

point out the grave danger which would result to the professional status of the fully trained nurse if Cottage Nurses, no matter how invaluable their services to the community, were placed on a separate State Register. Inefficiency would be established under State Control, and under-selling of the fully trained nurse would also be established under State Control.

It behoved trained nurses to inform public opinion, so that those possessing an abundance of this world's goods would no longer be content to put their names to anything but the best, when providing for their less wealthy brothers and sisters.

When she said that the District Midwife must be the District Nurse (and *vice versa*), there was one essential: *conditions must be made tolerable*. The District Nurse must not be made to feel one by herself, and in devoting herself to district work in a rural area a woman must no longer have it thrust upon her that her social life, and her opportunities for intercourse with her intellectual equals were at an end.

Under fitting circumstances there would be no lack of the right type of woman, but that this very responsible work should be left to people with but a smattering of knowledge—no; she therefore proposed the resolution.

MISS ALICE CATTELL, Member of the General Council of the Royal British Nurses' Association, in seconding the resolution, expressed the opinion that it would be a most dangerous and fatal thing to establish a Supplementary Register of Cottage Nurses. The State Register of General Nurses should be for efficiently trained nurses.

THE CHAIRMAN said there was reason for apprehension, as the question of a separate Register for Cottage Nurses had been raised by the Chairman of the General Nursing Council for Scotland at a recent meeting, and its Registrar had been instructed to communicate with the English Council for their views. As they would have seen in THE BRITISH JOURNAL OF NURSING of November 20th, the General Nursing Council for England and Wales had passed a resolution stating "That the Council are not in favour of a Supplementary Register for Cottage Nurses."

The question was of importance, as it was a festering sore in the lives of Professional Nurses. How came the Cottage Nurse to exist? Rich, socially influential persons fixed the standard of nursing, and the sort of nursing they considered was required. These "nurses" were largely employed as midwives, and therefore had to conform to the Midwives' Acts, and attain the State qualification in midwifery. Thus they earned the title of "Certified Midwives," but to register them as trained nurses would be deluding the public. The nursing profession must take a firm stand, because there was an enormous amount of social influence behind the demand for the State recognition of Cottage Nurses.

Concluding, Mrs. Fenwick said that she was out to protect the public just as much as to help the nurses. It was not at all likely that the English

nurses would permit the establishment of such a Register, even if the Scottish were more complaisant. No injustice would be done to Cottage Nurses, as they got their legal status through the Midwives' Roll.

MRS. PAUL said that if once Cottage Nurses were admitted to the Register, it would perpetuate the vicious system of one standard for the rich and another for the poor. Moreover, it would be taking the bread out of the mouths of well-trained nurses. The suggestion should be resisted to the uttermost.

MRS. FENWICK said that she thought there were no two opinions in the room on the subject, and, if no one else wished to say anything, she would put the resolution to the meeting, and, on its being carried unanimously, and with acclamation, remarked "Exit Cottage Nurses."

(To be concluded.)

PROFESSIONAL UNION OF TRAINED NURSES.

At a meeting of the Glasgow and District Branch of the Professional Union of Trained Nurses, held at the Scottish Nurses' Club, 205, Bath Street, Glasgow, on December 11th, and at which Miss Christain H. McAra, Hon. Secretary P.U.T.N. (Scottish), presided, in the unavoidable absence of Dr. Chalmers Smith, the speakers were Mr. L. J. Russell, M.A., B.Sc., D.Phil., Miss McAra, Miss A. Henderson, and Miss E. Horton. In the space at our disposal we have thought it best to publish Miss McAra's admirable paper in abridged form.

THE ETHICS OF TRADE UNIONISM.

BY MISS C. H. MCARA.

[ABRIDGED.]

In the early part of this year at a meeting held at the Scottish Nurses' Club it was decided, by a large gathering of Nurses, that the Professional Union of Trained Nurses should be supported.

The first year of its activities has not yet been completed, but when you read the leaflet being distributed in the hall I think you will agree that it has already justified its existence.

The work of the Central Office has grown to such an extent that already a Public Health Group is formed, and is doing work in its own sphere. A Branch Secretary has been appointed to deal with the various Branches as they are formed. The first Scottish Branch was started in April of this year, and has been granted entire management of its own affairs. Steps have been taken to have the Union recorded in Scotland in order that all legal privileges may be safeguarded.

This Branch is called the Glasgow and District Branch, and ultimately will consist of Nurses, resident or working in that area, but just now, as it is the only Branch in Scotland, any Scottish Nurse who wishes to belong to it may do so, until such time as local arrangements can be made.

As we grow in numbers and strength groups can be formed in the various Institutions, local authorities, and public authorities, and the members

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