

she merely a passive instrument in the hands of its physicians and surgeons, carrying out their directions as to the management of the nursing staff, and as to their education, training, and discipline, or is she deputed by the Governors to act as the responsible head of the Nursing Department? For if this department at King's is not directly under the personal control of the medical staff, then the whole of Miss Monk's argument falls to the ground.

That it is the duty of nurses to carry out the directions of the medical staff in relation to the treatment of the sick is unquestionable; but there the authority of the medical practitioner ends, and the selection, systematic training, practical teaching, and remuneration of the nurses rests with the Committee, who are their employers, and, indeed, at King's the Committee have empowered the Sister-Matron to engage and discharge probationer nurses, without any appeal either to the medical staff or themselves.

Every sentence in the paragraph quoted above is open to criticism. "Nursing," says Miss Monk, "is not a profession." True, it has not attained to that dignity in this country, for there is at present no educational standard, no general controlling body, no means of regulating its affairs, or of enforcing discipline in its ranks, but these are reasons why it should be granted the powers which will make it a profession without delay, not for denying it the title. We think it would have been more fair had Miss Monk stated that it is a legally-constituted profession in some of our own Colonies and in several of the United States of America, and from official reports evidence is forthcoming, not only that Registration is to the advantage of nurses, and confers a professional status formerly lacking, but that it is good from every point of view, and is proving of benefit to the public and to medical practitioners also. Again, to say that "a nurse is only one of the instruments used by skilled surgeons and physicians to carry out their work," is denying to human beings the sentient reasoning faculties which distinguish them from wood and stone.

There is fallacy also in the statement that the medical profession alone is responsible to the sick for the skill and efficiency of the nurses it employs. In the first place, medical men must have a guarantee—which they have not at present—of the professional efficiency of nurses before they can be held responsible; neither are they the employers of nurses. The employer of medical men and nurses alike is the public who pays them, and the public, therefore, has a right to demand that the State shall define the education and make itself responsible for the efficiency of the trained nurse, as it has done for that of the medical practitioner.

As regards the independence of the midwife, the cases of the midwife and the trained nurse are not parallel. Childbearing is not a disease, but a natural process. Only so long as it remains

so has the midwife the right of independent action. Immediately abnormal or diseased conditions present themselves, it is her duty to send for a member of the profession whose exclusive right it is to treat disease—*i.e.*, that of medicine, and to carry out his directions.

THE VALUE OF A REGISTER.

Miss Monk further says:—

"What can there be to register where the general nurse is concerned? Absolutely nothing! Nursing work does not admit of State control or education, as nurses are not a separate or independent profession, but merely an adjunct to the medical profession.

"The register for the *general* nurse, at its best, would be not more than an ordinary official list or directory, useless as the paper on which it was written; and would, moreover, be a shelter for the undesirable nurse, who could claim protection from it and become *dangerous* as well as worthless to the medical profession, the public, and to nurses themselves."

Miss Monk's contention that nursing is an "adjunct" to medicine and surgery is the strongest argument for creating a standard.

Nursing is an adjunct to medicine as is pharmacy; the physician prescribes, the pharmacist compounds, and the nurse administers the remedy. Medical practitioners and pharmacists are required to be registered by the State before they are entrusted with human life. To complete the protection of the public the trained nurse must also be registered before this trio can unite in one grand effort to restore the health of the patient. So long as the education of the nurse is unregulated, the efficiency of the triumvirate is impaired, for a chain is no stronger than its weakest link.

The Register of Trained Nurses would, of course, not be an ordinary Directory, but a publication issued under the authority of a central controlling professional body, and this is at the root of much of the opposition to its establishment, because before nurses are registered it is obvious that the schools which train them will have to afford proof to this body that their teaching facilities and educational methods conform to the standards laid down; and in reality the training-schools object to what is termed "State interference" with their present absolute autoeracy. They have now unlimited powers to define their own standards, which may be adequate or inadequate; they afford no guarantee to the pupils that if they successfully pass through the prescribed course they will have had a sound and thorough professional education; nor have hospital committees realised the necessity for appointing as members educationalists, as well as financiers and philanthropists, so that they may be competent to deal with this most important branch of their work.

It is time that the training-schools should be required by the State to afford a guarantee of their capacity for the work they undertake.

The object of a Register would, of course, be not to afford a shelter for the undesirable nurse, but to

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