

He was not one of those who thought that because a thing had proved beneficial in the Colonies it was necessarily suited to this country, where things were more complex. But our over-seas dominions were excellent laboratories in connection with the mother country. Laboratories should be remote, as a precaution against explosions and bad odours. New Zealand fulfilled these conditions.

New Zealand was, he believed, the first country in which nursing was recognised as a profession; the first to do away with the initial drudgery; where the probationers are treated as those of a kindred profession (that of medicine), and do not have a scrubbing-brush but a thermometer and a case-sheet put into their hands.

These changes had taken place because the skill required of nurses is now greater than was the case thirty years ago. They were required to handle instruments of precision, to possess not much less skill than the doctor himself, and to assume responsibilities as great. There was, therefore, necessarily a great demand for higher education, a necessity for culture and refinement on the part of nurses, while the need for gentleness, tact and sympathy was as great as ever.

The necessity for differentiation between the skilled and the unskilled became evident in New Zealand not so much in the interests of the nurses as in those of the public. The movement for the registration of doctors was not primarily in their interest, but was justified by the needs of the public. If a nurse walks into a sick room the public should have the assurance of the State that she has the right to be there because of her skill and knowledge.

In other departments this held good. The State, for instance, enacted that if a customer desired to buy a gold ring and the jeweller sold him a brass one he had to suffer for it. The State assumed and protected the ignorance of the purchaser.

In the case of the ring, that was a matter of comparatively small importance. The public did not know whether a nurse knew her work or not, and it was vital for the patient that he should know, since his life might and did depend on her competence. It might depend, for instance, upon whether a disinfected nurse drew up a window-blind during an operation and infected her hands. Life might depend on that.

So it was right that the State should come along and say "You are not competent to say whether your life is safe, or the nurse competent or incompetent." It should assume the ignorance of the average layman, and step in and safeguard him.

In New Zealand, when the Nurses' Registration Bill was before Parliament, they had the advantage of all the women as Parliamentary voters. Politicians got into the way of feeling the pulse of their constituents, and if these were only men they kept their fingers on the masculine pulse and did not feel the feminine one at all.

The Act was a very simple one, affording guarantees to those nurses in practice when it became law. The registered nurses had a badge which every nurse wore with her uniform, and which they had learned to value. The whole public throughout New Zealand were also familiar with it, and if a nurse did not wear it they wanted to know the reason why. Thus all those who previously could get work by wearing a uniform now found that this was insufficient. The public recognised by the badge whether or not a nurse had had full training. The result of the Act, therefore, was to eliminate imposters, those who traded on the uniform, and those who were not in earnest, and did not trouble to take the full training. This differentiation of the sheep from the goats was of inestimable value.

But if the Act was beneficial to the public, it was also good for nurses. Its result had been to attract a better class of women to the profession, to raise the status of nurses, and their whole standard and tone.

Another effect of the Act was to establish certain hospitals as training institutions. These teaching hospitals set up a good curriculum, and vied with each other as to which should offer the best course. The result to these hospitals was to emphasise their teaching power, and hospital authorities need not fear that registration of nurses would be injurious to them. On the contrary, it would be beneficial.

It was amazing, said Dr. Chapple, that so fair, so just, so necessary a measure had not before now been passed in this country. It was not a party question, but a national matter. It was also advantageous to the doctors because it was important that they should have a guarantee of definite training in the case of nurses. It ought to be possible to get round amongst the Members and obtain their support to the Bill now before Parliament. He did not think there was lack of interest in the House, or that there would be opposition on the part of the Government. He thought, also, it might be possible to get the measure passed as an agreed Bill.

The President said that she was sure the meeting had listened to the eloquent Address given by Dr. Chapple with the greatest pleasure. The protection of the public, to which Dr. Chapple had referred, was, she believed, the primary interest of the members of the Society. They recognized their collective duty to the community, in spite of their lack of force in the body politic.

She was sure the meeting would desire her to convey its sincere thanks to Dr. Chapple for his Address and his promise to help forward the Registration movement. The time, work, money, and energy which had been devoted to the promotion of the registration cause was known only to a few, but at the end of twenty-five years the promoters realised that without

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