

their movements. They are also as a rule devoted to children. On the other hand, they do not like performing those parts of their work which they consider menial, and they have not much sense of responsibility, neither have they much stamina.

So far as practical work goes both native men and women in Zanzibar have learnt enough to make them very useful. For instance, they can polish instruments, and prepare for an operation in a way which would be creditable in an up-to-date London hospital. Their theoretical work has so far lagged behind the practical, and there are at present no nursing textbooks in the Swahili language.

The influence of the training given in this hospital is far reaching, because many of those who receive it ultimately return to their own tribes up country, and thus carry their nursing knowledge to villages where no European is stationed.

Mention must also be made of a midwife who is at work in the town of Zanzibar, under the auspices of the Lady Dufferin Fund.

We must, however, turn to South Africa to find nursing organization in an advanced condition. Nurses in South Africa are so far the only ones who have legal status and registration, a privilege granted to them largely by the efforts of Sister Henrietta of Kimberley. This Registration is carried out by the Cape Medical Council.

In 1891, when the new Medical Bill was brought before the Cape Parliament, the trained nurses of the country almost unanimously—a little band of some 66 women then—now quite an army—petitioned for a place on the Register and State control. With much care and forethought an admirable Act was drawn up and passed, providing for the Registration of foreign trained nurses, and the State examination and then registration of the colonial trained. The Bill was in two parts, the first referring to midwives, and the second to trained nurses.

After ten years' trial, on the whole it has worked well. Nursing is a recognised profession, and trained nurses legally stand in the same position as doctors and lawyers, the certificate granted by the Council being, practically, a license to practise.

Miss M. H. Watkins, in her paper read in the Nursing Section at the International Congress of Women held in London gave the following information as to the working of the Act.

"After the Act was passed a year of grace was given, during which all nurses holding hospital certificates could register. When this year of grace was over, the Medical Council formed a Syllabus of Subjects in which nurses must be trained, which is much the same as in the best hospitals in England. They also suggested books to be studied by nurses. They have also appointed the following centres at which examinations shall be held:—Cape Town, Kimberley, Port Elizabeth, Grahamstown, and King William's Town.

The house-surgeons generally, and in Kimberley some of the visiting surgeons, give courses of lectures on antiseptics, anatomy, physiology, etc. Examinations are held half-yearly, in June and December. Now the Council will not examine any who have not had three years' hospital training in a hospital of not less than forty beds.

The written questions are uniform for each centre, and are entrusted to two medical men, who sit as local commissioners during the time in which the answers

are being written, and by whom they are returned to the Medical Council. These same two doctors conduct the viva-voce examination, which is generally held on the day following the written. The marks for the viva-voce are given by these doctors, and reported to the Medical Council, who themselves examine the written papers, and in some two or three weeks' time send certificates to nurses who have passed their examinations successfully. The Medical Council publishes yearly a register of certificated nurses, which can be had for half-a-crown.

Hitherto Registration has had a markedly good effect in the Colony—1st, by raising the standard of education for nurses; 2nd, in raising the status of nurses; 3rd, in awakening ambition in nurses; and 4th, in affording by their published Register an opportunity to the public of knowing that the nurse they engage is duly qualified, an opportunity of which, I am glad to say, many avail themselves.

Of course, education and Registration do not always ensure a nurse being an acceptable one. There are, and always will be, nurses and nurses, but I think Registration has done as much as we might have expected, in the time."

A leading Superintendent of Nursing in South Africa writes in the NURSING RECORD:—"The main advantage of the Register to Nurses is that in any case of difficulty they can appeal to the Council, such as testimonials withheld, wrongful dismissal, or unjust accusation. The Council goes thoroughly into the matter, and in the few cases which have been brought before it, it has shown itself much inclined to take the part of the nurse. Nurses can register as midwives do, either by producing approved certificates of some foreign country, and proof of three years' training and successful examinations, or, in the case of colonial nurses, proof of training and character, and passing of the Council's examination for nurses.

#### REPRESENTATION ON COUNCIL.

But nurses have one great difficulty. There is on the Council a representative dentist and chemist, elected by the dentists and chemists, and approved by the Governor, to advise the Council on subjects pertaining to dentistry and pharmacy respectively, and to lay before the Council the claims of dentists and chemists. There should also be a representative nurse-midwife, who should be able, not to vote in the Council, but to speak on midwifery and nursing questions. There have been various cases which show the need of this. A magistrate wrote to the Council saying a case had come before him in which he could only commit the midwife for trial for manslaughter, but he believed there were extenuating circumstances into which, as a layman, he could not enter.

He begged the Council to appoint a commission of inquiry, and if the woman was acquitted on the graver charge to take such steps in dealing with her that another woman should not lose her life through her ignorance and carelessness. After a long time the Council replied that as she was an amateur midwife, untrained and unregistered, they had no machinery in their hands to deal with her. Again, five licensed midwives in one town addressed the Council about a quack (also licensed). They said it was a fact that in this place several women had died shortly after childbirth, that they had all been attended by this midwife, that various charges were being continually made against her competency and professional

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