

number of Hospitals which train Nurses amount to several hundreds. If, then, the principle is conceded that each of these institutions should be represented, we are brought face to face with the difficulty that the General Nursing Council would then consist of several hundred members, and would, in fact, be an utterly unworkable body. But instead of every Hospital having one direct representative of its own on the Council—a principle which, as we will shortly show would be unjust to the larger institutions—if a number of them were permitted to vote for a conjoint representative, the difficulties of the scheme would become even greater, and as a matter of fact, it might prove to be impossible to secure a representative who would or could express the diverse and diverging interests of a number of almost competing Nursing Schools. It appears, therefore, to us, that the simplest and most feasible solution of the problem would be that a fixed and arbitrary standard should be made for Hospitals, recognised as Nurse Training Schools, which should have the privilege of returning a direct representative to the General Nursing Council. In the medical profession no Hospital is recognised as a School for medical students unless it possesses at least 100 beds, and we imagine that this would be a useful principle to adopt in the present difficulty. It is a curious fact that there are a very large number of important Hospitals in the provinces which have over 100, but less than 120 beds. If, for example, the latter were made the statutory limit in our problem, a considerable number of County Hospitals would be excluded—no less, in fact, than eleven.

In the United Kingdom there are 99 general hospitals possessing more than 100 beds; there are only 70 which possess more than 120 beds. We would suggest, therefore, that the principle should be adopted, that every hospital possessing more than 100 beds should be given the privilege of appointing one direct representative to the General Nursing Council. In other words, there would be, say, 100 of such representatives. But, as we last week argued, the Registered Nurses themselves should possess the majority of the members of the actual governing body of their profession. Were they, then, to elect 100 representatives we should have formed a body at once, which would clearly be unable from its size to do any active work. Still the principles which we have propounded are, we contend, essential to the satisfactory working and constitution of the governing body of the Nursing profession. How, then, is the difficulty to be surmounted? How is sufficient representation to be given to so widespread a constituency, and yet how is the body constituted to perform any efficient

work. The solution, we believe, is after all comparatively simple; and just as all other large and important bodies confide the direct working of their organisation to small representative Committees, so we would suggest that the General Nursing Council should elect each year certain of their members to represent them, and to form, with others who should hold their seats *ex-officio*, a working body or, as it might be termed, the Executive Board. If this solution be accepted, it might be easily arranged that the Registered Nurses should elect, say, fifteen direct representatives who should be both members of the General Nursing Council and of the Executive Board. Then with the 100 representatives of the Training Schools, the General Nursing Council would consist of 115 representatives. There are still two other interests which require representation upon the General Nursing Council. In accordance with the analogy of the General Medical Council there ought to be some representatives of the Privy Council, and we would suggest that that august body might nominate two members of the Nursing Council who should also be *ex-officio* members of the Executive Board. Finally, the medical profession should undoubtedly obtain a powerful representation upon the new governing body of the Nursing profession. The difficulty would be how such representatives should be chosen, and it would appear to us that the simplest plan would be to permit the General Medical Council as representing the Medical Corporations to elect three representatives, and the two associations of medical men, the British Medical, and the Incorporated Medical Practitioners, as representing the general body of the profession, each to nominate one representative. In other words, there would be five direct medical representatives upon the General Nursing Council, and they should, we consider, also hold *ex-officio* seats upon the Executive Board.

Appointments.

MISS CONSTANCE PRITCHARD has been appointed Lady Superintendent of the West Ham Infirmary. Miss Pritchard was trained and certificated at St. Bartholomew's Hospital, and has held several posts of responsibility in the Nursing world. She is also a member of the Royal British Nurses' Association and a Registered Nurse.

Miss Jessie Southwell has been appointed Night Superintendent to the Chelsea Hospital for Women. She was trained and certificated at St. Bartholomew's Hospital, and has trained in midwifery and obtained the Diploma of the London Obstetrical Society.

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