

taking no notice of their varying social positions, and the result, on the whole, has been satisfactory.

The only resident members of our staff are the Night Sister and myself, the Head Cook and the servants, though we can accommodate two or three other helpers if their homes are too far away to be of use. The fact that I am the only Senior living on the premises has both advantages and disadvantages. On the one hand it makes me virtually, though not nominally, the head of the hospital; seeing me there so much, the men make most of their requests to me, and I have to settle every emergency that arises as there is seldom a chance of consulting anyone else at the moment. On the other hand, I have longer hours than is usual, as I have to be on duty early every morning and late every evening (the Lady Superintendent only being able to relieve me at stated hours) and I can never get a half-holiday.

The Lady Superintendent comes daily, and on three afternoons in the week she relieves me from 2-7 p.m., and occasionally on Sundays for two or three hours; I am on duty all day during the remainder of the week. The Commandant and Quartermaster come daily for two or three hours and possibly may do secretarial work in their respective homes.

The V.A.D.'s have a long day and a short day alternately; on their long day they are on duty from 8.30 a.m. to 7.30 p.m., and on their short day they have only about four hours' work. I should prefer to give them three or four hours' rest every day, as being better for their health, but the Commandant and Lady Superintendent assure me it is impossible where members live far from the hospital. They are allowed to come for a week, a fortnight, or a month at a time, according to their home circumstances. I find that a week is of little value except that a share of the cleaning is done, as a nurse hardly knows the patients by name in that time; those who come for a month become very useful. For our thirty patients we have six V.A.D. nurses and three cooks at one time; two of the six nurses are chosen every week to help me with the dressings, and they take great pride in the sterilizing room where they mix lotions, make sponges, cut and sterilize dressings and prepare every day a supply of boiled water, both hot and cold; they also learn to apply fomentations, to help me with other dressings and to prepare both room and patient for operations. Meanwhile, the other four are busy with ward, bathroom and pantry work, but they look forward keenly to their week as surgical "nurses."

I have used the word nurse as a convenience in this little account, but I am not allowed to address the members of the V.A.D. in that way, our Commandant having an objection to the word as applied to voluntary workers. The patients call everyone in uniform "Sister," giving me the distinctive title of "Head Sister," but I do not feel it practicable to follow their example so we have fallen back on "Mrs." and "Miss" though realizing that it sounds very unsuitable, especially during Doctors' rounds or at operations.

## REGISTRATION IN SOUTH AFRICA.

The *South African Nursing Record* publishes some information with regard to registration which will be of interest to any English nurses who are thinking of going out to the Union to work. Any nurse not trained or registered in the country must write to the Secretary of the Medical Union of the Province in which she wants to register, must sign a declaration of identity form declaring that she is the person referred to on the certificate she encloses, and must produce the original of her certificate of qualification from training school or examining body. It is essential that the certificate should state that it has been granted after examination; and if there is not a distinct statement to that effect on the certificate, the nurse must produce evidence in a letter from the Secretary of the school granting the certificate, or from one of the examiners, that it was granted after examination. The Cape Provincial Medical Council has decided to allow holders of the certificate of the Medico-Psychological Association of Great Britain to register in Cape Province without requiring them to pass any other examination. Hitherto, while allowing those who had passed this examination in other parts of South Africa to register, the Council has insisted that none but its own authorised examination should be recognised in the Province.

Reciprocity of registration between the United Kingdom and its Dominions should be provided for in every Registration Bill; but unless it is based on defined standards of training, education, and examination, registration becomes a farce. There is no recognised security of teaching for the nurse, and no safeguard for the public.

This is happening in Cape Colony, and it is high time that the Nurses' Registration authorities in the South African States were composed of reliable nurse representatives, who will insist on a just system for South African nurses in any scheme of reciprocity adopted.

## THREE CHEERS FOR SUNNY ALBERTA.

The Government of the Canadian province of Alberta have decided unanimously to adopt equal suffrage for men and women at the next session of the Legislature.

Alberta will be the first of Canadian provinces to introduce female suffrage. Saskatchewan and Manitoba are expected shortly to follow Alberta's example.

As the daughter Dominions shed their shackles, the sex disqualifications in old Mother England become more and more impossible to enforce. Three cheers for sunny Alberta!

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