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Rules for training &
Examination of medical (U. 5.1)
& surgical nurse
1928

772

No. 967.] [12th June, 1931.

**RULES MADE UNDER SECTION NINETY-FOUR (2) (j),
ACT No. 13 OF 1928, FOR THE TRAINING AND
EXAMINATION OF MEDICAL AND SURGICAL
NURSES.**

The Minister of Public Health has been pleased, in the exercise of the powers vested in him by sub-section (4) of section *ninety-four* of the Medical, Dental and Pharmacy Act, No. 13 of 1928, to approve the subjoined rules made by the South African Medical Council under the said section.

**RULES MADE UNDER SECTION NINETY-FOUR (j), ACT
No. 13 OF 1928, FOR THE TRAINING AND EXAMINA-
TION OF MEDICAL AND SURGICAL NURSES.**

1. PUPIL NURSES.

(1) No person shall be admitted for training in a training school recognized by the Council unless—

- (a) (i) she produces a certificate of having satisfactorily completed the seventh standard; or
(ii) a certificate of a higher standard;

(Should she possess neither of the above, she shall be required to pass an examination in general knowledge conducted by the hospital authorities equal to that prescribed for the seventh standard of a primary school.)

- (b) she produces proof that she has reached the age of at least 18 years;

- (c) she produces a certificate of good health;

- (d) she submits a certificate of good character signed by two responsible persons to the satisfaction of the training school concerned.

(2) It shall be the duty of a training school to notify the Council when any pupil nurse is admitted for training in such institution. Such notification must be given within one month of the pupil nurse's admission to the training school and shall state—

- (a) the pupil nurse's full name;
(b) her educational standard;
(c) her date of birth;
(d) by whom her certificate of health was given;
(e) by whom her certificates of good character were given.

Not more than one month of the training undergone by a pupil nurse prior to such notification shall be recognized unless specially approved by the Council. If the pupil nurse should for any reason discontinue her training or be absent from her training school, otherwise than on statutory leave, for a period exceeding seven days, the fact should be reported to the Council.

2. TRAINING SCHOOLS.

(1) Recognition.

The Council may recognize as training schools such institutions used for medical and surgical purposes in which male and female persons are treated, which, in the opinion of the Council, are competent through the quality and extent of the material and of the instruction given thereat to train candidates for its certificate of competence.

(2) *Division into Classes.*

Training schools shall be divided into two classes described respectively as Class I and Class II.

A Class I training school must contain a minimum daily average of 40 occupied beds, such beds being nursed by the female staff.

A Class II training school must contain a minimum daily average of 15 occupied beds, such beds being nursed by the female staff.

(3) *Conditions for Recognition.*

(i) No application for recognition of an institution as a Class I training school shall be entertained unless—

- (a) the matron, sisters and staff nurses are registered as nurses;
- (b) it employs a resident medical officer;
- (c) having a board of management, at least one medical practitioner is a member of such board;
- (d) proof is given to the Council that a sufficient number of major and minor operations are performed therein;
- (e) proof is given to the Council that a sufficient number of medical cases is nursed in the institution.

(ii) No application for recognition of an institution as a Class II training school shall be entertained unless—

- (a) the matron, sisters, and staff nurses are registered as nurses;
- (b) a member of the medical staff visits the hospital daily;
- (c) having a board of management, at least one medical practitioner is a member of such board;
- (d) proof is given to the Council that a sufficient number of major and minor operations are performed therein;
- (e) proof is given to the Council that a sufficient number of medical cases is nursed in the institution.

(iii) The fact that an institution has an out-patient department will be taken into consideration when deciding upon the eligibility of an institution for recognition as a training school.

(iv) The Council shall not be bound to grant recognition to an institution as either a Class I or Class II training school.

(v) The Council shall have the right to inspect training schools at all times.

(vi) The Council shall have the right to call for such information from a training school as it may deem fit, and to point out to a training school any matter in which its requirements seem to be insufficiently met, and to withhold, suspend, or withdraw recognition in any case which remains unsatisfactory.

