

The witness did not agree with the suggestion which had been made that if a standard were enforced there would not be sufficient nurses to meet the demand. In regard to fees, they should not be deterrent. As a matter of opinion, without any close consideration of the subject, he considered that £2 2s. might be paid for Registration. He did not think the nurses should pay for examination. It would be of great benefit to the State if a standard were fixed, and if in the public interest the State demanded this guarantee, it should shoulder the expense connected with it.

The witness considered the registration of training-schools as an alternative to the Registration of nurses would be of no value whatever. It would merely put the present system on a statutory footing. He objected to the present system of the control of nurses by private individuals.

By Registering the institution instead of the nurse the State would be administering Registration in an indirect way through private individuals over whom it had no control. He was strongly against a nurse being controlled by an institution after she had left it. Dr. Langley Browne was of opinion that such a system would operate hardly on the nurse. In reply to a question as to whether it might be well to recognise two classes of nurses, the witness was of opinion this would not be favourable to the work of the higher class of nurses. The public would not discriminate. Dr. Langley Browne said there would always be two classes; what it was proposed should be Registered was the minimum recognised by the State as constituting the professional nurse.

The Chairman suggested that there were a large number of semi-trained women nursing the sick poor. Sir Victor Horsley said they were nursing the sick rich also. The fees they received were the same as those asked by fully-trained nurses.

Continuing, Sir Victor Horsley said that the feeling of the British Medical Association was absolutely against voluntary Registration. It should be statutory. The time had come for the control to be taken out of private hands and undertaken by the State. The opinion expressed at the Representative Meeting at Oxford was that such a system would be a great advantage to medical men.

The question having been asked as to whether consultants and general practitioners might not have diverse views on the subject Dr. Langley Browne said that he was a general practitioner, and such practitioners were strongly in favour of the Registration of Nurses by the State. He was President of a society of some 200 or 300 country practitioners, and they were unanimously in favour of it. Indeed, the feeling in the provinces was much stronger than in London. The opposition was almost entirely confined to London. Out of the 200 divisions of the British Medical Association, only one had offered opposition to the Oxford Resolution.

Referring to the Registration of Nursing Homes, Sir Victor Horsley said there were two classes of such homes—medical and surgical, and lying-in homes. The necessity for registering the latter had already been recognised by the Central Midwives' Board. There was the same necessity in the case of medical and surgical homes. The evils connected with them were considerable. In his opinion every home should be registered, the duty devolving on the Central Nursing Council.

In reply to a question, the witness said he would

accept Registration by the local authorities, such as the County Councils, but Registration should be carried out certainly on the ground of the public safety.

He considered there would be no particular advantage in registering institutions sending out nurses.

Referring again to the Nursing Homes, the witness said it was the custom of some to nominally train nurses and then send them out to the public. This was really a fraud on the public, as a woman could not obtain sufficient experience in such a home. He knew the practice was not uncommon. It would be stopped by Registration. As an instance of abuse within his own knowledge, he found a woman in nursing uniform attending to a case of his own in a Nursing Home whom he recognised as a scrubber in the institution.

Questioned as to the efficacy of a Directory of Nurses as an alternative to Registration, the witness said that a directory without the definition of a standard for nurses would merely perpetuate the present unsatisfactory conditions.

Dr. Langley Browne said what was wanted was that all nurses should level up to a certain standard. This would improve nursing education enormously, and throughout the country there would be a better system. No other method could be suggested as a test for registration than examination after three years' hospital experience. The General Medical Council had power to lay down a curriculum of education, and the Nursing Council would have the same power.

In regard to the possible competence of a clever woman in a less period, Dr. Browne said the same argument had been advanced in the case of the medical profession. The reply was that the requisite experience could not be attained in less time, or the necessary confidence in one's own knowledge. Thus the doctor would be a danger and not a help to the public. The same argument applied even more strongly to a nurse.

Replying to a question, Dr. Browne said that partially-trained nurses posed as thoroughly trained and exacted the same fees. This fact stamped them as trained, and was sometimes the only credential they had.

Sir Victor Horsley said the Medical Directory was based on the Medical Register. If it were not it would have no value. The feeling of the British Medical Association was that every nurse should be registered. This was a settled opinion not likely to change. The public would gain largely by the Registration of nurses.

The witness after a certain date, say five years, would make it penal for any unregistered woman to practise as a nurse habitually and for gain. All nurses who so practised should be women of three years' experience.

In regard to the proposals in the two Bills, the witness regarded the Councils proposed as too large. Two classes should be represented, the representatives chosen only by the Registered Nurses, and the nominated members, who need not be so many as suggested; two or three Medical Practitioners would be sufficient, and a member of the lay public nominated by the Privy Council. He did not see that the lay element would be of much service in the work of the Council.

The examination would depend on the curriculum defined. Some papers set to nurses at the present time were absurd, and required knowledge not acquired

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