

fact that more nurses are coming out of them year by year than there is employment for. Now if these nurses, who would otherwise leave the hospitals after having failed to pass the State Examination, were placed in the position that without meeting this test they could not lay claim to the title of nurse matters would be improved. They would then have little choice but to remain in hospital until they passed the examination and so fewer new probationers would be recruited and the inflow of more nurses to an already overcrowded profession would, to some extent, be controlled. Perhaps this paper may appear to be based over much on the economic aspects of the question. If so, force of circumstances are responsible, for we have constantly cropping up questions of equity in these connections. But there are other points. Compulsory Registration would inevitably lead to greater understanding of the effort required for the attainment of a place on the State Register, and both the man in the street and public authorities would gradually come to place Nursing in a position of higher importance to the community. Furthermore, the establishment of a definitely compulsory minimum standard of qualification would lead the nurses more and more to seek high attainment in special directions which could not but have a healthy effect towards maintaining advancement in nursing education; this has undoubtedly developed rapidly since the Acts for State Registration were established.

The protection of the title of nurse would doubtless prove a measure inconvenient enough to many who have hitherto used it without any adequate qualification to justify its use, but the vocabularies of the English and other languages could be relied upon to make good the deprivation, by finding another word to meet the case. It is for those who feel themselves opposed to compulsory Registration when defending their position, to put forward other suggestions for eradicating the unjustifiable competition that is so prevalent from the unqualified. I venture to say that they will find themselves beset in any such effort with just as many difficulties as we can meet on the road to the achievement of compulsory Registration. That there are such difficulties, and very great difficulties, in the way of accomplishing a reform such as this cannot be denied, but they are not insuperable, and the question now before the Committee is whether we approve of Compulsory State Registration as a principle; all other entanglements arising in the future and their adjustment would have to be dealt with, but under a compulsory system of registration the position of the rank and file of the nurses would tend to become more secure and more hopeful in outlook than it is at the present time.

RESOLUTIONS.

At the termination of Discussion the following Resolutions were agreed, and submitted to the Board of Directors for consideration, which endorsed them:—

COMPULSORY REGISTRATION OF NURSES.

1. That the International Council of Nurses approve the policy of compulsory registration, and urge that efforts be made to educate the medical and nursing professions and Governments in the necessity for a definite forward step in this direction; and that in countries where State Registration is already established all nurses holding public positions should be State Registered.

DEPARTMENTS OF NURSING AT MINISTRIES OF HEALTH.

2. Also that a Department of Nursing is a valuable part of the Ministry of Health, and that the International Council of Nurses urge that such a Department be established in all countries.

In due course these Resolutions will no doubt be sent from Headquarters at Geneva to the authorities concerned.

NIGHTINGALEIANA.

“OBSERVATIONS ON THE SANITARY STATE OF THE ARMY IN INDIA.”

By FLORENCE NIGHTINGALE.

Reprinted from the Report of the Royal Commission, 1863.

HOSPITALS. Page 60-63.

“The wards can never be said to be light or airy: ‘as a general rule, Hospitals are badly lighted and gloomy; doors are more common than windows. And these doors, when closed, leave the ward, if not absolutely dark, yet absolutely dismal and close. Indeed a dark ward must always be a close ward.’ Or ‘light enters from a couple of panes in the doors ‘near the top, and when closed, darkness is almost complete.’ There is in Indian hospitals hardly a room light enough to perform a surgical operation. And operations, it is stated, have to be performed in verandahs As to the attendants, they are just the same, as would be supplied to idle healthy men. Quantity, it would seem, is supposed to supply quality. In serious cases a ‘waiting man.’ That is, he goes on guard for twenty-four hours, as in the guard room, so in the sick room. It appears that mounting guard on the sick is disliked, and the guard sometimes neglects his patient.

As to supposing that any nursing is required, the thing is totally out of the question. There are neither trained orderlies nor female nurses.

A Matron is sometimes sanctioned ‘but, only for a complete battalion.’ If there are fewer sick, they must do without. Every severe case, as has been stated, is allowed to have its comrade to itself in from the ranks—*i.e.*, the case which requires the best nursing is to have the worst nurse. Something more is needed to make a nurse, as well as a surgeon, than mere kindness. Wherever the above comrade practice is found, we know beforehand that there can be no nursing, no discipline in that hospital, and any amount of drinks.

There is generally one hospital sergeant and a plentiful supply of ward coolies.

The hospital sergeant is for discipline, and under him are 79 coolies and bheesties in cold weather, 240 in hot weather—This for a European Corps. The general impression, as regards the native attendants, is that they are in some sense kind, but as a rule very inattentive; and when there is any pressure of sick they are ‘lazy’ and ‘apathetic’ and the sick, it need hardly be said neglected, and averse to be waited on by them. When at a hill station, as Landour, the hospital sergeant is taken at random from the sick men themselves, sent up for convalescence, it is needless to point out the consequences. This grievance has been repeatedly represented, but in vain.

Nynce Täl has one hospital sergeant, one barber, one orderly, for its attendance.

Lady Canning introduced female nurses at Allahabad, who are mentioned (in the Stational Return of Allahabad) as being a great comfort to the sick. Whenever there are general hospitals there should be female nurses, but only under the organisation laid down by the Medical Regulations of October 1859. It is a great mistake to put down a few women among a parcel of men (orderlies and patients) without exactly defining the women’s duties and place.

“If the British Military are such what must be said of those for Native troops! Here the patients ‘diet themselves’.”

(To be continued.)

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