3. LECTURES AND DEMONSTRATIONS.

(1) At all training schools recognized by the Council, lectures shall be given by one or more registered medical practitioners approved by the Council and demonstrations by registered nurses.

(2) The lectures and demonstrations shall each be not less than 100 in number, and extend over the whole course of training; of such lectures not less than 25 must be given to a candidate before she shall be allowed to enter for the anatomy and physiology examination, and the balance before she shall be allowed to enter for the final examination.

4. TRAINING.

(1) *Period.*

The period of training of candidates for the certificate of competence shall be—

- (a) 9,040 working hours but not more than 10 hours in any one day shall be recognized as training in an institution recognized as a Class I training school.
- (b) 11,296 working hours but not more than 10 hours in any one day shall be recognized as training in an institution recognized as a Class II training school.

This rule shall not apply to pupil nurses admitted to training at the time of coming into effect of these rules.

(2) *Breaks in training.*

Training shall be continuous saving for interruptions by vacations not exceeding one month or by illness or for other reasons which may be considered satisfactory by the Council.

The period during which a pupil nurse has broken her training, with the exception of annual vacation not exceeding one month, shall be made up, and, in addition, if the period, excepting sick leave, is more than three months, the pupil nurse must take an extension of training equal to one-half of the period of the interruption; no recognition of previous training shall be accorded if the break in a pupil nurse's training extends for a period of over two years.

In the case of sick leave not exceeding six months, supported by a medical certificate, no extra time need be served, but the total training of 9,040 or 11,296 working hours (as the case may be) must be observed.

Sick leave in all cases must be supported by a medical certificate.

(3) *Infectious Diseases.*

Wherever practicable, a pupil nurse shall have three months' training in an infectious diseases hospital, and this period shall count as part of her training.

(4) *Exemption from Training.*

A pupil nurse being a registered mental nurse shall be exempted from 50 per cent. of the training required by these rules, provided the matron or assistant matron under whom she trained to qualify as a mental nurse was registered as a medical and surgical nurse. Otherwise she shall be exempted from 25 per cent. of her training.

A pupil nurse being the holder of a certificate as a children's nurse recognized by the Council shall similarly be exempted from 50 per cent. of the training required by these rules.

(5) *St. Thomas's Chart.*

Training schools are recommended to use the St. Thomas's Chart and to issue a copy of such chart, with a copy of the syllabus, to each pupil nurse.

(6) *Transfer of Pupil Nurse.*

In the event of a pupil nurse being transferred from one training school to another of a different class, four days' training in a Class I training school shall be regarded as equivalent to five days' training in a Class II training school and *vice versa*.

5. EXAMINATIONS—

- (1) IN ANATOMY AND PHYSIOLOGY; AND
- (2) THE FINAL EXAMINATION.

(1) *Anatomy and Physiology.*

The examination in anatomy and physiology shall be wholly written, and shall include within its scope the following subjects:—

ELEMENTARY ANATOMY AND PHYSIOLOGY.

Definition.—An elementary knowledge of the structure, position and functions of the various parts of the human body, including:—

General.—Cells and tissues; the organs, their arrangement and elementary structure; the body as a whole, the chief cavities and their contents.

The skeleton.—The bones of the skull and face, the spinal column, thorax, and pelvis, character of the vertebrae, and joints, sternum, ribs, and costal cartilages. Upper limb, shoulder girdle, bones, and joints. Lower limbs, bones and joints.

Muscular system.—Voluntary and involuntary; mode of action.

Joints.—Various forms, structure, e.g. ligaments, cartilages and synovial membrane.

Circulatory system.—The heart and its cavities, pericardium, great vessels, position, and course of the principal blood-vessels of the body. Arteries, veins, and capillaries. Systemic pulmonary and portal circulations. Pressure points.

Haemopoietic system.—The blood; arterial, venous. Blood-forming glands and structures; spleen, lymphatic glands, and bone marrow. Ductless glands, internal secretions.

