beings will be recommended. They do not regard it as an employment bureau at all, but as an educational reform—as a means of bringing order and definite standards into a sphere where at present a truly anarchic condition of disorder reigns.

The opponents of Registration concede the disorder, and acknowledge the grave abuses, but will not grant that they have their source in the absolutely unlimited, and cut-throat competition which flourishes among the nurse-factories and nurse-mills. They repeat with serious conviction that every hospital should give a good and thorough training, and that every nurse should belong to a nursing home or association, quite ignoring the two basic facts that—first, the hospitals and associations, being entirely freed from their mediæval responsibility toward the nurse for her lifelong support, are light-heartedly engaged in turning out upon the world yearly grists of nurses of all varieties and shades of incomplete training such as it suits them best to give, knowing quite well that at present they are held to absolutely no responsibility whatever toward the nurse; and, second, that under modern conditions it is just as impossible to compel nurses to join nursing homes and associations if they do not wish to, as it would be to make them all go back into sisterhoods. As a matter of fact, the worst and most-untaught specimens among modern nurses, the discharged and rejected probationers, rarely try to join nursing homes. They get all their cases directly from sympathising friends or from kind-hearted physicians, and this fact alone is sufficient to prove that the medical profession will *not* do as the only guarantee necessary for the nurse.

Search as we will for other ways out of the trouble, finally, in every case the responsibility comes back to the source—to the origin—of nurses, and that is the nurse schools. Is it really fair to say "the physician must be responsible?" He does not select the pupil, nor train her, nor know her. It would be most unjust to decide that he must ultimately be responsible for her. Moreover, we know by experience that although the physicians will employ rejected probationers out of pity, no physician will ever take upon himself the unsatisfactory results of a nurse's mistake. Is it kind to say "the public must be responsible"? Suppose that the patient, whose nurse may arrive at 2 a.m., *does* ask to see her certificate? Can he make head or tail of it? No, it is cruel to put the responsi-

bility upon the patient. He and his family are helpless victims of a good-for-nothing nurse, if this is the kind they get. And is it practical common-sense to say, "The nursing homes must be responsible?" If no standard is set how are these institutions to decide between trained and untrained?

A point too often overlooked is the contents of the three years, or whatever number of years it is, in hospital.

There is no magic in the formula "three years in a hospital." The number of years is less important than how the three years were spent. The opponents of registration lay great stress on this point, which is well taken, but they fail to follow it up by the next, which is that the formula, "three years" has been practically decided upon, because conscientious Matrons who really teach their pupils have worked it out as a physical impossibility to give all the necessary experience and training in less than three years. But beyond this it would be easy to mention hospitals where nurses spend three or four years, and yet are not given opportunity to work in the different divisions. And if hospitals do not agree on what all nurses should be taught, is it possible that nursing homes and institutions, all of which are competing against each other in making a living, could bring pressure on all the nurse-schools, great and small, and how could they do it?

It would be interesting to know just how much final responsibility the nursing homes could be made liable to. Could they, for example, be made liable to suits at law for damages in the case that one of their staff burned a patient or proved to be dishonest? Or could they be made liable at all, even for small fines, without legal process, summons, trial, witnesses, and all the legal paraphernalia?

We have already touched on the difficulty of making nurses join nursing homes if they do not wish to, but, supposing that the nurses could all be made to join them, and that the nursing homes could be made finally responsible for employing untrained women, it is of the greatest practical importance to know just how, and by what power, this could be done. Have the matrons, the physicians, the directors, such power? If so, why are they not now exercising it?

In a recent article upon Registration there was advocated the licensing and registration of all private nursing associations and medical and surgical homes; and the adoption of a uniform certificate by all hospitals, in which should be set forth the exact plan of teaching, both practical and theoretical, the training actually received in hospital wards—sick cookery instruction, &c. These are both excellent and practical common-sense suggestions, as far as they go, but they stop short of the logical conclusion. May we point out that their first deficiency lies in not stating how this is to be done. The writer does not say that the State is to undertake these duties, but it is hard, very hard, to realise

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