

**DR. CHAPPLE, M.P., INTRODUCES THE DEPUTATION.**

Dr. Chapple, who introduced the Deputation, said: Mr. McKenna, we are much indebted to you that you have consented to receive this deputation organised by the Central Committee for the State Registration of Nurses, so late in the Session, when you have so many claims on your time and attention. The question of State Registration of Trained Nurses is becoming more and more interesting to the public, and I should like to lay briefly before you the reasons of the necessity for such legislation, though I do not propose to trouble you with a long speech.

The demand made is very simple and very moderate. It is not a demand to abolish unqualified practice, although it would have this tendency, because the inducement to become a registered nurse would be so strong that it would naturally be the ambition of those who wished to practise nursing to go through the normal training and get the status of a registered nurse. In this way we hope the area of incompetent nursing would be reduced in time, as the untrained nurses decrease, the trained increase, and those who have gone through the minimum curriculum become registered.

Those who oppose State Registration of Trained Nurses could only rightly oppose it on the score of its injuriously affecting the untrained and partially trained. The present proposals would have no such effect. They simply provide for the classification of those who have satisfactorily passed through the prescribed training as registered nurses. There is no prohibition or disability for the untrained so long as they do not profess to be what they are not—only if they are detected in making a false claim. Primarily and essentially State Registration of Nurses is for the protection of the sick public.

I have followed the State Registration of Nurses in the Dominions and taken some part in promoting legislation, and have found it to be of great benefit. The difficulty of securing legislation is not the same as here, because in the Dominions there are few vested interests. But we ask that without injustice to any one, without cost to the State—as the fees paid by the nurses would cover the cost of administering the Act—that legislation may be enacted which will enable the public to differentiate between the trained and registered nurse, who is recognised by an expert authority as safe, and the one whose qualifications are untested.

**DR. GOODALL SPEAKS FOR THE BRITISH MEDICAL ASSOCIATION.**

Dr. Goodall said:—Sir,—As the representative of the British Medical Association, one of the Societies represented on the Central Committee for State Registration of Nurses, I think I may claim also to represent the medical profession. The British Medical Association includes 24,000 medical practitioners, and, though there are

other Associations, it is the only one which has the means of getting at the opinion of every member, and even of non-members, through its branches and divisions.

The Annual Representative Meeting is composed of 250 representatives of these branches and divisions, and therefore any decision at which it may arrive has been previously considered throughout the Empire.

The General Medical Council was the first body to put forward an opinion in the form of a resolution in favour of State Registration of Nurses. The British Medical Association first appeared in 1895, and since that time it has frequently re-affirmed its decision and did so again only a week ago.

So far as an opinion can be obtained, the opinion of the medical profession has been obtained through the Association. There is no opposition through any organised body of medical practitioners which can profess to speak for it, while the British Medical Association represents all grades.

Some of the most important opposition comes from consultants who are much more favourably placed as regards the services of nurses, both in the best nursing homes and hospitals, than the majority of medical practitioners, so that the necessity for State Registration of Nurses is not brought personally home to them as it is to the general practitioner.

There are three main reasons why State Registration of Nurses is desirable. It is desirable in the interest of the patient, the doctor and the nurse. The demand could not be maintained solely in the interests of a section of workers, but we claim that State Registration of Nurses is also for the benefit of the public.

There is a close relationship between the medical and nursing professions, so close that it is almost correct to say that one could not exist without the other.

A comparatively short time ago a nurse could not be called a highly trained person, nor was there the same need for it as there is at the present time, the highly technical duties required of her to-day were not demanded of her, and her position was comparable to that of a highly skilled domestic servant. But things have vastly changed. With the introduction of anaesthesia, aseptic surgery, X-ray treatment, and other developments of medical science, there is a demand for a great increase in the skill of nurses throughout the whole country. Medical men now carry out lines of treatment their forefathers never dreamt of, and after an operation, the responsible application of treatment is left to the nurse, and unless she is thoroughly competent there is grave danger to the patient.

There is at present no minimum standard of nursing education, and nurses are sent out from small hospitals and homes who cannot possibly be adequately trained because the resources of the institution do not admit of it.

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