

were suffering because of lack of trained help. During the influenza epidemic of 1918-19 its services were particularly appreciated. In a recently published report dealing with the year 1921 we read that 104 nurses dealt with 4,193 persons; the services rendered included 6,963 "all-night" and 11,917 "all-day" attendances, besides nearly 70,000 single visits of from half-an-hour to four hours to the homes of patients. The institute has twenty-five stations in Vienna and fifty stations in the country. It affords help not only by sending out nurses, but also by supplying medicines, bandages, and nursing appliances (thermometers, cotton-wool, ice-bags, baby linen, &c.), and also food and drugs where needed. Over 3,000 families, comprising nearly 8,500 persons, were thus assisted; these were mostly middle-class families; they are frequently very poor, but object to being classed as paupers.

Dr. Lomax's reply to the Report on Administration of Public Mental Hospitals naturally stresses the attempt to discredit him personally. There is little doubt that reforms in this class of institution are necessary. Medical Superintendents have so much administrative work, they cannot find time for detailed daily examination of patients there, and all these officers should possess a diploma in psychological medicine. Better classification of patients is necessary: women patients need encouragement to enjoy papers and magazines, and all mental nurses need greater experience in general nursing. We note the statement in the press that in December, 1921, only 1,784 female nurses out of 8,575 held the certificate of the Medico-Psychological Association, and not long ago an advertisement appeared for a male nurse which merely required that he must be a good first violin!

The fact is that the Lunacy Laws are a generation old; the Ministry of Health has promised us a new Bill. It is the concern of the public, as well as of the mental specialist; let us see to it that our new laws provide for humane treatment and for the more efficient prevention and cure of those dread diseases of our civilisation—insanity and nervous breakdown.

Private nurses are, we hear, having a very slack time this month, and those are wise who take their holidays in September, when the doctors and many residents are away. High taxation has, of course, something to do with unemployment, because skilled nursing, although most necessary in better-class homes, has now become a luxury.

STATE REGISTRATION OF NURSES. THINGS TRAINED NURSES SHOULD KNOW AND CONSIDER.

It is now nearly three years since the Nurses' Registration Acts were passed, and it is to be regretted that so far few of their provisions are satisfactorily in force.

The English Register was opened on July 14th, 1921, although by hard work the Registration Committee had drafted the Rules for Registration by July, 1920. The English Register was delayed owing to discussion with the Scottish Council on a reciprocity Rule for registration.

But unfortunately the proposal made in October to deprive nurses of the record of their Certificates—their evidence of efficiency—on the Register when published, and Mrs. Bedford Fenwick's warning to the Council that she would stump the country against such unparalleled injustice and stupidity, which was followed by the private personal attack upon her at the Ministry of Health, together with the ten weeks' strike of her detractors, shook the confidence of the Nursing Profession in the *bona fides* of the Council, and applications for registration decreased very considerably.

Later Mrs. Fenwick's draft for a revised First Schedule, providing that those nurses who had worked for, and possessed, Certificates of Training should have them recorded in the State Register, which was approved by the Minister of Health, did something to placate the indignation of thoughtful nurses, and the fact that unless registered at the Council Meeting on July 21st their names could not be entered on the forthcoming first issue of the Register, did much to induce nurses to apply for registration on the General Register.

Nothing, however, is more apparent than that nurses object to be known as specialists, and the applications from Fever Nurses and Sick Children's Nurses to have their names appear on the Special Registers are exceedingly few.

The Male Nurses have not responded well, and the thousands of Mental Nurses, especially the men, are holding back, as they are not satisfied with the conduct of business, financial and otherwise, by the majority of the Council.

Upon inquiry we learn that Male Mental Nurses strongly object to being governed by Institution Matrons, Medical Superintendents, and the laity, as through their Union, the Asylum Workers' Union, they have secured a large degree of self-determination, and they naturally object to place themselves profes-

[previous page](#)

[next page](#)