

experience in a hospital or infirmary—the very minimum standard of experience required for the safety of the public. The English Council does not in any way wish to question the right of the Irish Council to register women without any hospital training, if it wishes to do so; what it does object to is the demand that these handy women shall be transferred upon the payment of 5s. on to the English Register, and thus undermine the minimum standard the English Council considers necessary. The argument that the untrained “existing nurses” to be placed on the Irish Register will be few does not affect the question—it is the principle for which we are contending.

Mrs. Mortished writes:—“It is a gross exaggeration to say, as you do, that ‘the admission of Cottage Nurses, V.A.D.’s and others is thus inevitable.’”

Why should people always use strong language in advancing untenable arguments? There is nothing “gross” about stating facts. We are informed that “neither the Irish Council nor Irish nurses are responsible for the present position—it is a question of legal interpretation purely” that “the Council are compelled to include in their Rules a saving clause empowering them to admit nurses who, even though they have not a year’s training, can prove to the satisfaction of the Council that they possess adequate knowledge and experience of the nursing of the sick.”

How can they prove they possess adequate knowledge unless the Council is “satisfied” that no training is necessary? And, moreover, where is the “gross exaggeration” when under this “saving clause” Cottage Nurses, V.A.D.’s, and, we may add, untrained nuns, will have a *right* to registration. Does our correspondent seriously argue that the Irish Nursing Council can discriminate and legally refuse them? Certainly not untrained nuns, if we know anything of the power of the Roman Catholic hierarchy in Ireland. To argue that the English Council desires to treat its Irish colleagues as “suspects” is nonsense. The Council takes the reasonable and dignified attitude that there shall be equivalent standards for any system of registration between the three countries, and that Rules shall be framed for this purpose as provided in Clause 6 (3) of the Nurses’ Registration Acts, and refuses to be placed in the untenable, not to say ridiculous, position of admitting to the English Register Irish and Scottish women with a lower qualification than that demanded from English nurses, especially as there is not one word in the Acts suggesting “transfer” registration or preferential fees.

The English Council claims that it shall be mistress in its own house, and advises the sister Councils to do likewise.

We are quite satisfied that our arithmetic is correct so far as the golden guinea is concerned; the value of that long vanished coin has now decreased in spending power to one-half. There-

fore, the demand that Irish nurses shall be registered by the English Council for 5s. prices the value of legal status in England at half-a-crown! We agree that there is a principle involved, but it has nothing to do with “professional fraternity”—as fraternity involves equality. Neither do we view the “full fee” with any suspicion; it is the ninepence for fourpence policy which we mistrust. Frankly, this is not a question of sentiment, but of sound common sense. This Journal is pursuing no campaign other than advising all nurses—English, Scottish and Irish—to claim equality, both of educational standards and financial responsibility.

We have always agreed that “the Vote covers all.” Therefore, we must have equal financial and professional obligations, if we are to possess equal economic privileges and control. The Nurses’ Registration Acts are not compulsory; therefore no nurse is compelled to register in more than one country, if she does not consider it beneficial, but if it pays her to do so, let her pay a just price.—ED.]

## KERNELS FROM CORRESPONDENCE.

### DOLES NOT DESIRED.

*Miss I. Robertson and Miss F. E. Pelan, 22, Langham Street.*—“Having read the article *re* Nation’s Fund for Nurses and College of Nursing, we strongly disapprove of any further newspaper appeals for nurses.”

*Miss M. Walker Blackshaw, 22, Langham Street.*—“On hearing there is some further appeal for nurses, I should like to say that I *strongly object* to newspaper appeals for nurses.”

### PEOPLE CANNOT AFFORD TO BE ILL.

*Private Nurse.*—“To raise private nurses’ fees will, I feel sure, decrease their work, which includes board and lodging. The medical correspondent of *The Times* writes: ‘On the word of doctors with an intimate knowledge of middle-class households, the present expenses of living and present taxation are such that these families “cannot any longer afford to be ill.” In other words, the doctor is now only called in as a last resort; the thought of his fees is ever in the patient’s mind.’ Under these circumstances it is useless for the doctor to recommend a nurse, as the patients cannot afford to pay the present fees. Personally, in several instances of late, I have been sent for to attend dying people and perform the last offices.”

## OUR PRIZE COMPETITIONS.

*February 5th.*—What do you understand by a disinfectant? What methods would you recommend for the disinfection of (a) sheets, (b) mattresses, (c) boots, and (d) furs.

*February 12th.*—How would you care for a patient before, during, and after anæsthesia?

*February 19th.*—What do you know of sleeping sickness, its treatment and nursing care?

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