Alimentary system.—Mouth, teeth, pharynx, oesophagus, stomach, intestines (small and large), liver, pancreas, thoracic duct; processes of digestion, absorption, and assimilation; the faeces.

Respiratory system.—The nose, larynx, trachea, and bronchi; the lungs, pleura, and diaphragm; mechanism and processes of respiration; the chief muscles concerned in respiration.

Excretory system.—The urinary system, kidneys, ureter, and bladder, their simple structure and functions. The urine. The skin, hair and nails; functions.

Nervous system.—Meninges and cerebro-spinal fluid; cerebrum, cerebellum. Medulla and spinal cord. Organs of special sense; nerves, motor, sensory, and sympathetic. Reflex action.

Female generative system.—Arrangement, simple structure, and functions of the ovaries, fallopian tubes, uterus, etc., menstruation.

(2) *Final Examination.*

The final examination shall be written, oral, and practical, and shall include within its scope the subjects for the anatomy and physiology examinations, as also the following:—

(a) *Hygiene:*

Air.—Its composition and impurities. The general principles of ventilation and their application to houses and hospitals. Radiation and evaporation.

Water.—Sources. Relation of water to the spread of disease.

Food.—Care and protection; milk, etc.

Disposal of refuse, faeces, urine and infected material.
Arrangement of house and hospital drainage and disposal of sewerage on a large scale.

Personal hygiene.—Habits, care of teeth and hands.
Exercise. Rest and recreation; cleanliness, clothing.
Parasites.

Methods of infection.—The nature of infection and contagion. Insects and parasites. Disinfection.

Heating and lighting of houses and hospitals.

Hygiene of the sick room.—Cleaning of utensils and cleaning and care of furniture.

(b) *Theory and Practice of Nursing.*

- Ethical aspects. Hospital etiquette.
- Ward work.
- Care of linen and bedding.
- Care of patients.
- Blanket bathing. Cleansing of mouth, hair and teeth.
- Bed-making.
- Care of back.
- Bedsore—prevention and treatment.
- Water beds and cushions.
- Charting.
- Preparation for rectal and vaginal examinations.
- Excreta. Examinations of urine and stools. Keeping of specimens.
- Artificial feeding.
- Test meals.
- Lavage and irrigation of rectum, stomach, throat, nose, ears and eyes.
- Pre-operative and post-operative nursing.
- Gynaecological nursing.
- Common instruments—names and uses.
- Common technical terms.
- Local applications—cold and heat.
- Counter-irritation, e.g. poultices, mustard leaves, blisters, cupping, leeches, etc.
- Aspiration. Southey's tubes, tapping, etc.
- Micturition, catheterization. Care of catheters, bladder lavage.
- Baths, sponging. Packs. Hot-air baths.
- Bandaging, splints, and extension.
- Giving and receiving of reports.
- Administration of medicines.
- Feeding of patients—special diets.
- Care of the dead.

(c) *Medical Nursing.*

- Diseases of the alimentary system: General symptoms. —Appetite, nausea, vomiting, pain, character of vomit, state of bowels, character of stools. Jaundice; indigestion, diseases of gastro-intestinal tract, including liver and pancreas.
- Diseases of the haemopoietic system.—The anaemias; diseases of the thyroid, pituitary and suprarenal glands spleen and bone-marrow.
- Diseases of the circulatory system.—General symptoms of heart diseases; features of heart failure; the pulse, its rate, character, rhythm; atheroma, aneurysm, blood pressure, gangrene, oedema, dropsy, anasarea, cyanosis, effusions.
- Diseases of the respiratory system.—General symptoms of respiratory diseases; breathing, various types. Cyanosis. Cough—character, expectoration, pain. Nursing of pneumonia, bronchitis, tuberculosis and laryngeal diseases.
- Diseases of the urinary organs: General symptoms: Urine. Uraemia, calculus, cystitis, bacilluria, haematuria. Nursing of diseases of kidney, bladder, and prostate.
- Diseases of the skin.—Symptoms and management. Their main fetures and nursing.
- Diseases of the nervous system.—General features—organic and functional, acute and chronic. Nursing of diseases of nervous system, e.g. cases of paralysis, chorea, fits, meningitis, etc.
- General diseases.—e.g. rheumatism, diabetes, gout, malnutrition, and deficiency diseases.

