

must himself go to the trustees for his authority, and if, overburdened with his own claims and problems, hers are lost in the transition, who can wonder? Dr. Rowe regards this system with such disfavour that he asks: "Is not such a system illogical, unbusinesslike, conducive to friction, shifting the various responsibilities, subversive of the best discipline, and tending to disrupt the household family?"

Fortunately, it is not necessary to argue this question from an academic standpoint, for there are concrete examples of hospitals established on this basis.

What are the actual facts? The hospitals having this plan of organisation are conspicuously distinguished by good management, good discipline, absence of friction (comparatively speaking), definite placing of responsibility, and last, but not least, by a quite noticeable atmosphere of cordiality and courtesy. Why not, when each one has respect for the other's position? In such hospitals the matron and principal would be more likely to go freely to the superintendent for consultation than under the "unal" plan.

But there are other significant facts to be noticed in connection with this organisation plan.

Within the last few years we have seen several long-established institutions change their system from the plan which Dr. Rowe advocates to the one which he criticises. Why? Because their nursing was stationary, and because they could not secure the women who would undertake a subordination which would prevent progress. I have known, for instance, of a hospital superintendent who hampered to such an extent his superintendent of nurses that she was obliged to spend time in carrying pins around to the wards, which she should, instead, have given to reorganising and supervising the nursing service. In this hospital pupil night-nurses were required to go in person to doctors' rooms to report.

It would also be easy to mention hospitals which have failed to secure the women they would have liked to engage for teaching work because they were not yet prepared to abandon these autocratic ideas as to the position of a training-school superintendent.

The regard of the well-trained nurse for her own profession and for her professional chiefs, the medical men, is such that she desires for herself a truly dignified position, believing that she will thus best honour her own state and best deserve the regard of the medical profession. Besides, it is, I believe, the duty of Boards of Trustees to be personally familiar with all the details of the work for which they are responsible to the public, and this is impossible unless they personally assume those direct relations with the heads of hospital sections which bring them into close touch with all sides of hospital work.

## State Registration at Bath.

The trained nurses of Bath and their friends met together on Thursday, the 19th inst., in the Board Room at the Royal United Hospital, at the invitation of the Somerset and Gloucester Branches of the Society for the State Registration of Trained Nurses, to consider the question of the State Registration of Nurses. The Matron, Miss Polden, local Hon. Secretary and Vice-President of the Society, presided, supported by the President of the hospital, the Rev. E. Handley, and, in introducing Mrs. Bedford Fenwick, said:—

"I have much pleasure in introducing Mrs. Bedford Fenwick, who is about to discuss the advantages of State Registration for Nurses—a subject which must interest all in sympathy with the nursing profession.

"Hospital life, if taken up in the right spirit, is a very stern reality, and imposes a great strain on any woman. If, therefore, at the end of three or four years a nurse receives but the certificate of her training-school and no other hall-mark to distinguish her from the nurse of one or two years' training, it seems time some efforts were made to obtain State Registration. With pleasure I turn to Mrs. Bedford Fenwick, who will fully put before us the subject in all its bearings."

Mrs. Fenwick advocated Registration of Trained Nurses by Act of Parliament, not as a panacea for all the ills which the nursing profession is heir to, but as the only means by which efficient organisation can be effected. She spoke at length on the beneficial result of Registration to nurses, medical practitioners, and the public, and claimed that more systematic education for nurses was now absolutely necessary if they were to keep in touch, as efficient aids, with the rapid scientific progress of medicine and surgery. An educational standard by examination should be enforced before a woman was accepted for clinical ward training. Competitive tests were necessary, by a central examining body, if the pupils of the various training-schools were to be encouraged to attain a high standard; and, after final examination, nurses must be accorded legal status, their names appearing in a professional Register, if their industrial condition were to be afforded just protection. Enfranchised men had found legal registration indispensable. How much more necessary was it that voteless women workers should have such power and protection.

Mrs. Fenwick advocated the organisation of a General Nursing Council, which should be empowered by Act of Parliament to deal with the educational and disciplinary matters of nurses, somewhat on the lines, but with a greater degree of direct representation, of the General Medical Council in dealing with medical affairs. She then reported that the principle of State Registration

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