

under the Bureau of Registration of Nurses of the State Board of Health. Under the waiver 4,500 nurses have registered, quite a remarkable number in one State in so short a time, and practical evidence of how legal status is valued by thoroughly trained business-like Californian nurses. Through the educative influence of *The Pacific Coast Journal of Nursing*, they do not only value their own Act, but are well up in the history of the shameful tactics of the opposition to the Bill in this country.

IN VICTORIA.

An influential deputation, representative of the Council of the Royal Victorian Trained Nurses' Association, at Melbourne, recently waited upon the newly appointed Minister of Health, to ask him to provide for a scheme for the State Registration of Nurses. Dr. Hurley pointed out that the chief reason actuating the Association in asking the Government to assume control of registration was its inability to prevent non-qualified persons from foisting themselves upon a credulous public as experts in nursing and midwifery; and Miss Glover said that the Association had done as much as it could do under the present voluntary system, it was for the State to do the rest.

The Minister, in replying, said he feared there was little probability of getting a Bill through in the coming short session, also he was doubtful as to the advisability of including midwifery provisions in its scope, chiefly because a separate midwifery Bill had already been drawn up. The deputation thought they could obtain the consent of the midwifery authorities to the incorporation of their Bill in a general nursing Bill, which the Minister agreed would get over the difficulty. No one was more convinced than he was of the necessity of supervising the training of nurses.

There is no doubt, both for the sake of economy and efficiency, that it is desirable for all branches of nursing to be organized under one board. Nurses in Victoria have no opposition, either from the medical profession, or from hospital authorities, so their position in asking for legislation is a very strong one.

IN SOUTH AFRICA.

Dr. Thornton, the Medical Inspector of Hospitals in Cape Colony, has issued an interesting report on hospital and institutional work, including, of course, nursing. On the recommendation of the inspector, a larger number of probationers have been employed in several hospitals, partly to give them more leisure for study, and partly to combat the prevailing shortage. On his suggestion, also, the Provincial Administration has decided to give two small bursaries to the two nurses who pass first and second in the June and December examinations. It is anticipated that, in consequence, more nurses will take a maternity certificate, as they will thus be provided with the necessary funds.

Since the levelling up of the Cape salaries to an equality with the Northern Provinces, the shortage has not been so acute.

In respect to the need for the consolidation of the law regarding the nursing profession, we learn from Dr. Thornton's report that many people, throughout the province, and particularly Matrons of training schools, have expressed the hope that the Government may take early steps to consolidate the law relating to the registration and training of nurses. There is a fairly general feeling amongst nurses, shared by not a few medical men, that the Cape Medical Council, as at present constituted, is not sufficiently in touch with the hospitals in which nurses are being trained, to allow it to discharge its functions satisfactorily.

Dr. Thornton thinks, with many others, that the nursing profession has reached a stage in South Africa when it can claim with some justice the right of representation on any body charged with the management of its affairs, and that it is not unreasonable that it should have some voice through its duly appointed representatives in regard to the registration and training of nurses.

Dr. Thornton states that personally he would like to see the law amended, so as to provide for nursing problems to be dealt with by a Committee consisting of members of the Medical Council and a number of trained nurses and midwives, elected by the nursing profession as their representatives. This suggestion is also supported by the *South African Nursing Record*, which published Dr. Thornton's report at length.

We cannot, however, agree with the movement for the issue of a lower grade certificate to coloured nurses, and are glad that the Cape Medical Council has refused to grant it. The standard for all nurses, European and coloured, should be the same, and the truest interests both of the sick and of native nurses, will be conserved by maintaining the one portal standard.

PRACTICAL POINTS.

If applied within twelve hours, undiluted medical Izal is an effectual remedy for gnat and midge bites. Shake the bottle and invert it, then apply the end of the glass stopper to the bite, and gently rub in the Izal by a circular motion with a finger-tip. There will be no more irritation or swelling.

In long cases of illness, the skin of the feet often becomes callous. This may be prevented by a daily foot-bath in water of not more than 100 degs. Fahr. Nearly fill a deep, flat-bottomed enamelled basin, place this in the bed so that the patient may be drawing up the knees, rest both feet in the basin. Fold a bath-towel round a newspaper, and tuck it over the basin before replacing the bed-clothes, leaving the feet to soak for about ten minutes.

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