

A Few Remarks on the Registration of Nurses and the Nurses Registration Bill from the Mental Nursing Point of View. By D. G. THOMSON, M.D., Medical Superintendent, Norfolk County Asylum.

IT must be gratifying to us that our Association has in a great measure solved for itself the problem of registration which is now agitating the nursing world and divided it into two hostile camps—those for and those against registration.

I am sure too much credit cannot be given to the pioneers and their successors, members of our old-established Association, for their labours, which have resulted on the whole in an admirable and uniform system of training, examination, certification, and registration of qualified mental nurses ; and were it not that the authorities in general nursing firmly believe “no good can come out of Nazareth,” they might do well to imitate our scheme, or procedure rather, as a basis for the registration of general nurses.

I assume, as a matter of course, that you are all in favour of the registration of general nurses. A more feeble and childish protest against it than that published in the *British Medical Journal* of April 2nd it would be difficult to find, and what little semblance of logical argument it contains has been ably refuted in letters published later by Helen Munro Ferguson, “M.B.,” and others.

All the arguments contained in the manifesto against registration could be, and were, used when the registration of medical practitioners was mooted in 1850. There is much that is flotsam and jetsam on the troubled sea of medical politics and practice now, but amidst it all we at least have one solid reliable plank to paddle about on, *viz.* registration.

I must not take up your time with this aspect of the question or I will be ruled out of order, yet I will risk it for a few moments to allude to one or two arguments in favour of registration, and I will put it in the form of a question. How would we registered medical practitioners like to be in the position of being unregistered? How would we like all sorts of unqualified, half-qualified people competing on terms of legal equality with us? Not at all, I fancy, and still less so if our profession were

a uniformed one like the military or the nursing professions; as it is illegal to masquerade in genuine military uniform, so ought it to be illegal to masquerade in omnibuses, theatres, and other public places, or in very private and very doubtful nursing homes in a registered nurse's standard uniform, as is done now by female pickpockets, massage Jezebels, *et hoc genus omne*.

I think, too, with our usual national tendency to unconscious hypocrisy, far too much is made of the moral or social qualifications of a nurse made so much of by the opponents of registration; indeed, this is an aspect of our own certificate and registration which has always seemed childish and invidious. The age of the asylum keeper's whip and Sarah Gamp's gin-bottle has passed, and with them the brutality and coarseness of their users. The next stage in evolution, the extreme opposite, is also almost past—the inefficient pillow-smoothing angel or the good-natured, untrained asylum attendant. These in turn are being succeeded by the technically skilled and efficiently trained general or mental nurse, male or female, and with this training comes the suitable “morale” (not morals), conduct, bearing, and professional *esprit de corps*. In my opinion morals should not appear on a nurse's certificate any more than on a medical practitioner's diploma, as those afflicted with intemperance, harlotry, mendacity, etc., would, other considerations apart, be weeded out long before the examination and certification stage; indeed, I always feel myself quite incompetent to decide on any one else's morals, far less to cast the first stone, when I certify or refuse to certify that “A. B. is a moral person,” etc.

However, as I said before, I assume that you are all in favour of registration, so I will without further preamble proceed to glance at the points in the Bill now before Parliament which in any way affect mental nursing, and make a few remarks thereon.

Section 4 states that a Council shall be incorporated, to be called the “General Council of Nursing Education and Registration of the United Kingdom.”

Section 5 states that this Council shall consist of thirty-one persons, to be appointed or elected as follows:

A. Two nominees of the Privy Council, one a registered medical practitioner and one a nurse.

B. Five registered medical practitioners who shall be teachers

of nurses in nurse training schools attached to general hospitals (three for England, two for Scotland, one for Ireland).

C. One registered medical practitioner in general practice appointed by the British Medical Association.

D, E, F, G, H. Eight matrons, six elected by matrons of London, Provincial or Welsh, Scottish, Irish, general hospitals of a hundred beds, and two matrons of Poor Law Infirmaries of not less than two hundred beds, elected by matrons of such infirmaries.

I—O. Fourteen nurses. Ten by registered nurses of England, Scotland, and Ireland. One representing Naval and Military Nurses: Appointed by Admiralty and Secretary of State for War; one appointed by Matrons' Council of Great Britain and Ireland; one appointed by Queen Victoria's Jubilee Institute for Nurses; one appointed by Royal British Nurses' Association.

P. One person who must either be a registered medical practitioner or a nurse to be appointed by the Asylum Workers' Association.

