## THE GENERAL NURSING COUNCIL.

The Tenth Meeting of the General Nursing Council was held at the Ministry of Health, Whitehall, on Friday, November 12th, at 2 p.m., Mr. J. C. Priestley, K.C., in the Chair.

Before the minutes of the last meeting were read the Chairman requested the Press to take notice that the minutes dealt with business which was taken *in camera*, and must therefore not be reported.

After some discussion, and amendment in two particulars, the minutes were signed by the Chairman.

## Appointment of Registrar's Assistant.

Under adjourned business, Sir Jenner Verrall reported that the Finance Committee had had about ninety applications before them for the position of Registrar's Assistant. Three candidates were selected. Of these three, one, Miss E. M. Parsloe, trained at St. Mary Abbot's Infirmary, Kensington, was finally unanimously selected, and it was agreed to recommend her for appointment by the Council. On behalf of the Finance Committee he moved that their report on this matter be accepted. Miss Parsloe, who was in attendance, was then summoned, and informed by the Chairman that she had been unanimously recommended for the position of Registrar's Assistant. She was then unanimously appointed by the Council, and congratulated upon her success.

## CORRESPONDENCE.

## The Registration of Cottage Nurses.

It was resolved that a letter from the General Nursing Council for Scotland of October 27th, in regard to the Rules, should be referred to the Registration Committee.

The Chairman reported a second letter from the Registrar of the same. Council, dated November 4th, which raised the question of the establishment of Registers of Cottage Nurses. The Scottish Council said that it was probable that existing Cottage Nurses would be admitted to the General Register in the first instance, but in the future it was unlikely nurses of that class would be qualified for admission. Associations in rural districts employing them would not be able to afford fullytrained nurses. Such nurses existed in England, and the General Nursing Council for Scotland sought the opinion of the General Nursing Council for England and Wales as to the desirability of establishing separate Registers of Cottage Nurses. That, said the Chairman, raised a question already dealt with by the English Council.

MRS. BEDFORD FENWICK said she wished that the Scottish Council had communicated other items of the business transacted at its last meeting in regard to the Scottish Board of Health. That Board, under the powers conferred on them by the Scottish Act, proposed to hold their certificate of proficiency in fever nursing as a qualification for the admission of existing nurses to the General Register. The Nursing Members of the Scottish

Council, who strongly objected to this, had asked the Board of Health to receive them as a deputation. The proposal to establish a separate part of the Register for Cottage Nurses was a proposal to perpetuate an indefensible system of poorly paid, inefficiently trained workers for the poor. She considered there should not be one standard of nursing for the rich and a less efficient one for the poor. Now that the Midwives' Acts were in force, and the majority of Cottage Nurses were certified midwives, they should take their status as such, and not claim to be trained nurses, which they were not. Boards of Health had now been estab-lished in England, Scotland, and Ireland, the object of which surely was to raise the standard of health throughout the United Kingdom, not to perpetuate bad systems of nursing. She thought it was the duty of these Boards to realise that the employment of Cottage Nurses was advocated, not because they were efficient, but because they were cheap. Let them do away at once with the charitable system of providing second-rate nursing for the poor. Cottage Nurses were not eligible for the general part of the English Register of existing nurses unless they had had a year's general training and two years subsequent work. To meet the provisions of the Act the standard had been reduced to that of 60 years ago, and anything lower was incompatible with safety for the sick. Their advice to the Scottish Council should be against a sec-tional Register of Cottage Nurses. In this way the English Council might help their colleagues on the Scottish Council in upholding standards.

MISS SEYMOUR YAPP expressed the opinion that •Cottage Nurses were invaluable people—they did work in the houses of the poor which the trained nurse would not, and perhaps should not do, and they were required to be midwives besides having training in nursing.

training in nursing. MRS. BEDFORD FENWICK said Cottage Nurses were usually certified midwives. The few months of experience in nursing which was all that was considered necessary by Associations' which employed them did not qualify them for registration as trained nurses.

MISS PETERKIN (Q.V.J.I.), agreed with Mrs. Fenwick as to the undesirability of establishing a special Register of Cottage Nurses. They should register as midwives.

MISS ISABEL MACDONALD said that when working for various public health authorities in Scotland she had seen a good deal of the work of Cottage Nurses. Most of them were now certified midwives and home helps. They could not in any way be regarded as trained nurses.

MISS ALICE CATTELL considered that the Council should progress, not keep the Nursing Profession where it was twenty years ago.

LADY HOBHOUSE said the Council had already decided not to admit Cottage Nurses, as such, to the Register. This should be recorded, but it was a matter for the serious consideration of the English Council later on. It could probably be dealt with more by affiliation than by treating Cottage Nurses as a class apart. She hoped that in replying to the General Nursing Council for Scotland

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