

The most important items of these regulations may be summed up as follows: non-State schools must be accredited by the Ministry of the Interior on the recommendation of the State Board of Health; schools of nursing have their own boards and form independent institutions; the training shall cover a period of three years with a four months' preparatory course, and allow for specialisation in public health nursing and other branches within the stated period; State registration of nurses is introduced and a standard of competency is set up for teaching positions for nurses in hospitals.

In 1930 the State Board of Health published a curriculum for schools of nursing, and detailed regulations regarding the duties of the board and staff of State schools.

Since 1930, eight State schools have been functioning, but preparatory training has been centralised in three of them. In addition, one municipal and one deaconess school are at present accredited.

According to the official regulations, the minimum educational requirements for entrance to a school is elementary education. However, of all the students received during the last three years, 95 per cent. had full middle school education.

The health of the student nurse has been the object of special interest. Tuberculosis being the main health problem of the country, tuberculin tests are administered to all students on admittance, and practically all schools require an X-ray photograph of the lungs on entrance. In the case of tuberculosis a student nurse in the State schools receives free sanatorium treatment for a year; in the case of other illness two months' free treatment a year is given.

The post-graduate training started by nursing and public health organisations has now been taken over by the State. Post-graduate courses of three months' duration are arranged every year to prepare nurses for teaching positions. In the curriculum special emphasis is laid on teaching methods in practical work, most of the students being head nurses.

Since 1931, the State Public Health Nursing Institute has given courses of six months twice a year in public health nursing for third-year students and graduate nurses.

According to a recently published amendment to the decree on training of midwives, graduate nurses and third-year students may obtain their midwifery training in a shorter time than other students at the Institute of Midwifery.

Last year an interesting biography of our late leader, Baroness Sofie Mannerheim, written by Miss Berta Edelfelt, was published on the initiative of the Finnish Nurses' Association and of General Mannerheim's League for Child Welfare.

NOSOKOMOS (HOLLAND).

President: Meta Kehrler.

We shall not need the space allotted to us in order to give a report on the activities of Nosokomos during the last four years, since, according to the decision of its general meeting, referred to in our report of March, 1929, our organisation has taken no active part in nursing affairs.

Since the decision of the Board of Directors of the I.C.N. in Montreal in 1929, the Board of Nosokomos has maintained *relationships with the I.C.N.*, and has included, as far as possible, the Nationale Bond van Verplegenden in this work.

When, at the Congress in Paris-Brussels in July, 1933, the Nationale Bond is accepted as an active member of the I.C.N., Nosokomos will be ready to withdraw its membership and cede its place to this organisation.

We hope and trust that this new member will meet with the same friendship and enjoy the same moral support which Nosokomos has always received.

THE NATIONAL NURSES' ASSOCIATION (HOLLAND).

President: L. Van Hogendorp.

After the Congress of the I.C.N. at Helsingfors in 1925, many of the Dutch members wondered whether it would be possible to induce all Dutch nurses to join together in one large national organisation. Several leading nurses discussed the matter and consulted Nosokomos, an association of nurses that had already done much for this purpose. The result of these discussions was the founding of the Nationale Bond van Verplegenden (National Nurses' Association) in May, 1928. By the end of 1932 the Association already had 900 members.

The constitution was registered on September 25th, 1929. In order that the Association might become a member of the I.C.N. it was amended and adopted at an extraordinary general meeting on October 1st, 1932. We regret, that for the reason given above, it was found necessary to deprive our mental nurses of their votes, in spite of the fact that their diploma is recognised by Dutch law as equal to that of general nurses, and that we had therefore granted them the same rights. We confidently hope that the Congress in Paris-Brussels will find it possible to allow those mental nurses who were already ordinary members of our Association to retain their rights.

The financial position of our Association is not very satisfactory, but with the help of careful management we have already made some progress.

An interest in nursing is not as widespread in Holland as in many other countries; large donations or legacies are quite unknown.

In Holland as in all other countries, the difficulties in relation to private duty nurses constitute a real problem. Our Association has tried, and is still trying all possible means for improving the present situation.

A proposal is being discussed to admit the Association of District Nurses as a group.

The General Meeting of 1930 submitted a petition to the Government, asking that the two diplomas for sick nursing and mental nursing be combined. It has been the business of this committee to work out the plan, published in the *International Nursing Review*, for a five years' training, which will cover preliminary training, general, mental and obstetrical nursing. This can be given in large hospitals having all the necessary departments, or in smaller ones through a system of affiliation. In Amsterdam several nurses are already receiving this training, and the co-operation of hospitals in other towns has been requested in promoting this attempt.

It is characteristic of the Dutch people to form all sorts of small groups—political, religious, etc. This trait has its influence on our Association also, and since many other Organisations exist which receive nurse members, it makes the task even more difficult of organising all Dutch nurses into one large national group. In spite of these difficulties we are gradually recognised by various bodies and our co-operation or opinion has been requested on several occasions both by the Government and by private organisations.

A delegate has been sent each year to the Congress on Nursing and Social Medicine in Flanders, Belgium, and we are represented at all Dutch congresses relating to nursing, medicine, and hygiene. With reference to the discussion in England in 1932 it was decided to try to collect funds in Holland towards the Florence Nightingale Memorial. Our President is Chairman of the provisional Committee, and considerable efforts are being made to find money for scholarships for the post-graduate courses in London.

Much work has been done already and we trust that much more will be done in the future.

(To be continued.)

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