

technically suitable as a nurse. The training-schools had first the opportunity of weeding out applicants and of selecting the most likely candidates as probationers; they then had them under observation for a period of three years, and if they testified to the fitness of candidates for Registration, this constituted a strong guarantee. He was of opinion that the public would constantly consult such a Register, and suggested that a copy should be sent to public libraries.

In reference to the number of women practising nursing, the witness considered it very difficult to make an approximate calculation, but placed the extreme limit at 60,000. He thought that the number on the Register would be maintained at about 20,000.

On the Voluntary Register maintained by the Royal British Nurses' Association, there were about 2,600 nurses. There would have been more had it not been for the strong prejudice on the part of some of the Matrons. Practically it was found that their influence was very great. So long as the Association retained the favour of a Matron the nurses from the hospital with which she was connected flocked in. If there was a change of Matrons, and one adverse to the work of the Association was appointed, the flow stopped.

The opposition of the hospitals to Registration was precisely what took place when the Medical Registration Bill was proposed in 1848. There was strong opposition on the part of medical corporations. Now all those corporations would say that the Medical Acts had been of infinite service to the public and to the efficiency of medical education. The same would take place in relation to nursing education. The hospitals would fall into line and admit the enormous advantage in a short time. The training, teaching, and instruction necessary for candidates would be defined, and all would have to work up to the Registration level.

In the case of Medical Registration, the qualifications conferred by certain corporations were, when the Medical Act was passed, accepted as qualifying for registration, the Medical Council retaining the power of sending inspectors to the examinations conducted by such recognised bodies. The witness was of opinion that the nursing certificate of certain training-schools might be recognised on the same lines, the certificate of the school being forwarded as evidence of the applicant's fitness for admission to the Register.

In reply to a suggestion that the registration of individual nurses was so difficult as to be impossible, and that the registration of institutions would be a solution of present problems, the witness emphatically disagreed. He saw no great difficulty in extending a system which had already been begun in a voluntary way, and stated that the registration of institutions would not meet the difficulty at all. Many nurses had left their training-school. Nurses should be registered individually, and training-schools recognised.

There must be a central controlling Board, or the different training-schools, as had happened in the case of medical corporations, would be competing one against the other and underselling one another.

The witness's attention was directed to the suggestion which had been made by more than one witness, that State recognition of nurses might bring them into conflict with doctors. He disagreed with the suggestion. The well-disciplined nurse was the last to presume. She knew the line of demarcation, and had no desire to overstep it. Registration would, in his view, have the effect of drawing into the nursing profession

a better class of women. In the present undefined condition of nursing well-educated women were difficult as to joining the ranks of nurses.

In regard to the removal of a nurse's name from the Register, there should be power to remove her if convicted of a criminal offence, or on proof of culpable negligence or unskilfulness. The nurse should have an opportunity of appearing in her own defence. She should not be removed except for a definite offence or by her own wish.

The witness gave an illustration from his own experience, in relation to the question of unskilfulness, of a nurse feeding a patient through a tracheotomy tube, also of one who placed scalding bottles close to a patient recovering from an anæsthetic, so that, though recovery from the operation took place in ten days, the patient was ill for three months as the result of the burns sustained. He regarded this as culpable negligence.

The witness also stated that when he was medical superintendent of an asylum he had under him nurses who could not read the directions on the medicine bottles, and had to get the lunatics to do so for them. The type of mental nurse had improved since those days.

There were still a large quantity of untrained, incompetent nurses at large, and it was necessary that a minimum standard of knowledge should be defined. Many thousands of women had fine moral qualities, but technical training was necessary in the professional nurse.

In regard to the necessity for a check after Registration, the witness said that in no other profession was there a system of moral *espionage* after Registration; sufficient check would be imposed by the public and the doctors. He himself would resent it if the Medical Council required a certificate of his moral character every year or two. Supervision would be exercised by the Central Board, and registered nurses might be required to notify their addresses every two years, for which a small fee might be charged.

In regard to Finance, the witness suggested a fee of £1 1s. for examination and £2 2s. for registration. The Governing Board would be composed largely of ladies who would not require as large fees as practising physicians and surgeons, therefore the registration fees need not be so high as in the case of the medical profession.

In regard to the supply of nurses the witness considered it was ample. He was constantly receiving applications from nurses for cases; many were unemployed. No thoroughly trained nurse would, in his opinion, object to pay the fees suggested.

The witness considered that Nursing Homes and, indeed, any house maintaining more than two or three beds where the sick and helpless were received for profit, should be registered by the County Councils and inspected by the Medical Officer of Health.

He did not consider the disciplinary work of a Central Board would be very onerous. The weeding-out process would take place before nurses came on to the Register at all.

Examinations should be conducted in local centres by medical men, Matrons, and Sisters conjointly.

Inefficient nurses were certificated even by some of the large hospitals. The public were not sufficiently protected by the training-schools, as some training-schools were not up to the mark.

As we go to press, Committee is taking evidence, witnesses being Sir Victor Horsley and Dr. Bezy Thorne.

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