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A COLOUR LINE.

An interesting debate took place recently at the meeting of the Cape Colony Medical Council on a Report from the Special Committee appointed to consider the training of nurses, in the course of which several important points were discussed. The most important was as to whether a hospital receiving only coloured patients afforded training facilities which entitled it to rank as a recognised school for probationers. The Special Committee reported that it was unable to endorse the Transvaal rule requiring the whole of the patients to be European, but recommended (Dr. Darley Hartley dissenting) that at least one-half of the patients be required to be Europeans.

At the meeting of the Medical Council above referred to Dr. Darley Hartley moved the omission of the clause recommending that half the patients should be required to be European. He thought it extremely dangerous for the Council to institute a sort of colour line, or what would look like it.

The contention, he knew, was made that nursing of coloured patients was not done on the same lines as that of Europeans, and that therefore probationers would not get sufficient experience. He had had many years of work in a hospital about half and half, and there the coloured patients were dieted, nursed and treated precisely the same as whites. He believed this was generally so, and, if in some institutions it were not, the recommendation of the Committee might be taken as a sort of tacit recognition of the utterly indefensible posi tion that it was right for a hospital to take less care of a black man than a white. Besides this, such a regulation would for all time exclude native or coloured nurses, and he, for one, thought that it was a most

desirable thing that educated coloured women should be trained to attend to the needs of their own people. In many directions, notably surgery, the greater recuperative powers of Kaffirs enabled better experience to be gained from them than others.

The general opinion, including that of the President (Dr. C. F. K. Murray), who said that the limitation was entirely unnecessary, seems to have been with Dr. Darley Hartley. Dr. Greathead said that in his hospital no difference whatever was made between black and white. Surely the experience in all the essentials of nursing was identically the same. Natives had to be kept clean, to be dieted, have their temperature and pulse taken, just the same as other people, and, as a matter of fact, the nurse's frequent ignorance of their language tended to develop her powers of observation.

We agree with Dr. Darley Hartley that it is quite indefensible to assume that a hospital should take less care of a black man than a white. The sick of all shades of colour should receive precisely the same Nevertheless, though as reattention. gards treatment and actual nursing the routine is the same, we are inclined to think that there are some important points in connection with this subject which it will be well to consider. In our view the point where a nurse trained in a hospital solely for coloured patients would be most likely to fall short would be in the matter of serving diets. The life of the native races when in health is, as a rule, far simpler than that of Europeans. Their food is different, it is served differently, and it is not desirable that they should be taught to expect the elaborate preparation, and service of food which has become second nature, and therefore really a necessity to the European. And, however it may be in



