

Trained Nurses of Great Britain and Ireland to the San Francisco Convention in 1915.

Since writing this the College of Nursing Co., Ltd., has drafted another Bill; we

do not consider that it is any improvement upon the last, although it grants representation to the Central Committee for State Registration.

King Edward Nurses

When in Capetown I had the pleasure of meeting Miss Pritchard, the Lady Superintendent of the King Edward Nurses, who are the District Nurses of the South African Union. Both Europeans and natives are cared for by these nurses, but the work is divided. The colour question is still strong throughout the union. The following extracts from the 1916 report of the district scheme may prove of interest to our district nurses in New Zealand.—A.B.

GENERAL PRINCIPLES OF THE SCHEME.

The King Edward Nurses were organised as a South African Memorial to commemorate the life and aims of King Edward VII. The following are the general principles of the Order:—

1. The nursing organisation is intended to comprise two divisions—(a) European, (b) Coloured and Native. The funds and organisation of the two divisions are to be kept apart.

2. As it is recognised that some areas, principally urban, are already well served by Nursing Associations, every care is taken not to compete or interfere with such Associations and the nurses working for them.

3. The general sick nursing is carried out under the direction of medical practitioners, and a high standard of efficiency is required.

4. The King Edward Nurses are forbidden to interfere in any way with the religious and political opinions of the patients or of the members of their families.

5. The immediate object is to make good deficiencies now existing in South Africa. These deficiencies apply to sick and injured persons who can pay but cannot obtain the services of nurses; to those who can pay in part; to those who cannot pay at all. The work of the King Edward Nurses must inevitably be organised with regard to the resources of the Order, and it is obvious that no systematic effort can be made to provide nurses for the poorest classes until the Order is sufficiently equipped with funds. Whenever nurses are available, however, they will attend patients, who, in the opinion of the doctor, can only pay part fees, and will make free visits to those who cannot pay at all. As the value of and necessity for the services of the nurses become more generally recognised, and the necessary funds are forthcoming in increasing degree, their services will become more available for those who cannot afford to pay the whole fees, or at all.

6. As experience has shown that the efficiency of nurses collected at a centre under experienced supervision is far higher than in the case of an equivalent number of single nurses assigned to districts, Centres will be established as far as practicable, but the proportion of nurses in single districts to those established at Centres must be ascertained by experience.

7. The financial arrangements under which nurses are placed in single districts are that a local body or number of residents give a guarantee for three years of £50 per annum, that amount to be drawn upon each year to the extent only of the difference between the agreed cost of the nurse (*i.e.*, the cost of her salary, board and lodging, and uniform) and the actual fees received in that year.

Where applications, accompanied by this guarantee, are received for single district nurses, the Executive Committee at once considers whether, with its available staff, and having regard to other calls made on it for nurses, it is able to meet them.

The mode of procedure in providing the services of the nurses has been as follows:—

The nurses visit cases to which they are sent by the Public Relief Board; see what is wrong, and, if necessary, call in the District Surgeon, who prescribes a line of treatment which the nurses carry out. In the case of minor ailments the nurses use their own discretion as to whether patients should attend the Out-Patients' Department at the Hospital, and whatever treatment is ordered there they carry out, or administer simple home treatment themselves.

The nurses further find it constantly necessary to give advice to mothers in the care and correct feeding of children of all ages. This work is generally appreciated and, by seeing that such advice is followed by the mothers, the nurses find their labours are simplified.

The Sub-Committee found difficulty on the formation available in making any definite recommendations for the development of the Native side of the Order, either by providing for the training of Native girls as nurses, or by the employment of Native nurses already trained. It was resolved that steps should be taken to collect more adequate information as to—

(1) The possible sources from which Native girls suitable for nursing training could be drawn;

(2) The existing facilities for the training of Native nurses, the cost of such training, and the possibility of extending the facilities;