

cine, and trained nurses who are proud of their honourable position as expert practical workers, would strongly object to give up that position in order to rank as an inferior order of medical practitioners.

THE VIEWS OF THE DIRECT REPRESENTATIVES OF THE MEDICAL PROFESSION.

It is a noteworthy fact that the apprehensions of the representatives of academic bodies on the General Medical Council were not shared by the direct representatives who are in touch with the medical profession throughout the United Kingdom.

Dr. Langley Browne (Direct Representative) said he never knew a subject upon which the medical profession were so unanimous as with regard to the registration of nurses. It was a measure desired by the general body of the profession, and was considered an enormous advance in the right direction. It would be as great an advance to the nurses as the Medical Act was to the Medical Profession.

Dr. McManus (Direct Representative) said that the Council was not dealing with any new form of minor practitioners. They already had the nurses. What the medical practitioner desired to know when he called in a nurse, in a poor district, was that she has been properly trained and examined, and that there was some guarantee of her respectability and competence. Any woman of doubtful character at present rehabilitated herself by putting on a cloak and calling herself a nurse, and the public were deluded.

Dr. Latimer (Direct Representative) said that the Act was one the nurses had a right to call for and would put an end to the anomalous conditions to which Dr. McManus had called attention. He also said very truly that a qualified nurse was much more prone to call in a medical man than was the old unqualified woman.

PROPOSED AMENDMENT.

Sir Christopher Nixon moved an amendment to the original resolution, which was seconded by Dr. Lindsay Steven, representative of the Faculty of Physicians and Surgeons of Glasgow, declaring that as the General Medical Council had had no opportunity of examining the provisions of the Nurses' Registration Bill it declined to express an opinion as to its desirability.

REGISTRATION IN THE INTERESTS OF THE PUBLIC.

The President reminded the Council that it had again and again recommended registration of nurses in the interests of the public, a resolution to that effect having been passed in 1889. Now the Council was asked to go back on a resolution so long on record.

Sir John Moore expressed his astonishment at the admissions of some members of the Council that they knew nothing about the Bill, which had, he said, been before the profession for months. He said further that, in spite of opposition, registration was sure to come, and probably within a few months.

The amendment, on being put to the vote, was lost, and the resolution was then agreed to.

SUMMARY.

It must be remembered that the Nurses' Registration Bill is not primarily for the benefit either of the medical or nursing profession, but for the benefit of the sick, and in spite of the fears of a few re-actionary members of the General Medical Council, it will become law because it is right and just to the sick that it should do so. No one who really appreciates the value of skilled nursing, and who understands that the Bill before Parliament will, for the first time, introduce order and system in the ranks of trained nurses, could desire to oppose so beneficent a measure.

The Privy Council will no doubt take into consideration the question of whether it shall retain the ultimate power under the Nurses' Registration Act, or whether the General Medical Council shall practically dictate to it what the regulations governing nurses shall be. Our view is that the Privy Council should retain the ultimate power, more especially as liberal representation of medical experts on the General Nursing Council is provided for in the Bill.

In hospitals, lay committees hold the balance between medical and nursing interests, which are not always identical, and the medical staffs of these institutions have little to do with the organisation or regulations of the nursing school; except as co-operating generally with the committee, and as paid lecturers on medical and surgical nursing. We consider, therefore, that to claim that the General Medical Council has a right to dominate the profession of nursing, outside the hospitals, cannot be substantiated.

In regard to the relation of the General Medical Council to the Central Midwives' Board it must be remembered that nursing is not analogous to midwifery. A nurse invariably works under a medical practitioner, who prescribes the line of treatment, which it is the nurse's duty faithfully to carry out. A midwife, on the contrary, is an independent practitioner, in one of the branches of medical science, her limitations may, therefore, be justifiably defined by the General Medical Council. The same does not hold good of nursing, which renders signal service to medicine, but works side by side with it, and does

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