

thereupon to be removed from the Directory. No provision is made for an appeal.

The good name of the nurses enrolled in the Directory, and consequently their power of self-support, is thus absolutely at the mercy of the Official Registrar.

Further, this Bill, which proposes legislation for women, has been secretly drafted by a Council of men composed of the employers of the class of women affected by its provisions without consultation with them. It directly contravenes the principles on which the Select Committee of the House of Commons on Nurses' Registration based its Report after an exhaustive enquiry into the present conditions of nursing education and economics.

It will thus be seen that all the salient points embodied by the nurses in the Registration Bill they themselves have drafted, and held by them to be essential to the good government of their profession and the safety of the sick have been ruthlessly cut out of the Directory Bill, while provisions have been introduced which would place the nurses in a perilously dependent position.

Rather than submit to such dangerous legislation nurses must offer determined opposition at this crisis, and already important Associations of Nurses in England, Scotland, and Ireland; and the most representative Society of women in the country, the National Union of Women Workers, have protested against the Bill by Resolution.

The issues now are narrowed down, the crisis is acute, the danger imminent.

The present position is this. Are the workers, or are they not, to have a voice in the making of laws which they are to be compelled to obey? Surely the principle involved in this controversy is so vital to all classes of the community that the duty of Parliament is apparent.

Writing in the *American Journal of Nursing* Miss L. I. Dock says: "We learn that there is to be a Bill presented to the Belgian Parliament, designed to stimulate and extend better standards of teaching nurses by giving a State certificate to nurses, similar to that now given to dentists; druggists, and midwives. This is certainly very interesting. The preamble sets forth the present unintellectual status of nursing and urges State registration as an incentive. The nursing conditions of Belgium at present are just about what the doctors in New York who are leading the retrograde movement want us in this country to return to. What a pity that they cannot go to Belgium and the Belgians come over here!"

The Association of Nursing Superintendents of India.

A most interesting development in the organisation of nursing societies is that of the Association of Nursing Superintendents of India, the growth of which we have noted with great pleasure. The formation of associations of matrons and nurses in so vast a country as India is a matter of great difficulty, and the Superintendents' Society are to be congratulated on having gained members over such a wide area as Bombay, Madras, Delhi, Simla, Kashmir, and Rajputana. At the Annual Conference of the Association, held at Lahore, the attendance though not large was very representative.

In the absence of the President the Vice-President took the chair, and after a few words of welcome proceeded to explain the object of the Association, comparing it with the Matrons' Council of Great Britain and Ireland. As this was the first conference the constitution and bye-laws drawn up at Lucknow in 1905 were carefully considered, and some changes proposed and discussed.

The object of the Association, as amended on the proposition of Miss Martin, was defined as follows: "To elevate nursing education by obtaining a better class of candidates, by raising the standard of training, and striving to bring about a more uniform system of education, examination, and certification for trained nurses, both Indian and European."

Membership is open (1) to active members who are superintendents of nurses holding certificates of any recognised training school. (2) Hon. members and associate members who must hold certificates from a recognised training school, but need not necessarily be superintendents or actively engaged in nursing work.

A long discussion took place on the suggestion made by the Vice-President in her address, that the Association should secure the support of every trained nurse in the country, whether she was engaged in the supervision and training of others or not. She was in favour of admitting the private nurses, as they, more than anyone else, set the standard of training. If they are the best, professionally and morally, the public will demand the best. What the public demand they generally get. The majority were of the opinion that if all nurses holding certificates from recognised training schools were admitted the Association would cease to be one of Superintendents. It was thought that as the number of fully-trained nurses doing private nursing in India is yearly increasing, if a leader were found they should be able to start an Association for nurses. Associate membership was therefore limited to nurses certificated from a recognised training school, and holding hospital appointments. It was also pointed out that as distances in India are so great, and nurses holding hospital appointments, owing to the smallness of their staffs, find it so difficult to leave their posts, especially where it may mean a week of travelling, it was probable that for years to come only a minority of the members

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