

It is true that, in the *early days*, some Nurses were admitted as members who had not sufficiently valuable certificates, but from their many years general work and from their being able to produce evidence of having done work equivalent to the standard required, were adjudged by a special committee to be eligible for election. That this rule should now be altered would be an injustice to the many who have applied for membership and been refused—not because they are not good Nurses in their own particular line (Monthly Nurses, even Midwives, Masseuses or what not), but solely because they have *not* the qualifications which, according to rule, must be possessed by every member of this Association.

There is no stipulation as to what particular branch of work is followed by the members, but only that *each* and *everyone* shall have the general training which, in the opinion of the founders, was necessary for the groundwork of all Nursing—and the public has been led to believe that, in getting a member of the Royal British Nurses' Association, it secures (without further inquiry) a woman who has had this general training, which spells competence. Should we then admit to our Association *any* who (no matter how clever they may be, or how well trained in one or two, or any number of special branches) have *not* this general training, we break faith with our members and with the public.

It is not possible for all to be alike in their power of carrying out the instruction received; some will excel in Nursing one form of disease more than another, and happy would it be, both for Nurses and patients, if we were provided with an instinct which would define exactly what particular branch was our speciality, and let us develop that talent to perfection. This, however, we have not, and in my opinion, and that of most experienced Nurses, three years' general training is as necessary to the making of an efficient Nurse (for *any* complaint whatever) as the time spent in learning drill and the routine of barrack and camp life is to the making of a soldier, whether he is to serve as foot or cavalryman afterwards.

This we cannot insist on to all Nurses, or we should not have the shoals of incompetent women, with their flying veils and flaring dresses, at every turn, but we have a rule to prevent such calling themselves members of the Royal British Nurses' Association, and to this rule we must keep, and I protest most strongly against that title being nullified by the admission of any specialists who have *not* the qualifications which *we* have *all* had to produce.

Let the Asylum Attendants, those who practice massage or any other special branch, be, in addition, qualified Nurses according to our standard, and surely we shall be only too glad to strengthen our ranks by admitting so influential a body of workers.

I know, from experience, that the care of mental cases calls for the exercise of more acute nervous power than most ordinary Nursing, but also I well remember mental cases in which all my mesmeric power and nervous force would have availed me nothing had it not been backed by a knowledge of Nursing which only my training in a General Hospital could have given me. Therefore I see how much *more* training an Asylum Attendant requires than even the Nurse whose patients suffer only in body, and whose wits are not astray. When she *has* it we must then feel she does us honour when she becomes a member of the Royal British Nurses' Association—

but she will remember, too, that it is not her special qualification which admits her, but her *general training*.

There are posts, we know, only to be gained by medical men who can write the magic letters M.R.C.P. after their names—and why? Because those letters convey a guarantee that the bearer has qualifications which need not be further inquired into, and the members of the Royal College of Physicians would guard very jealously the proposed inroad of any specialist who had not studied for those ordinary but valuable qualifications.

Let us, then, be firm on this point which has arisen; keep faith with each other, and with the public which employs us, and which trusts us that we *are* what we have always said, "Nurses who have banded ourselves together for mutual benefit, and whose qualification is "three years' training in a Hospital of over 40 beds, and one year at least of which must be in a General Hospital," and whose motto is "Steadfast and True."

SUSAN M. HUGHES, M.R.B.N.A.
Member of the General Council.

To the Editor of "The Nursing Record."

DEAR MADAM,—I have signed Miss Wingfield's Resolution, as I consider a public step should be taken in the matter of registering Asylum Attendants as Trained Nurses, and that as the Royal British Nurses' Association was formed by trained Nurses for their own benefit and the protection of the public, its object would be weakened by the indiscriminate extension of its rights and privileges.

The Asylum Attendants could not feel their non-admittance as a slight, as Nurses trained in Special Hospitals (without experience gained in a General Hospital) are refused Registration by the Royal British Nurses' Association.

I am,
Faithfully yours,
MIRIAM RIDLEY.
(Matron), Registered Nurse.

Hospital for Epilepsy and Paralysis,
Regent's Park.

To the Editor of "The Nursing Record."

DEAR MADAM,—There is a point with regard to the Registration of Asylum Attendants on the Register of Trained Nurses which I have not seen anywhere brought out, namely: Where in the Register is it proposed to place those Nurses who have had Asylum experience in addition to general training. If they are placed with the Nurses who have received general training, how will their special training in mental work be indicated? If, on the other hand, they are placed among the Mental Nurses of the Royal British Nurses' Association, a grave injustice will be done to thoroughly trained Nurses in classing them with those who are Asylum Attendants only.

I am, dear Madam,
Yours faithfully,
ENQUIRER.

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