

laid before Parliament, and we beg the Secretary for Scotland to resist any alterations in these regulations or delay in their sanction by Parliament."

Major HENDERSON: They are a privileged party.

Captain ELLIOT: These are 230 nurses. The Scottish Nurses' Association also, at its annual meeting passed a similar Resolution.

The fever nurses will be helped and not hindered by admitting for the moment this temporary disqualification of being placed on a subordinate part of the Register, and then starting to improve it from there, so as to get the advantage of the big English market, which Scotland, since she runs her professional training for an export trade, must always consider as of paramount importance in any rules and regulations.

Mr. MACCALLUM SCOTT: I am surprised at the attitude adopted by my hon. and gallant Friend on this matter. . . . The Regulations as they stand at present single out one class of nurses, who are put in a subordinate and inferior position. The effect of this with regard to the position of the infectious diseases hospitals, which are run by the local authorities, will be that they will not be able to secure a similar class of nurses as those who are secured for the other hospitals. The nurses will all want to be placed on the General Register, and there will be a preference for the other hospitals, and the infectious diseases hospitals will only secure inferior persons. That puts a serious burden not only upon the nurses but upon the local authorities which run the infectious diseases hospitals.

Sir C. BARRIE: I wish to give general support to what the hon. and gallant Member for Lanark (Captain Elliot) has said. . . . I am a past chairman of one of the largest hospitals in Scotland, and I have personal knowledge of the feelings of the nurses in regard to this matter. There is not the slightest desire on the part of any one nurse that I have seen, or of any matron I have interviewed, to allow the fever nurses to come within the scope of this part of the Bill.

Mr. PRATT (Parliamentary Under-Secretary of Health, Scotland): The question as to whether the fever nurses should be placed on the General part of the Register or on the Supplementary part designated in the Rules now before the House, has been the subject of long consideration and discussion by the responsible authorities, namely, the English, Irish and Scottish General Nursing Councils on the one hand, and the Ministry of Health, the Irish Local Government Board, and the Scottish Board of Health on the other. Under their respective Statutes, the General Nursing Councils of the three countries are required to consult each other with a view to securing a uniform standard of qualification in all parts of the United Kingdom. Further, the Statutes contain special provisions requiring rules to be made for enabling the nurses registered in one country to obtain admission to the Register of the other two countries. This obligation to provide for reciprocal registration is reasonably held to imply that the Registers of the three countries shall, in all essentials, be similar.

It was finally agreed that the three Registers should contain the parts now specified in the Rules lying upon the table of the House, and, in particular, that there should be a Supplementary part for nurses trained in infectious diseases hospitals, known shortly as fever nurses. While it would have been quite competent for the General Nursing Councils to place fever nurses on the General part of the Register, . . . it was found that neither the English Council nor the Irish Council would assent to reciprocal registration, part for part, on those terms.

In these circumstances, it was necessary for the Board to consider whether the advantages of reciprocal registration by the three countries outweighed the disadvantages of establishing a Supplementary part for fever nurses. On the whole, it was concluded that, from all standpoints, the advantages of reciprocity were paramount. The Rules were adjusted accordingly; but in order not to delay the process of registration the Rules as to reciprocity have been omitted. It is, however, understood that as the Scottish Council has accepted, part for part, the same divisions of the Register as the English and Irish Councils, and has done everything in its power to secure uniformity of standard, there is no further obstacle to the establishing of reciprocal registration, part for part, among the three countries.

Meanwhile, my right hon. Friend the Secretary for Scotland, as President of the Board, took occasion to ascertain the views alike of the local authorities, of the Scottish Nursing Council, and of the fever nurses themselves. On the 15th September last, he discussed the question with a deputation representing all the Scottish local authorities. A week ago he heard the latest views of the Scottish General Nursing Council. In the interval, he caused inquiries to be made of the fever nurses at the chief Scottish hospitals for infectious disease. Accordingly, in coming to the decision that he would not propose to vary the Rules as now submitted to Parliament, he had before him the views of all the parties concerned. Briefly, the position is that, in the view of the Board, and in the view of my right hon. Friend, reciprocity of registration is the ruling consideration in the interests of the whole body of nurses in Scotland.

Mr. MACCALLUM SCOTT: That is not the view of the fever nurses.

Mr. PRATT: The view of the fever nurses is not nearly so unanimous as my hon. Friend would have the House believe. Many of the fever nurses have not only a qualification as fever nurses, but a further qualification for general nursing, and among those who hold that double qualification there is certainly a very strong feeling against putting those who only hold one qualification on the same platform with themselves. It is right to point out that the Rules now before the House deal with existing nurses alone. When the Rules for the registration of future nurses are framed the Councils will, no doubt, consider whether they cannot devise a curriculum that will be sufficiently broad to enable every nurse to qualify for admission

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