

on the Register, according to a prescribed scheme, and are to hold office for five years. What the prescribed scheme of election for the direct representatives of the nurses is to be will be defined in the Rules, and it is not improbable that the scheme suggested in the Central Committee's Bill may be adopted—that is, that each class, composing the General Register, and the various Supplementary Registers, will form electorates for their own direct representation, so that the principle suggested in the Schedule for the guidance of the Minister in making appointments on the First Council shall be adhered to, and "persons having experience in the various forms of nursing" will have seats secured for the class of nurse to be registered. Thus general and special nurses would elect their own representatives. This system would provide for the continuance of expert opinion on the General Nursing Council.

Any member of the Council is eligible for re-appointment or re-election.

THE REGISTER.

The Register of Nurses for the Sick is to be formed and kept by the Council and is to consist of various parts.

(a) A General part, which is to contain the names of those nurses trained or engaged in the general nursing of the sick.

(b) A Supplementary part of Male Nurses.

(c) A Supplementary part of nurses trained in the nursing and care of persons suffering from mental diseases.

(d) A Supplementary part containing the names of nurses trained in the nursing of sick children.

(e) Any other prescribed part.

Registrationists have always advocated a General Register, and Male and Mental Supplementary Registers, but have not approved any extension of special registers.

But the new Profession of Nursing is faced with certain existing conditions which must be duly taken into consideration before Nursing can be organised on lines mutually beneficial to the nurses and the public, and we must not forget the lamentable attitude of the managers of Training Schools and others in opposing all reform by State aid for thirty years, nor the apathy and lack of public spirit exhibited by succeeding generations of nurses during that time. Had hospital managers and certificated nurses responded to a sense of public and professional duty thirty years ago, the Profession of Nursing would by now be a highly-skilled, well-disciplined, and well-remunerated body; as it is, abuses have multiplied, and although the Acts lay sound foundations upon which to build, the whole superstructure of professional organisation must be built up. Present conditions cannot be ignored; they must be carefully considered and improved by degrees. First, then, the Acts provide for a two years' term of grace, during which time women of good character, under conditions which appear to the Council to be satisfactory and have adequate

knowledge and experience of the nursing of the sick, may be registered.

Let us take the General Register as an example. Failing the firm hand of the law, every hospital and institution has hitherto been a law unto itself, and thousands of nurses, good, bad and indifferent, without let or hindrance, have been let loose on the public. Thousands of these women are indifferently trained by no fault of their own. Thousands of them have, since training, gained much experience, and done useful work in various branches of nursing. If a hard and fast rule were laid down that no nurse who did not hold a three years' certificate of training was to be registered, great injustice would be done. Thus Queen's Nurses, who in the past were only trained for one or two years, but who now are highly valuable district nurses, would be excluded. The nurses who, at St. Thomas's Hospital, were only given one year's training and a gratuity of two pounds, instead of the present certificate after a comprehensive four years' course, would be excluded. The nurses trained at the London Hospital for two years, and then compelled to do private nursing, would be excluded. The well-educated women who entered hospitals as Paying Pupils at Guy's, Middlesex and many other institutions, who after a year's special training, engaged in various branches of nursing, many becoming Sisters and Superintendents, would be excluded. Delicate nurses, who broke down in one place but gained further experience under less arduous circumstances and are doing useful work, would be excluded. We might cite many other instances. These are the nurses who have a right to be registered during the term of grace, and it would be a great act of injustice to exclude them. But it will be the duty of the Council to get to work in real earnest, to define future curricula of training, so that nurses may soon begin to qualify for the State Examination, and thus be guaranteed to the public as thoroughly efficient and highly skilled nurses worthy of their confidence as "Registered Nurses." But Rome was not built in a day, and we consider that ten years' arduous and devoted work will be necessary upon the part of the Council before a real improvement in the quality of the registered nurses will be decidedly apparent. The Male and Mental nurses will be improved along the same lines.

Then come Supplementary Registers of Specialists such as Children's and Fever Nurses. We have never approved of Specialism in Nursing which is not founded on general nursing knowledge any more than of medical specialism. The Act, however, provides for a special register of nurses trained in the nursing of sick children. The managers of the Children's Hospitals organised and without consulting their nurses pressed for this section—fearing they would not get probationers otherwise—and the Children's Hospital nurses made no effort to counteract this agitation. We think the Children's Hospital managers were mistaken in their policy, as reciprocal training must come in the near future if special hospitals

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