

tration Council to the various interests likely to be affected.

As the Bill now submitted for consideration relates exclusively to Scotland, we have in every case transferred to the Secretary for Scotland the functions which, in the general Bill, are placed upon the Privy Council.

We trust that, in the light of the foregoing statement, it will be easily possible to grasp the scheme of the following draft measure, which we now beg to submit.

The Draft Registration Bill intended to apply exclusively to Scotland is then printed *in extenso*.

The Committee state that the Bill now before Parliament is unsuitable for Scotland, but we are glad to find that the Bill drafted by the Society for the State Registration of Trained Nurses, as amended by the House of Lords, has, in the large majority of its Clauses, been adopted almost word for word by those responsible for the Bill for Scotland. Where alterations have been made in Lord Amptill's Bill they are, in several instances, calculated to undermine great principles.

It is proposed that to carry out the Act in Scotland a Council shall be incorporated, called "the General Council for the Registration of Nurses in Scotland," constituted as follows:—

#### CONSTITUTION OF COUNCIL.

4. (1) The Council shall consist of fifteen persons to be appointed or elected as follows:—

(a) Four persons to be appointed by the Secretary for Scotland, of whom two shall be Medical Superintendents and two Matrons of General Hospitals.

(b) One person to be appointed by the Local Government Board.

(c) One person to be appointed by the General Board of Lunacy.

(d) One registered medical practitioner residing in Scotland to be appointed by the General Council of Medical Education and Registration of the United Kingdom.

(e) One person to be appointed by the Universities of Edinburgh and St. Andrews alternately.

(f) One person to be appointed by the Universities of Glasgow and Aberdeen alternately.

(g) One person to be appointed by the Joint Committee of the Royal College of Physicians, Edinburgh; the Royal College of Surgeons, Edinburgh; and the Faculty of Physicians and Surgeons of Glasgow.

(h) Three registered nurses to be elected by the nurses registered in the General Register.

(i) One registered fever nurse to be elected by the nurses registered in the Fever Nurses' Register.

(j) One registered mental nurse to be elected by the nurses registered in the Mental Nurses' Register.

Provided that on the first constitution of the

Council, in the place of the direct representatives of registered nurses there shall be four persons appointed as follows:—

(a) One nurse employed in a General Hospital to be appointed by the Secretary for Scotland.

(b) One nurse to be appointed by the Scottish Branch of the Queen Victoria's Jubilee Institute for Nurses.

(c) One nurse to be appointed by the Local Government Board.

(d) One mental nurse to be appointed by the General Board of Lunacy.

#### ADVANTAGES OF THE BILL.

The advantages of the Bill would be that nursing education and registration in Scotland would be under the control and supervision of a Council locally acquainted with the needs of Scotland, and on which Scottish interests could be more largely represented than is possible on a Council, very limited in numbers, acting for the United Kingdom. If Scottish nurses wish for national legislation there can be no reason why they should not have it.

#### DISADVANTAGES.

The disadvantages of the Bill are:—

1. The recognition of Fever specialists.

Clause 15 provides for:—

(2) A supplementary register to be called the Fever Nurses' Register, containing the names of nurses who have been trained in a hospital for infectious diseases. This is no doubt inserted for the convenience of the municipal bodies who control the great infectious hospitals in Scotland, but it is unjust both to the public and to the nurses because, underlying all efficient training is a knowledge of general principles in the practical nursing of general diseases, and before a person can be qualified as a trained nurse and registered as such she should have this indispensable education. What will be the position in the nursing world of these registered fever specialists? How are they to earn a living except in the wards of fever hospitals? Very few patients suffering from infectious diseases are nursed outside them, and, is it to be permissible in Scotland, and presumably in the rest of the United Kingdom for these insufficiently trained nurses to undertake the care of general medical and surgical patients?

Moreover, the General Hospitals, with few exceptions, are unable to provide a complete training for their pupils. Some, like the Royal Infirmary, Edinburgh, do not include experience in the nursing of typhoid fever cases. Surely, the aim of the Managers of Training Schools for the future should be an inclusive curriculum whereby their pupils may, during their three or four years' term of training, have

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