

Royal British Nurses' Association.

Incorporated by



Royal Charter.

THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

RECIPROCITY AN ANOMALY.

A Member of the Association, who recently visited Scotland, had a curious illustration, in a county town, of the working of the English and Scottish Nursing Acts there. She was talking to its district nurse, who was wearing the English State Registered Uniform, and conversation disclosed the fact that this nurse had midwifery training only, with just a little added experience in district nursing. The nurse gave an account of what she regarded, and rightly so, as a piece of astuteness on her own part. She had, she stated, gone to the Offices of the General Nursing Council for Scotland, but was told there that she was not eligible for Registration by that body. The Registrar (or his representative) advised her, however, that, if she made application, the General Nursing Council for England would, in all probability, admit her to their Register. This she did and was accepted under Rule 9 (1) (g). The curious position, therefore, arises that this nurse is now practising as a Registered Nurse in the country, to whose Register she could not gain admission in the ordinary way and, furthermore, as a nurse registered on the English Register she can claim, under the reciprocity rule, to have her name placed now upon the Scottish Register; in other words she can, should she so choose, enter that Register by the back door supplied by England, *i.e.*, Rule 9 (1) (g).

When the proposals, now established under Rule 9 (1) (g) were first mooted by the College of Nursing, Ltd., the Association, from the beginning, used all its efforts to prevent their adoption. Unfortunately, those efforts were unsuccessful, but incidents like the above prove the wisdom of the position we took up in opposing the deterioration of the Register by placing the seal of its recognition upon those who were practically untrained women. It is true that Rule 9 (1) (g) is no longer operative, and it is also true, as has been argued, that, in time, those who were admitted under its provisions, "will become old and will die." But these facts do not affect the position at the present time which is that these women will continue to compete, on a professional footing, with the fully trained nurses of the present day, and the fact that they have never been inside a General Hospital is covered by the titular letters of the General Nursing Council for England and Wales, and by its uniform, so that the public and the sick poor are often relying, in the great crises of their lives, upon a knowledge which is, in reality, non-existent. There is further the serious fact that these untrained, or partially trained, women have the right to vote in the Election of our Direct Representatives for our Governing body, the General Nursing Council for England and Wales.

Such incidents show how wrong it is that Parliamentary and lay influence should be permitted to overthrow the considered opinions of professional organisations—organisations which, with one exception, opposed from the very

start the suggestion to deteriorate the standard of training, recognised as qualifying for Registration. "Not failure but low aim is crime," and, if we did not this time succeed in "educating our masters," at least we maintained the right to express an opinion, when the profession is threatened with legislation derogatory to its well-being and development.

But it is not enough that the Executive Committee of the Association should remain vigilant. An attitude of greater alertness is required of its Members and of the whole body of nurses in Great Britain and Ireland. "Where there is no vision the people perish," we are told in Holy Writ. The greatest difficulty that pioneers in all the ages have had to cope with has been the lethargy of the people whose lot they set out to improve. If the great body of English nurses had been alive to the influence of Rule 9 (1) (g) upon the standards of their Register, alive to its influence on the efficiency of the nursing available for the sick public and alive to the indirect effect which a high educational standard undoubtedly has on the economics of those attaining to such standard, a far greater force of professional opinion might have been brought to bear against those determined to minimise the value of Registration. Most important of all, not only should the energy of individual members of the profession have been brought to bear upon the question, but the last General Nursing Council for England and Wales should have forcibly contested it in Parliament and before the Privy Council. It did not do so, and its futility is largely responsible for decisions inimical to the prestige of the Registered Nurses and for consequent economic damage.

The lesson we learn from such incidents as that we have referred to is that, if the profession is to develop, if its educational prestige is to be maintained and if there is to be any chance of real economic freedom for the nurses, there is need that individual nurses, as well as a few acknowledged leaders, should develop powers of mental vision, should focus those upon what is happening in their profession, and should make the results of such vision so felt that they will attain at last to the free and honourable status that rightfully belongs to individual members of any professional body of women. The "voice crying in the wilderness" must become the *vox populi* of the whole profession.

APPOINTMENT.

We congratulate Miss Edna Russell, who took the Certificate of the Glasgow Royal Infirmary in 1926, and just after that the Certificate of the County Maternity Hospital, Bellshill, on her appointment as Welfare Superintendent at Messrs. Harrods. She has been working successfully on the Co-operation of the Association for the past year.

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