The Council then is to consist of thirty-one persons, of whom seven are registered medical practitioners, eight matrons, and sixteen nurses, or if the Asylum Workers' Association elect a medical practitioner and not a nurse to represent them on the Council, the numbers will be eight medical men, eight matrons, and fifteen nurses. This is not the place to discuss the great disparity between the numbers of medical men and matrons and nurses, or nurses rather, for a matron is practically a nurse, with high administrative rank superadded. A matron is as much a nurse as a surgeon-general is a medical practitioner. I would like to digress here for a moment to suggest that as matron seems to be the name given to the chief female officer of a medical institution, and as the name is used in the Lunacy Acts and in the Bill under consideration, that it would be advisable if the asylum superintendents adopted that name for the chief female officer of our asylums. Chief nurse, head female attendant, housekeeper, lady superintendent, and so on, which are terms used in asylums, have no very definite or recognised meaning, whereas the term matron is understood both by the profession and the laity.

Now to consider the clause more particularly affecting us alienists—sub-section P.

I don't know to whom we are indebted for the introduction

of this clause; all honour and thanks to whoever it was, for I know enough of the lofty scorn and opposition shown towards the recognition of our asylum trained nurses, male and female, as being nurses at all, to realise that much noble advocacy of their cause and of their right to be considered as such must have been brought to bear on the promoters of the Bill to account for their being accorded a representative at all. Half a loaf is better than no bread, and there is much latent power in the thin end of the wedge. I have no figures before me to show the comparative numbers of hospital nurses and asylum nurses, still without figures one can surmise that the disproportion cannot be so great as one to thirty in any scheme, as a basis of representation on the Council. Surely if the total number thirty-one is a fixed limit of members on the Council, clause M or clause O, either or both, *viz.* the nurse member appointed by the Matrons' Council, and the nurse member appointed by the Royal British Nurses' Association, might have been omitted as redundant and one or two representatives added to the solitary performer acting on behalf of the Asylum Workers' Association. Happy thought, by the way: let us hail the absence of the word lunatic in this bill as an adjective before the word asylum.

Living as I do in the wilds of East Anglia, I cannot always attend the meetings of the Parliamentary Committee of the Medico-Psychological Association of which I am a member, so have not heard what chances, if any, there is of this Bill becoming law, nor do I know if it would be possible to have the number of representatives of the *circa* 10,000 persons engaged in mental nursing more adequately and proportionately increased.

Another matter concerning us is found in section 15, whereby any nurse claiming to be registered under this Act shall have completed a *three* years' term of training in hospital wards approved of by the Council, etc. Not cavilling at the term hospital wards, but assuming the term hospital to include mental hospital or asylum, note must be taken of the *three* years' training; this will necessitate our increasing our minimum period of two years required for the certificate in mental nursing to three years. At the last discussion on this subject many were in favour of three years' service and training; they were, however, in a minority. Minorities nowadays have more rights than

formerly, and it would appear that their views will now have after all to be adopted.

One other matter and I have done. Why is it that the representative of mental nursing on the Nursing Council is to be a doctor or a nurse *appointed by the Asylum Workers' Association*? How has this come about? I have no wish to be captious. I have every sympathy with and interest in the Asylum Workers' Association, or I would not be a life member, and I am quite open to conviction that the Asylum Workers' Association is the most important and suitable body to elect a representative to advocate and maintain the importance and interests of our mental nurses on the Nursing Council provided the arguments used to convince me are valid, but *a priori* and without much opportunity for consultation with those qualified to give an opinion on the subject, I should have thought that the Medico-Psychological Association would have been the body corporate to have had this privilege. Long established, of wide influence and knowledge in all matters pertaining to the insane and their needs, possessed of an organisation and machinery far in advance of any kindred association, and last, not least, the pioneer and organiser of that training and status which is now the privilege of every mental nurse.

The After-care of Friendless Patients Discharged from Asylums, as provided for by the Scottish Probationary Procedure.⁽¹⁾ By J. CARLYLE JOHNSTONE, M.D., Medical Superintendent of the Roxburgh District Asylum, Melrose.

By the Act 25 and 26 Vict. cap. 54, sect. 16, the General Board of Lunacy, Scotland, may grant authority for the liberation on trial or probation of any lunatic from any asylum for such time and under such regulations as the Board may consider necessary or proper, and by the Act 29 and 30 Vict. cap. 51, sect. 8, every pauper lunatic who is discharged on probation shall remain subject to inspection by the Commissioners during the period of probation, and it shall not be lawful for