stringent standing orders regarding the manner in which such cases will be dealt with by the Registration Committee, so that, in effect, no nurse will be admitted who is not up to a high standard.

The only other point of difference between the English and Irish proposals is in relation to the fee to be paid by nurses registered in England who apply for admission to the Irish Register, and vice verså.

It was never contemplated by the Irish Council that the fee should be as low as 2s. 6d., but at the same time they felt that the fee of \pounds r rs. proposed by the English Council was too high and not in accordance with the intentions of Parliament.

The Irish Council, without committing themselves definitely to any figure, favoured a fee of about 5s. for this purpose, but pending further negotiations they have not completed the drafting of their rules in this connection.

I must express my sincere regret at the suggestion made in the article that "political influence is being used" in support of the policy of the Irish Council. This statement is absolutely incorrect and unfounded, as the only discussions or negotiations that have taken place outside the Council in connection with our Rules were those with the English and Scottish Nursing Councils, the Ministry of Health, and the Irish Government.

I would ask you to be so good as to publish this letter in your next issue.

I am, Madam,

Your obedient Servant,

E. COEY BIGGER, 33, St. Stephen's Green, N., Chairman. Dublin.

[We thank Dr. Coey Bigger for his letter, but we do not consider that it will dispel the apprehensions of English nurses that proposals made by the Irish Council are "undesirable."

No Equivalent Standard.

Dr. Coey Bigger acknowledges that "nurses" who have received no hospital experience whatever are eligible for registration under the Irish rules. Thus the admission of Cottage Nurses, V.A.D.'s and others is inevitable, if they apply to be placed on the Register, so long as they are persons of good character.

Under these circumstances English Nurses object to any form of automatic registration that is the transfer of these untrained women on to their Register—and rightly demand that there shall be a Rule, such as the English Council has approved unanimously, providing for "equivalent standards" for registration between the Nursing Councils of England, Scotland and Ireland.

Unless this is agreed to by the Irish and Scottish Councils, the standard of one year's general hospital training (low enough in all conscience) becomes a dead letter, and the English Council will be deprived of any jurisdiction over the qualifications for its own Register, as English Cottage Nurses, V.A.D.'s, &c., can be registered in Scotland or Ireland and be "transferred" automatically on to the English Register—an unjust system calculated to produce the most chaotic confusion and constant litigation.

STATE REGISTRATION FOR 5S.

The Nursing Acts do not provide for two prices for Registration. The fee may "not exceed " *f*^I Is.—value about IOS. 6d. at the present depreciation of money—therefore, "the intentions of Parliament" cannot, in our opinion, be other-wise construed. The claim of the Irish Council that the cost of "transfer" registration shall be 5s. (2s. 6d. present value of money), and of the Scottish Council that the fee shall be 2s. 6d. (Is. 3d., present value) are not only calculated to bring State Registration into contempt, but $compel \, English \, Nurses \, to \, subsidise \, nurses \, registered$ from Ireland and Scotland. The cost of registra-tion must be calculated *per capita*; and to claim that this national work (to say nothing of providing a Certificate) can be carried out for a few pence is absurd. Someone has got to pay, and if such a system is put into practice the English Nurses pay. And what for? So that women may demand, as a right, legal status and privileges in England denied to English and Welsh women. For any system of reciprocal registration, we repeat, "equivalent standards of qualification" must be agreed between the three Councils; and it is the duty of Irish and Scottish Nurses to insist that this is done.

The views of the English Nursing Council on these vital principles should command consideration, as where one nurse trained in England practises in Scotland or Ireland, a hundred Scottish and Irish nurses practise in England. Do not let us forget that "transfer" registration carries with it a vote for the professional members of our Council.

No doubt we differ from Dr. Coey Bigger as to what constitutes "political influence."—ED.]

Mrs. Mortished, Secretary of the Irish Nurses' Union, sends us a letter a column long, for which we regret we have not space this week. She apparently approves a 2s. 6d. registration fee for "a reciprocal registration arrangement," and evidently thinks what she terms "Sinn Fein exclusiveness among English nurses" is the result of our stupidity. We hope to find space for Mrs. Mortished's letter next week, if it is exclusive to this journal.

OUR PRIZE COMPETITIONS.

December 18th.—What do you know of chorea, its origin and treatment? What are the principal nursing points?

December 25th.—How is diphtheria spread? What are the special points to be observed in caring for a patient suffering from this disease?



