

vigorous representation with a view to having the Bill extended to Ireland, on the ground that the exclusion of that country would prove hurtful to the status of the nursing profession there. In Scotland, on the other hand, an endeavour has been made to attain separate legislation, and the signatures of many nurses have been obtained who were in ignorance of the facts of the case, and who ultimately signed in favour of the Single Portal System when they had all the facts laid before them.

"The promoters of the above Association believe that separate registration will prove quite as harmful for Scotland as it could for Ireland; that it will undoubtedly lower the status of the profession, and hinder the professional advancement of Scottish nurses in England or the Colonies; while it will tend to continue many of the disadvantages under which the Scottish nurse at present labours during her educational period.

"As a great deal has been said of the inadequate representation given Scotland in the British Bills, it is right to point out that the Bill promoted by the Royal British Nurses' Association gives equal direct representation to Scottish, English, and Irish nurses, notwithstanding the smaller number of nurses in Scotland and Ireland as compared with England.

"It will also interest fever nurses, and nurses trained in children's hospitals, to know that the above Association aims at having their fever and children's training recognised as part of their course of instruction for a general certificate in nursing."

It should be remembered that primarily the Nurses' Registration Bill extended to Ireland, and each year that it has been introduced into the House of Commons, Ireland has been included in its scope, as also on its introduction into the House of Lords by Lord Ampthill last year.

When the Privy Council Amendments to the Bill were proposed by the Earl of Crewe, K.G., acting on behalf of Lord Tweedmouth, Lord President of the Council, Ireland on the advice of the Irish Office was excluded from its benefits, but the Irish Nurses' Association offered such strenuous opposition to this exclusion that Lord Crewe undertook to propose when the Bill again came before the House of Lords that Ireland should be re-included, and this was done.

In regard to the representation of Scotland and Ireland on the General Nursing Council, the constitution of the Council is the only section of the Bill left to be discussed at the joint Conference between the promoters and supporters of the various Bills. As everyone concerned is anxious that adequate representation should be accorded on the Council to Scottish and Irish interests, we have no doubt that an agreement satisfactory to all concerned can be arrived at. But, we would remind Scottish

nurses that numerically there are probably about one-seventh the number in Scotland, compared to those trained in England. We do not think, therefore, that they can claim the same number of representatives on the Council as English nurses. Perhaps, we may also be permitted, without offence, to remind them that up to the present time they have done nothing to secure the professional status for which, not only in their own interest, but also in that of the public, English and Irish nurses have been working and paying for many years past. They now have the opportunity of earning their share of representation by working for it.

Nurses wishing to join the Scottish Nurses' Association—and we earnestly advise them to do so—should communicate with Miss McNeillie at the address given above. The annual subscription for nurse members is 1s.

The Royal Commission on the Poor Laws.

We last week announced the issue of a further Blue Book containing Minutes of Evidence tendered to the Royal Commission on the Poor Laws, and nurses and others in poor law institutions will, we think, be interested to know the views of the Hon. Sydney Holland, Chairman of the London Hospital, on this question. Mr. Holland and Mr. E. W. Morris, the Secretary of the Hospital, were called and examined conjointly. They first handed in a statement occupying nearly five columns concerning the organisation of the London Hospital, and in conclusion advocated the establishment of a system whereby departments of voluntary hospitals and the Poor Law could co-operate without stigma being attached to the latter. They were in favour of out-patient departments "run" by the infirmaries, which would treat cases on the recommendation of the hospital staff, the hospital in return taking acute cases from the infirmary, each institution in fact taking "request cases" from the other.

MATERNITY CASES.

In regard to maternity cases, Mr. Holland stated that about 4,000 were treated annually by the hospital in their own homes. They had only nine beds in the lying-in ward, and these were always full. They turned out about 48 midwives every year.

HOSPITAL PATIENTS.

Mr. Holland defines as a legitimate hospital patient "a person who is a wage earner, who is unable to pay for that medical and surgical advice which he requires in order to keep him

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