

NURSING IN SOUTH AFRICA.

Nurses who contemplate going to the Cape on their own, and who have no friends out there, should apply for advice to the South African Colonisation Society (115, Victoria Street, Westminster), or to "The British Women's Emigration Society" (The Imperial Institute, London). They will receive valuable information regarding the route and where to stay on arrival.

Private nursing is largely in the hands of British-trained women; Colonial girls marry early, and so many of those who qualify are lost to the profession soon afterwards, while others stay on in their own hospitals as sisters. In all the principal towns there are good

Institutes, whose members hold three years' certificates for general nursing, and a majority of them a diploma for midwifery also. Some nurses receive board, quarters and laundry between cases, and a salary of £50 to £60 per annum. Others take their own fees—three guineas in Natal and five guineas

weekly in the Transvaal—paying the Association $7\frac{1}{2}$ or 10 per cent. on their earnings. Those who work on the Co-operative System can live where they please; the most comfortable plan is to board at headquarters, this costs in Johannesburg, for instance, 3s. per night for a room, and 6s. per day for meals, while prices are about one-fourth less in Natal and Cape Colony. A more economical plan is to hire an empty room, furnish it cheaply, and cater for oneself when disengaged; the disadvantages are obvious, work may be miles away, and after a long case the nurse returns to find the room thick with dust, and much of the time she needs for rest and recreation is spent in housework and cooking.

There is plenty of variety in the work. Well-

to-do people live in nice houses, their servants though black are fairly competent and there is every comfort. On the other hand, a skilled workman earning high wages, often calls in a trained nurse for a sick wife; the house is very small, has no bathroom or other conveniences, and the nurse has to housekeep as well as attend to her patient. There is always a "boy" to do the rough work, but if he is raw and inexperienced, he cannot cook anything, or look after the children, or come into the bedroom. Other patients are single men, working on the mines, and living in rough bachelor quarters, which often consist of two barely-furnished rooms. The nurse has to borrow many necessaries from neighbours, and have her meals sent in from a hotel if there is one near, or from a married miner's house. She

has frequently to combine day and night duty, as the fees for two nurses are too high for any except well-to-do folks to pay. Cases are more plentiful in summer than in winter, so it is wise to reserve one's chief holiday for the slack season. The medical cases are usually of an acute kind, such as pneumonia, dysentery, typhoid,



THE NEWEST CITY: JOHANNESBURG.

and other fevers. Most of the surgical work is done in hospitals, and there are few "chronics."

Members of large Institutes are often asked to go long journeys, as people in outlying districts send for help in serious illness to some well-known Association. The writer has spent 24 hours in the train, followed by eight hours on horseback, on her way to a patient, while another sick woman was 70 miles from the nearest railway station, and nearly half that distance from a doctor. On both occasions the scenery was magnificent, and seeing so much of new country was compensation for the fatigue.

Nurses need resourcefulness and adaptability as well as sound knowledge to work success-

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