

## ECHOES OF THE SCOTTISH NURSES' ELECTION.

### A FEW PERTINENT QUESTIONS.

We have a little grandson, aged six, devoted to a little brother in his second year, but who said to his granny somewhat wistfully, "Daddie is very fond of David because he cannot ask questions." To which we replied, "Tired Daddies often resent questions—especially if they do not know the answers."

During our recent visit to Glasgow, as our time was short, we asked numerous questions of various persons and gathered some very interesting information.

*Question 1.*—Are you Glasgow Nurses satisfied with the election for the General Nursing Council for Scotland, and if not, why not?

*Reply.*—We are far from satisfied; first, because of the methods employed to exclude the nurses' representatives who are not members of the College of Nursing, Ltd., which will result in the control of the Nursing Profession in Scotland by a clique of College Matrons.

A meeting was held in Edinburgh at which the nine College candidates were selected—with one exception all Matrons of hospitals—and which excluded non-institutional nurses—such as Miss Mary Hunter, Public Health Department, Glasgow; Miss M. R. Stewart, the very popular Secretary of the Scottish Nurses' Club; Miss Elizabeth T. Jones, School Nurse, Edinburgh Education Authority, and Mr. T. Prentice, Male Mental Nurse, thus depriving the rank and file of any participation in the government of their own profession—a very autocratic system.

*Question 2.*—Why do you object to be governed by the present Council?

*Reply.*—Because a General Nursing Council should be *general*, representative of all classes of nurses, and not merely the Matron nominees of one organisation of nurses dominated by hospital managers and Matrons in London. Moreover, we think the new Council is largely composed of persons who are unprogressive, and who are dominated by the institution point of view, and who are largely out of touch and sympathy with nurses outside hospital control. As so much of the nursing of the future is preventive we need Public Health Nurses, and those engaged in Social Service work, on the Council. The older Matrons have little experience of nursing "beyond the gates."

*Question 3.*—Do you approve of the Syllabus of Training drafted by the Scottish Council?

*Reply.*—No. It is too superficial and undefined. The teaching of nurses, both practically and theoretically, at the Glasgow Royal Infirmary is far ahead of it.

*Question 4.*—How about General Nursing Council administration in Scotland?

*Reply.*—It is excellent—economical and efficient. Our Registrar is all that courtesy and efficiency demands. Everything to do with the recent

Election was carried out with method. We had notice of the Election in ample time. We had four weeks in which to consider the Voting Papers. No distinguishing marks to give us away on envelopes or papers.

*Question 5.*—What staff is necessary to effect this efficiency?

*Reply.*—We have a Registrar who is a solicitor, and he has the help of one clerk in the office. To meet the extra work of the Election two temporary clerks were engaged, and everything was carried out expeditiously. We also consider ourselves fortunate in our Chairman. He is a liberal-minded man of business, and as our Register is not yet published we owe it to him that a printed list of constituents was available for *all* nominated candidates.

*Question 6.*—How about reports of the Council meetings; presumably the Press is not admitted?

*Reply.*—So far, no. During the drafting of the Rules, &c., it was not considered advisable, but now that the rank and file of nurses in Scotland are practically excluded from representation on their own Governing Body, we think it is time to admit the Press to Council meetings—as is done by the General Medical Council, and the General Nursing Council for England and Wales. We are not satisfied to be governed in the dark by the present partisan Council. We are considering what steps to take to obtain publicity.

One result of our questions was to impress us with the fact that when more Scottish nurses realise their present dependent and dangerous position, they will soon find the way to amend it.

E. G. F.

## THE NECESSITY FOR RECIPROCITY APPARENT.

Dr. T. H. A. Valentine, Director-General of Health in New Zealand, writes in his Annual Report:—

There are some matters of special interest in the Report of the Director, Division of Nursing. There is no doubt that there should be reciprocity in registration of nurses throughout the Empire. The need for some such system of reciprocity need not, however, be laboured; the necessity for such becomes every day more apparent.

Now that the Nurses' Registration Act has at last come into force in the United Kingdom we are anxiously awaiting the initiative of those responsible in the Mother-country in this direction. The same may also be said of the registration of midwives. It is not reasonable that midwives from the United Kingdom should, on a certificate of having passed an examination after three or six months' training, expect registration in New Zealand, where we only allow a pupil to go up for examination in midwifery on producing evidence of twelve months' training in a recognised maternity school. We have already informed the Central Midwives' Board that we will not recognise or register midwives from the United Kingdom who

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