

of State Registration of Nurses, and supported the statement by referring to the vote of the British Medical Association on three occasions. He said further—If Registration of Nurses is established, the public will simply have to ask whether a nurse is on the Register to know whether she is real or a quack, whereas under present conditions a gullible public is frequently deceived. If a strange nurse appears at a case, the medical attendant has neither time nor inclination to investigate her qualifications, and so she may pass muster till some disaster occurs.

Again, it is the greatest hardship for a well-qualified nurse to have to work in co-operation with an unqualified woman. The rules of professional etiquette in the medical profession are strict on this point. If asked to co-operate with a gentleman with whom they are not acquainted it is the duty of medical practitioners to consult the Medical Register, and if his name is not there, they are not allowed to have any intercourse with him. Imagine a consultant consulting with a first year student, yet a trained nurse has to meet on an equal footing a lady who finds a difficulty in discriminating between a thermometer and a lead pencil.

In Ireland, between the matrons, nurses, doctors, and the public there is almost absolute unanimity on the subject of State Registration. When there is unity in Ireland on a subject which might be contentious, the case for it is a strong one.

Nearly every Irish Member of Parliament has expressed sympathy with the Registration movement, not a red-tape sympathy, but of an effective kind both in and out of Parliament. If there had been any lack of enthusiasm on the part of the Society for the State Registration of Trained Nurses, Ireland would have been ready to introduce an Irish Bill on the same lines. Irish Members see that State Registration of Nurses means the maintenance of law and order, and so the Bill commends itself to their wholehearted support.

THE HON. LADY LYTTLTON, who supported the resolution, said—I must condole with the meeting in not having the advantage of the presence of Miss E. S. Haldane, sister of the Secretary of State for War, and a Manager of the Royal Infirmary, Edinburgh, who is unavoidably detained in Scotland. An impetus is just now being given to questions of public health, in connection with schools, the poor-law, infant mortality, and other questions. The work of nurses is consequently widening already, and must extend still further. The qualifications of nurses must, therefore, be raised rather than lowered. Further the fruit of the work of the trainers of nurses should not be sopped up by the untrained. Through Registration, a standard of nursing efficiency will be established, and those who attain it, hall marked. It is hardly necessary to repeat that no one is admitted as an accredited member of a profession except by the rulers of that profession.

Lady Lyttelton then said that, as a soldier's wife in Gibraltar, India, and Africa, her knowledge of patients, if not of nurses, had been extensive and peculiar, and she described her experiences of

nurses in South Africa—where she arrived the day after peace was signed—many of whom proved to have no definite qualifications at all.

Dr. Hyslop, Medical Superintendent of Bethlem Royal Hospital, who supported the resolution, said—I should like to thank the Society for the State Registration of Trained Nurses, on behalf of the Executive of the Asylum Workers' Association, for their fairness in inviting a representative of mental nurses to speak. He then described the examination instituted by the Medico-Psychological Association for asylum nurses after three years in an asylum, and continued—As a consultant, I have met nurses in charge of mental cases with whose medical and surgical knowledge I have no fault to find, but who have never met a lunatic in their lives, though they may, like medical students, have had a top-dressing of knowledge of the care of mental diseases imparted in a few lectures. The skill and knowledge required in the care of mental patients is not to be gained outside an asylum. Is it ethically right for nurses with only general training, and a top-dressing of teaching in insanity, to undertake the care of mental patients? It is an open question whether a special register of asylum nurses would not be the most satisfactory form of Registration for them. If, however, asylum nurses enter into the general scheme of Registration, they should have special representation on the Council.

Dr. BIERNACKI, Hon. Secretary of the Fever Nurses' Association, echoed the remarks of the previous speaker as to the invitation extended to him as representing a special branch of nursing. He said—The question of the Registration of Nurses is most imperative, and is not difficult to put into practice; the only interests affected are small and selfish ones. I am one of those who believe that we are going to get Registration soon. A difficulty is that the opposition is intangible. It is very difficult to get it expressed in a concrete form.

Fever nurses are wholehearted supporters of the Registration movement, but until recently they have had no organisation of their own, and have been isolated and side-tracked. Now they have been brought together, they are anxious to know how they can be recognised. Dr. Biernacki then described the method by which he thought this could be accomplished, and asked consideration for it.

This concluded the speeches in support of the first resolution, which was then put to the meeting by the Chairman, and carried unanimously.

SECOND RESOLUTION.

The second resolution was then moved by Dr. Bedford Fenwick as follows:—

“This meeting desires that a copy of the foregoing Resolution be sent to every Member of the Government and to every Member of Parliament, with an explanatory circular.”

Dr. FENWICK said he moved the resolution with great pleasure. He gave an illustration to show how the most careful treatment by skilled medical practitioners may be rendered useless by the

[previous page](#)

[next page](#)