

Again there are few Government departments which do not directly or indirectly utilise trained nurses. The Admiralty, through the Royal Naval Nursing Service, the War Office through the Military Nursing Service, the Army Nursing Service Reserve, the Territorial Force Nursing Service, and the Military Families Hospitals, the Local Government Board in Poor Law Infirmarys and infectious hospitals, the Home Office in prisons, the India Office through the Military Nursing Service for India, the Foreign Office in British Protectorates, the Colonial Office in Crown Colonies. Here again it is of the utmost importance that nurses whose services are of a standardised quality of efficiency should be readily available.

Yet no such standard has been defined or enforced. Recently we have had an example of the effect of this indefiniteness. When the National Insurance Act was passed it provided that registered medical practitioners and certified midwives should attend upon the insured, the qualifications of the trained nurses who apply medical treatment were left undefined, and unless safeguards are introduced there appears to be a danger that the Nursing Benefit will not be placed in the hands of those who are experts, in the sense in which that word is interpreted, not in this country alone, but throughout the civilised world wherever nurses are efficiently organised. Had a Nurses Registration Act been in force when the Insurance Bill was passed, it is certain that the standard of nursing secured to the insured sick would have been that supplied by the Registered Nurse—to their incalculable benefit. The danger to the public resulting from this disorganisation needs no emphasis, and we urge that Parliament should protect the public from ignorant and fraudulent nurses, and safeguard the reputation of our honourable calling. We desire, further, the power to maintain discipline in our own ranks, such as is exercised in the case of the medical profession by the General Medical Council, and of midwives by the Central Midwives' Board. We ask this for the benefit and advantage alike of the public whom we serve, and of the medical profession, of whose work ours forms an integral part.

May I be permitted also to emphasise the fact that during the past quarter of a century the demand for nurses registration has resulted in legislation in many countries, and this brings us to the important question of colonial reciprocity.

COLONIAL RECIPROCITY.

It is, Sir, presumably within your knowledge that during the twenty-five years in which the medical and nursing professions have been actively engaged, in this country, in the demand for the organisation of trained nursing, through an Act of Parliament, that in various parts of the world Acts for the Registration of Trained Nurses, to provide legal safeguards for the basis of nursing education, have been put in force.

In our Dominions beyond the Seas, in South Africa in the States of Cape Colony, Natal, the Transvaal, and the Orange River Colony; in the Dominion of New Zealand; in Australia in the State of Queensland; and in Canada in the Provinces of Ontario and Manitoba.

Throughout Australasia and Canada, and in India, organisations are asking for this reform, which no doubt will soon be granted by local legislatures.

In this connection it is becoming urgently necessary that a standard of nursing efficiency should be defined by Act of Parliament in this country, so that a system of reciprocity between the Mother Country and the Colonies can be enforced.

This is the more necessary because a sense of dissatisfaction and injury with regard to the depreciation of their legal status is being expressed by the nurses registered in certain of our Colonies. They very naturally consider it unjust when they are compelled to train for a certain period, and give evidence of skill and competence, after which they are granted a protected title, that nurses emigrating from the United Kingdom are permitted to compete with them, many of whom have only passed through the most perfunctory experience.

Moreover, the nurses in Canada complain that, owing to the facility with which nurses in this country are permitted to practise after a few months' training, an ever increasing number of ignorant and very undesirable women are thus brought into competition with them.

Those qualified and registered nurses who have legal status in their own Colonies, who desire to work in the United Kingdom, find that there is no recognition of any sort of their title of "registered nurse." It is, therefore, highly desirable that this cause of grievance to our many well-trained Colonial nurses should be removed, more especially as great care and consideration have been devoted to this question during the last twelve years in the United States, during which period the legislatures of 40 States out of 45 have already enforced the State Registration of Trained Nurses, and thus every facility is given for reciprocity between the United States and Canada, and the services of many of our finest Canadian nurses are ultimately available for the American Citizen.

In Germany, where the education of the people is of such paramount importance, an Act for the Registration of Nurses was passed eight years ago, and is proving a lever for a great improvement in the education of German Nurses.

THE SUBSTITUTE OF THE OPPOSITION.

In conclusion, may I allude to the alternative scheme of those who oppose organisation of trained nursing by the State. I allude to the proposal of the Central Hospital Council for London, to substitute for a system of State Registration of Nurses, the suggestion for the

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