

and unassuming she, as a rule, becomes; the more ready and quick to observe, the better able is she to appreciate difficulties, and to obey. I will say nothing further, therefore, about the differences between trained and untrained Nurses—between the woman who really knows what she professes to know, and the woman who does *not*. But the great questions are, *How* is the distinction to be recognised by the general public? How are the Nurses to defend themselves against impostors; to insure, as far as possible, that all who enter their profession shall really receive such a training, really possess the knowledge entitling them to join its ranks? How are they to gain for themselves the recognition of the fact that a trained Nurse is a member of a skilled profession that requires prolonged training, under most watchful supervision, to learn? How are they to place themselves in such a position as will enable them to demand that recognition and protection? I would say, firstly, by Union, for "Union is Strength"; and if all trained nurses, whether in town or country, united themselves together into an association which proclaims, as one of its first laws, that none shall obtain its membership who are *not* Nurses of sufficient experience, of sufficient skill and training, to justify their using the title of Trained Nurse, they will have gained much: they will have gained a voice—and that is very much—they will have gained the power of giving utterance to their wishes in so decided a tone that it must be listened to; they will have gained, as a profession, the power of articulate speech.

There are now some 15,000 Nurses in England, employed in very various ways, under the supervision of medical men, in tending the sick, yet it is not legally *required* of one of them that she shall ever produce the very slightest evidence of any knowledge or fitness for the work she is undertaking—work that, as we well know, requires in many cases not only very great aptitude and powers of observation, but actual knowledge of no mean kind. Every day nursing is becoming more and more popular as a calling for women; every day they join its ranks in greater numbers; every small hospital in the kingdom now trains and gives certificates, diplomas, etc., sometimes after most inadequate experience and teaching. Nursing is no longer taught only at a few well-known and recognised centres, but throughout the length and breadth of the country, sometimes well, but oftentimes badly. Too often the desire to turn out the marketable ware—a hospital-trained nurse—as soon as possible, leads to the time demanded, being far too short for their training to be thorough. Often, lack of opportunities leads to its being far from sufficiently general; often lack of interest or knowledge, on the part of officials, as to the best manner in which training should be carried out, leads to its being superficial or faulty.

Therefore it has long been felt—so long ago as

1860 Sir Henry Acland wrote on the subject—that to insure that Nurses shall be approximately equally *trained*, and that that training shall really last a definite term, some form of central registration is necessary, which shall, moreover, prescribe a certain recognised curriculum of study, with a recognised standard of proficiency. A short time ago, the British Nurses' Association was founded, with the object of knitting Nurses together, in a common bond of union, for *mutual* help and protection. It was to be a purely professional association; it was open, therefore, only to medical men and Nurses, and one of its principal aims—in fact, the *one* aim which it has made its first duty—is to obtain legal registration of all Trained Nurses.

What is Registration? Registration is the placing of certain names on a Roll, as a sign that they have fulfilled certain conditions. This Roll is maintained by State authority, which makes itself responsible for those conditions having been fulfilled. Now, in the case of the Medical Register, a medical man to have his name entered, must have gained certain diplomas which are only granted him after very well-defined knowledge and experience has been proved to have been gained; his name is then placed on the register, and the State guarantees that he is what he professes to be—one who has sufficient knowledge of the laws of health and disease to undertake the care and treatment of the sick. It is recognised to be so important that a man should be what he professes to be, when he states that he is a doctor, that the State makes itself thus responsible in a measure for his proficiency. Those who decide as to his proficiency are those best competent to judge, the recognised leaders of his profession.

Now the main object of the British Nurses' Association is to obtain a Royal Charter under which Nurses, who have complied with certain conditions, can be legally registered, so that on the one hand, the public can know, if it chooses to inquire, that the Nurse employed has fulfilled the conditions, considered by those best qualified to judge, necessary for the training of a Sick Nurse; while, on the other, those who have been properly qualified will have the immense benefit of belonging to a properly organised profession, and will enjoy all the benefits that follow in the track of organisation, combination, and proper qualification.

It may be that a Nurse is what she professes to be; but what is there to distinguish her from those who have had no training at all? Now, for this movement to be successful; for Registration to be really valuable to Nurses, it is essential that it should be undertaken by those qualified to judge—in other words, by Nurses and medical men, not by laymen. The professional qualification of Nurses is not a matter to be decided by the public. They are interested deeply in the *results* of a Nurse's training, as in the results of a medical man's educa-

[previous page](#)

[next page](#)