

Progress of State Registration.

We learn from the *Australasian Nurses' Journal* that "The Bill for the State Registration of Nurses, which lapsed with the last Parliament, has been re-introduced into the Legislative Council by Dr. Mackellar, has already passed through all its stages in that House, with only slight amendment, and has been sent on to the lower House. As, however, the present session is of only a few weeks' duration and will be brought to a close by the Christmas Holidays, there is not much prospect of the Bill becoming law this session. Most of the short time available will be taken up by Government business. The new Labour Ministry has, however, expressed its desire to legislate for Nurses and may, therefore, reasonably be expected to help in the passing of Dr. Mackellar's Bill. The Bill, in its present form, differs but little from the form in which it left the Upper House in the last Parliament. There are, however, two rather important alterations. The seat on the Board, formerly allotted to the Dean of the Faculty of Medicine in the University of Sydney, is in the present Bill given to a representative of the A.T.N.A. Dr. Mackellar has also amended his Bill by making twelve months the minimum length of training necessary for a midwifery Nurse, instead of six months as in the old Bill. The Council of the A.T.N.A. had pointed out that, for some years now, twelve months had been the minimum training in all the recognised Maternity Training Schools in Australia and New Zealand. Only trained and registered Nurses can obtain obstetric certificates by a six months' training.

"The Council has strongly urged that the Bill be further amended in its concessional clause by altering the length of time uncertificated applicants for registration must have practised from three years to five. As the Bill was originally framed, five years' experience was made necessary, but the time was reduced to three years in Committee of the House. The Council of the A.T.N.A. think that justice to the certificated nurse and justice to the patient demand that while a certificated nurse cannot obtain her certificate in less than three years, a longer period of practice should be required as a qualification for registration during the year of grace from the untrained or partially trained woman."

POPULARITY VERSUS PUNCTUALITY.

Nurse (in doorway of office): Oh! Matron, I am so sorry I was late.

Matron: Come in, Nurse, and do sit down; I am always so pleased to see my nurses!

Private Hospitals in Victoria.

NEW STATE BILL.

We learn that it is not improbable that the general interest in Private Hospitals may result in legislation at no distant date in this country. The promised State Bill in Victoria to provide for the better regulation and inspection of private hospitals will be found instructive. The aim of this Bill is stricter supervision. The measure defines a private hospital as:—

"Any house, building, tent, or place (other than those to which this Act does not apply as hereinafter expressly provided), in which medical, surgical, or lying-in cases are received or lodged, or in which it is intended that they shall be received or lodged for treatment, attendance, and care, for which a charge is made."

The Bill provides that all private hospitals shall be registered annually. Licenses may be granted to private hospitals for the reception of—

"(a) Medical and surgical cases only; or (b) lying-in cases only; or (c) both medical and surgical cases and lying-in cases, if the Board certifies that the accommodation is suitable for the reception of both classes of cases."

The Board of Public Health is to consider all applications for licenses, and advise the Minister for Health concerning them. The final refusal or acceptance of applications is, however, left in the hands of the Minister. Penalties of not less than £20, and not more than £100, in fines (or not more than six months' imprisonment) are fixed for persons found guilty of having used any premises as a private hospital without a license.

Provision is made for dealing with existing private hospitals, and for supervising the erection of buildings for use as such institutions. Every private hospital must, under the Bill, have at all times a resident manager. Clause 17 says:—

The manager may be the licensee, or one of the licensees, or some person appointed by the licensee or licensees.

The manager of a private hospital may be—(a) In the case of a private hospital for the reception of medical and surgical cases—a trained hospital nurse; or (b) in the case of a private hospital for the reception of lying-in cases—a trained midwifery nurse; or (c) in the case of a private hospital for the reception of both such classes of cases—a nurse trained in a general hospital, and as a midwifery nurse, or a trained hospital nurse having as a resident assistant a trained midwifery nurse; provided that a medical practitioner or a person approved by the Board may be the manager of any private hospital.

No person shall be appointed as manager of a private hospital except with the approval of the Board.

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