

without dissection. Other hospitals let nurses through too easily. It would be perfectly easy to lay down a satisfactory schedule. There was practically no shortage in the supply of nurses. There was a slight shortage during the war.

The Register would afford a guarantee of nursing knowledge. It would say that a nurse was properly trained. Questioned as to the danger of Registration being regarded as a guarantee of character, the witness said the same argument applied to the present system. If a nurse lapsed, she was only under a shadowy control. If she were nursing on her own account, under no control at all. In the event of Registration, she would be under the control of the Central Council.

Dr. Browne said the public were imposed upon at the present time. As to the hospitals being able to meet the demand for nurses if Registration were enforced, he pointed out that all the principal hospitals adopted the three years' standard at the present time.

Sir Victor Horsley said there was a general desire on the part of most nurses for Registration. The feeling in favour of it was very strong. He was aware that the Matrons of some hospitals were against it. This was natural. Such government and control as existed was at present in their hands, and naturally, they did not wish their power to pass away. Such power was, however, not properly exercised by private individuals. No adequate guarantee was afforded to the public by this method.

Questioned as to the advisability of only placing on the Register nurses working on their own account, Dr. Langley Browne pointed out that nurses were constantly changing. One day they might be working on their own account, the next in connection with an institution, such a method would therefore be unworkable.

Questioned as to District Nurses, Sir Victor Horsley said there had, unfortunately, grown up a system of nursing by a class known as cottage nurses. No doubt they were useful, but they would be much more useful if they were properly trained. It was a cheap method of doing work imperfectly.

Dr. Langley Browne said the nursing of the rural districts need not necessarily be thrown back on charity, it would be possible to organise it on the basis of a Provident Dispensary.

Sir Victor Horsley, in reply to a question, said the work of a woman for gain might be useful if she were only partially trained, but he would not define it as nursing. It was not fair to send to the poor, women who had not had a thorough hospital training, and who had not the sense to recognise a change in the condition of the patient. He would not define all duties performed for the sick as nursing. This he defined as the responsible charge of a patient. Cottage nursing was an indirect and cheap way of doing what could perfectly well be done by trained nurses.

#### DR. BEZLY THORNE'S EVIDENCE.

Dr. Bezly Thorne did not concur with Sir Victor Horsley that it should be penal for unregistered nurses to nurse the sick for gain. He thought to effect such a measure would be premature.

The aspect from which the nursing question should be regarded was, he thought, that as no medical man might specialise, it was essential for his adequate assistance to have, as a nurse, a person who was cognizant on the plane of nursing with his requirements on the higher plane of activity.

He had been employing nurses since 1871. In his opinion, the more highly trained the nurse the less likelihood there was of her interference with the province of the medical man.

#### DR. ALLEN'S EVIDENCE.

Dr. Percival Allen, said he disagreed with the previous witnesses as to the desirability for Registration. He did not see how the poorer people were to be nursed except by a class of useful women whose usual charge was 2s. 6d. for two nights. There was a class between the poor who were nursed at the expense of the community, and the well-to-do, a class which must either employ women of this type or submit to charity nursing, which they resented. If great skill were required in the case of patients of this class, he would send them into hospitals. In less severe cases, with a doctor in attendance, he could keep a look-out on the person in charge. He admitted that it was conceivable that urgent symptoms might arise suddenly in his absence. For a senile case an old lady would answer the purpose.

His objection was not against voluntary registration. He further told the Committee that the best type of nurse did not interfere with the doctor. An uppish student woman might do so.

Dr. Allen also stated that he did not know who were at the meeting of the British Medical Association at Oxford. The affairs of the Association were to a great extent managed by Consultants.

#### MR. WHITAKER'S EVIDENCE.

Mr. J. Smith Whitaker here asked to be allowed to give evidence. He said he was the Medical Secretary of the British Medical Association. The Representative Meeting was composed of delegates of the General Practitioners through the country. Sir Victor Horsley, who was Chairman of the Meeting, was a consultant, but he occupied the position by the desire of the delegates. There were only two consultants on the list of Representatives of the Association.

This concluded the evidence on Thursday, May 18th.

*Tuesday, May 23rd.*

#### MRS. HOBHOUSE'S EVIDENCE.

The Committee met again on Tuesday, May 23rd. There being present Mr. H. J. Tennant in the chair, Lord Morpeth, Sir John Stirling Maxwell, Sir John Batty Tuke, Major Balfour, Mr. C. Douglas, Mr. C. Hobhouse, Mr. Mount, and Dr. Hutchinson.

The first witness called was Mrs Charles Hobhouse, who said she was a member of the Committee of the Rural Nursing Association in Wiltshire. She was also on the Committee of the Colonial Nursing Association. She said she would like to make it clear to the Committee that her association procured nurses for philanthropic purposes, not for purposes of gain.

Many nurses had passed through her hands. Counting both the Rural Association and the Colonial Nursing Association, approximately 1,000. About 400 of these were Rural nurses. In regard to rural nursing, she hoped the Committee would recollect that the nurses in rural districts should not be omitted. As a rule these nurses were not fully trained. The proportion was small, about 50 in 400, or 1 in 8. She was quite satisfied with their work. The nursing required, as a rule, was of a simple character. The rural nurse met a need because many districts could not support a fully-trained nurse, nor would the higher class of nurse remain in these districts. As to the cost, the differ-

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