

ness. Since 1929, matters in connection therewith have been constantly coming up in the Parliament and before the various local authorities, as well as in private organisations. (It must be remembered that the hospitals and the work of public health are mostly under the control of the State and local bodies.)

We are glad to say that it has hitherto been found possible to keep the scale of payment at a reasonably high level.

We have found it expedient to take up the problems affecting the profession for open discussion. The daily Press is also interested in the matter, while the general public is giving evidence of sympathy and making demands.

The Norwegian nurses continue through their work, and through their organisation to take active part, both in the care of the sick and in the social efforts for promotion of public health. (For example, in 1931, the Association placed offices for the clinic and gratis nursing assistance at the disposal of the movement for Mental Hygiene.)

Special interest is devoted to the field of dietetics through the establishment of the Association's "Diet Kitchen" and medical restaurant, opened in 1924. There the nurses are trained to become dietitians.

The Norwegian Nurses' Association takes care that the nurses are represented within the various associations and councils concerned with social work, promotion of public health and care of the sick, and other work for the benefit of the community.

Of late years increasing interest in these matters has been noted among the individual nurses from the non-political as well as the political side.

We hope that our report will make it clear to the nurses from all parts of the world that the Norwegian nurses are fully alive to the nature of their task, and are equipping themselves to do good service in the fight against social evils and disease.

REPORTS OF AFFILIATED ASSOCIATIONS.

THE SOUTH AFRICAN TRAINED NURSES' ASSOCIATION.

President: Miss B. G. Alexander, R.R.C.

Since the last Congress of the International Council of Nurses in Montreal, the South African Trained Nurses' Association has held two Conferences, and several other events of importance have occurred. Our delegates returned from Montreal full of enthusiasm for the International Council, and we felt that they had strengthened the links of the chain which binds us together.

Towards the end of 1930, the first office of the Trained Nurses' Association was established at Cape Town, and an Organising Secretary was appointed. This was rendered necessary by the growth of the Association, the work having steadily increased since its inception in 1914. The members are thus to be congratulated on the efforts they have made to build up their own organisation in the comparatively short space of sixteen years.

The Cape Nurses' War Memorial has now obtained a permanent and beautiful Home for aged and incapacitated nurses, through a handsome legacy left by a resident of Cape Town who lost a son during the Great War. The nurses belonging to the Cape Province are very fortunate to have a place of rest where they can spend the evening of their years surrounded by every comfort.

A great need existed for a Pension Scheme in which all nurses, and especially private nurses, could participate. At a Biennial Conference held in 1930, a Sub-Committee was appointed for the purpose of investigating and recommending a plan. The Committee submitted draft recommendations which were considered by all branches and finally adopted. This is a distinct step forward, and the Scheme has been taken advantage of by a large number of

members. A Welfare Fund provides special benefits for all members of the Association.

It is pleasing to note that the education of nurses is now receiving more attention, but much remains to be done in this connection. Sister Tutors are now employed at most of the large training schools, and the pupils derive inestimable benefit from the teaching and the methods of study that these officials have introduced. We are still struggling for the establishment of Preliminary Training Schools, as these have proved of the utmost value, but so far our efforts have proved unsuccessful, and we can only boast of one such school in the Union at present.

The Standing Committee on Education has presented a valuable report, and we are greatly indebted to Miss Goodacre, of Cape Town, the Chairman of this Committee, for its preparation and compilation.

The Standing Committee on Public Health, with Miss Winter of Johannesburg as Chairman, has also done most valuable work, and collected a great deal of information on the various aspects of this important subject. Her reports indicate that there is still much to be done before we can assume that our care of public health is all that it should be. There are particular difficulties to be met in South Africa which do not exist in other countries, and it is impossible to realise how these react on all national organisations.

The question of the best type of training for non-European nurses is now receiving deserved and long overdue attention. The reports from the various training schools where these girls are employed are, on the whole, encouraging, and the whole question of their training and status is one which looms large in the immediate future. We must hope that it will receive sympathetic consideration, as trained nurses and midwives are an urgent need in the native territories.

The Mission Hospitals in those areas are doing fine work, and we trust that they will be made use of for training purposes when a definite scheme is evolved. Some of the natives have successfully and creditably passed the final examination of the South African Medical Council, but only a small proportion have the necessary educational qualifications to enable them to enter for this examination.

In April, 1931, the Minister of Public Health called a meeting to discuss the shortage of nurses and midwives, and representatives from all four Provinces attended. The need for more nurses and midwives in the rural areas was stressed, but it is felt that little can be done in this direction unless the Government is ready to subsidise a special nursing service. New regulations under the Public Health Act came into force in July, 1931, regarding the practising of midwives within the districts of all urban local authorities in the Union. All midwives practising in these areas are now definitely under the supervision of a Medical Officer of Health, who is responsible to the local authority for the carrying out of the new regulations.

Most hospitals are now recognising the need for trained dietitians, and there have been quite a number of these appointments made recently. Such officials render very valuable services to the hospitals, but it has taken Hospital Boards a considerable time to display any interest in the correct feeding of patients and staff. Good schools of domestic science have been established throughout the Union for some time, and dietitians can be very well and thoroughly trained in this country.

The South African Medical Council's first term of office expires at the end of this year. It has done five years of constructive work, but it has only been able to lay the foundation stone of much that has to follow if progress is to be made. It is hoped that the next Council will be able during its term of office to bring to fruition some of the schemes for the advancement of nurses.

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