

usually do but make Nursing a stepping-stone to medicine; while on the other hand, how many Nurses do we not all know, who help by their earnings to keep the home for father or mother, or educate a young sister, or give a young brother his start in life? No. This inequality exists, but neither of these reasons explains why it exists, and not until Nurses themselves learn to take control of their affairs will it be different.

The principle of self-government lies at the bottom of all we do, but we are far from carrying out this principle into practice. Our fault in this regard, it is needless to say, arises from lack of organisation, and with the advance of organisation it will gradually disappear. To education along this line we must look for that strengthening of our professional spirit which will impel graduates to unify and guard and discipline themselves as carefully as the schools do their undergraduates, and which will make of private duty Nurses a highly organised branch of the service; governed by their own codes, pruned of unworthy and dishonourable members by their own decisions, and managed as to their business affairs by their own representatives.

The present lack of this educated public spirit in Nurses results in the heterogeneity to be found prevailing as to methods of conducting Registries. The dignified and exclusive methods of those model Registries managed by the Training Schools that register their own Nurses, afford the proper standard by which to measure the whole question of how graduates shall find work.

It is most detrimental to a high professional standard to have such Registries as are conducted by unprofessional people on a semi-Intelligence-Office plan; it is ignominious to find a group of Nurses kept in stock, as it were, in the drug store along with other commodities. It is extremely undesirable, for many reasons, to have the Medical Societies take charge of Registries, for all these methods tend to disintegration, and what we need, is to unite.

Where our School Registry covers the ground no better plan (with slight modifications as suggested at the outset) could be devised for either patient or Nurse; and, in large cities where convenience for the public must be thought of, would it not be practicable to have one Central Registry, fitted with long-distance telephones and manned by a force of messenger boys, which should stand to the different schools in the relation of the main post-office to the sub-stations, and which the different schools with their graduates should combine to control and support?

Already, in several cities, Central Registries are established with results satisfactory to the patients and physicians, but they are not conducted in the best interests of the Nurses. It seems possible that they could be so managed, as to meet the best interests of the patients—the physicians, *and* the Nurses also. Whether this is a question worth considering I will now leave to the Convention to decide.

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



THE Quarterly Meeting of the General Council took place at 5 p.m. on Friday, the 19th inst., at the Offices, and was preceded by a Special Meeting of the Executive Committee at 4 p.m.

We feel sure that the notification of the intended resignation of the much respected Nurse Hon. Sec., Mrs. Spencer, will be received with deep regret by every member of the Corporation. It will be difficult to name any lady to succeed her in the office who will possess so entirely the respect and confidence of her fellow members as Mrs. Spencer does. We regard her resignation as an almost irreparable loss to the Royal British Nurses' Association.

The last Sessional Lecture took place at the Office, 17, Old Cavendish Street, at 8 p.m., on Friday, the 19th inst., when Miss Annesley Kenealy lectured on "Women as Lecturers." We did not doubt that there would be a large audience, for this eloquent lecturer was sure to say much well worth hearing, especially as she spoke from personal experience.

A "Scotch Matron" writes: "I read with great satisfaction your remarks on the position of the Scottish Branch, and am glad that our National Board have decided to accept the standard in force in London. We Scottish Nurses cannot for a moment recognise the necessity for an inferior standard in Scotland, and feel sure that no progress will be made in the organisation of Nursing as a profession in this country until it is recognised by those who are on our Board that we shall be content with nothing less definite. When it is acknowledged that the Glasgow Royal Infirmary has set the example to the world of instituting a preliminary course of education and preliminary examination for pupil Nurses—already followed by the largest Hospitals in London—and that many of our best Nursing Schools have for many years enforced a term of three years' training, it is hopeless to attempt to recognise a lower standard, or to hope that fully qualified Nurses will place their names on a Register in Scotland where a lower standard is accepted, when they are eligible for enrolment by the Central Board in London."

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