

ence was very considerable. The fully-trained nurse cost from £80 to £100, the rural nurses from £20 to £50—with some board and lodging. These nurses received their training free in hospitals or in connection with a district nursing home. Probationers were taken and trained in congested districts as they would be in hospitals. It was a recognised principle in the nursing profession. Personally, she knew of ten such homes.

If any scheme of Registration for Nurses was passed she was apprehensive that partially trained nurses would not be able to work as they now do. It would be more difficult to get probationers to train for a short period.

Her view as to the course to pursue was that there should be grades of nurses. She thought this was the intention of the British Medical Association when it passed a Resolution approving of the registration of medical, surgical, and obstetric nurses. The rural nurses were capable in certain directions, as obstetric nurses, and in some medical cases. She would not object to the system as a whole. It might be made advantageous or detrimental.

In her opinion there was an extreme shortage of nurses who were highly trained and of high character. The training certificate usually approved was that of a London Hospital. Candidates for appointments were also forthcoming from provincial hospitals. There was nothing to show that their certificates were of equal value, whereas the training was sometimes as good or better than a London training. A reasonable system of Registration would be helpful, as it would increase the supply of nurses from recognised training-schools and give uniformity.

Her association had taken for granted that they could not compete with doctors, and where they objected, therefore, nurses were not employed. There was great difficulty in getting local medical men to consent to midwives on the staff of the Association, as they feared competition.

There was great difficulty in obtaining reliable evidence of character and capacity. The tendency was for the Matron of a hospital to be kind to the nurse at the expense of the employer.

The witness said she was in favour of a voluntary system of registration and examination. Some scheme might be helpful, but she would like to have it more definitely defined. She did not think a time limit should be required. Such a limit was not required under the Midwives' Board, but the knowledge which enabled a candidate to pass its examination. She would consider two years' hospital training sufficient. Not necessarily all in one hospital; there should be power of co-operation.

In the composition of any Central Board there should be a proportion of not less than one-third of lay members, the remaining two-thirds doctors and nurses. The expert opinion would be from the professional point of view, not that of the public.

Replying to questions, Mrs. Hobhouse said a sensible Registration scheme should be of benefit. The Central Midwives' Board had assisted materially in raising the standard and attracting a better class of women. She was afraid such a scheme might be detrimental to rural nursing. Candidates applying for training as rural nurses would ask if they would be certificated as fully-trained nurses. The answer would be "no," and applicants would be more difficult consequently to obtain. If a year's rural training could be accepted

by hospital training-schools as part of the curriculum it would help.

If Registration were enforced, the tendency would be to employ Registered Nurses, the supply of such nurses would increase enormously, and there would be a general levelling up. Registration would be most helpful to rural nurses if they were considered and acknowledged as nurses.

The witness's attention being drawn to the suggestion that there should be one minimum standard for nurses, and being asked if she wanted it so low that her women would be able to pass it, she replied that would be much too low. It would not be helpful to nursing generally. She was strongly in favour of two portals. The majority of rural nurses were, the witness said, registered as midwives.

#### DR. DICKENSON'S EVIDENCE.

Dr. Dickenson, who said he was in practice in the suburbs, said he was of opinion that a system of Registration of nurses was unnecessary. The present arrangements were satisfactory. If the rich got bad nurses it was their own fault, and if the poor got bad nurses it was the fault of committees. Registration was not only undesirable, but would be unworkable for financial reasons. Nurses could not afford high fees, neither would they come forward in sufficient numbers to provide the necessary capital. Whenever he had had difficulty with a nurse it had been his own fault; he had taken her on her own recommendation instead of applying to a hospital or institution.

Nursing homes should be licensed, as houses were already licensed under the Lunacy Act. Institutions supplying nurses should also be registered and made liable for supplying unsatisfactory nurses.

#### MISS BEATRICE KENT'S EVIDENCE.

Miss Beatrice Kent said she had been nursing for thirteen years, both in the provinces and in London. She had held the position of Night Superintendent, she was now private nursing on her own account. She considered Registration of nurses most essential as a safeguard to all classes. She drew the attention of the Committee to the increase of small institutions, both in London and the provinces, terming themselves co-operative, which charged nurses as much as 25 per cent. of their fees, and which were managed by people who had no sympathy with nurses. The term co-operative was a misnomer. The evil was a great and growing one.

The public now took a nurse almost entirely on trust. She took her certificate about with her, but it was hardly ever asked for. Many women put on a bonnet and cloak and masqueraded as nurses. She was of opinion that anyone who undertook the management of nursing institutions should be required to have nursing experience. The sole object should not be gain. Registration would eliminate the type of woman who at present masquerades as a nurse. She would not have the earnestness of purpose to undergo the necessary training. If Registration were in force the public would be educated to realise the value of employing registered nurses.

The witness said she knew of a case in which the death of a patient had occurred owing to the inability of the nurse to meet an emergency, which she ought to have been able to meet had she been properly trained.

As we go to press the Committee is taking evidence, the witnesses being Dr. Hyla Greaves, of Bournemouth, and Sir Henry Burdett.

[previous page](#)

[next page](#)