Infectious diseases.—Incubation and isolation periods; mode of infection and spread. Symptoms of enteric, typhus, plague, scarlet fever, measles, smallpox, chickenpox, whooping-cough, diphtheria, erysipelas, cerebro-spinal meningitis. Nursing of fevers; precautions against spread. Disinfection of patients' and nurses' clothes and room.

Diet and feeding of patients.—Dietetic value of milk, butter, cheese, eggs, fish, meat, vegetables and fruits, farinaceous foods, alcohol, beverages, condiments. Vitamins. Proprietary preparations. Diets in special cases of disease. Methods and theory of cooking; sick-room cooking; beef-tea, soup, jelly, barley-water, egg dishes, etc. Feeding of infants and children.

Materia medica and therapeutics.—Laxatives, anthelmintics, expectorants, emetics, gastric tonics, sedatives, cardiac drugs, anti-pyretics, diaphoretics, hypnotics, narcotics, anaesthetics, nerve stimulants. Poison and antidotes. Method of administering drugs, oral, rectal, hypodermic, intramuscular, intravenous, inunction, vapours, inhalations, injections, etc. Weights and measures. Special attention to calculation and dilution in relation to dosage and use of lotions and disinfectants.

(d) *Surgical Nursing.*

Inflammation.—Its descriptions, causation, and treatment; special forms of inflammation, e.g. abscess, cellulitis, peritonitis.

Wounds.—Their varieties and methods of treatment and healing.

Burns and ulcers.—Burns and scalds, ulcers, bed-sores, etc.

Tumors.—Varieties, innocent and malignant, situations.

Fractures and dislocations.—Varieties, nursing, splints and bandaging.

Haemorrhage.—Haemorrhage, arterial, venous, capillary, internal and external. Effects of haemorrhage, natural arrest of haemorrhage, artificial arrest of haemorrhage, secondary and reactionary haemorrhage.

Common and surgical diseases.—Operations, preparations and after-treatment of patient; complications during and after treatment; shock, heart failure, haemorrhage, delirium, special operations considered regionally.

Bacteriology.—The nature, distribution, and properties of bacteria, with special reference to the part they play as the causes of fermentation, putrefaction, and infection. Methods of destroying bacteria outside the body. Infections. Modes of dissemination. Their spread in the body and the effect they produce (toxaemia and fever, local lesions, e.g. abscess). Natural and acquired immunity to infection. Passive and active immunity. Anti-sera and vaccines.

Asepsis and antiseptics.—General principles, sterilisation by heat (dry and moist), by antiseptics, sunlight, etc. Surgical cleanliness.

Operating theatre.—Nursing technique; the duties of nurses. Preparation of patient, preparation of operating area, lighting, heating, ventilation, equipment, instruments, appliances and dressings; anaesthesia.

(e) *Gynaecology.*

Structure and functions of the ovaries, fallopian tubes, uterus, vagina, etc. Disorders of menstruation and the menopause. Vaginal discharges.

Preparation of patients for examination and operation. Douching, tampons, etc. Catheterisation. Special instruments. After-treatment.

(f) *Midwifery.*

Haemorrhage as from abortion. Postpartum haemorrhage. Inflammation and abscess of breast. Douching.

(3) *Anatomy and Physiology Examination.*

(a) A candidate shall not be allowed to enter for the examination in anatomy and physiology until she shall have completed one-quarter of her training.

(b) A candidate for the examination in anatomy and physiology shall submit:—

- (i) a certificate signed by the matron that she has completed a quarter of her training;
- (ii) a certificate that she has attended a complete course of lectures in anatomy and physiology, such being not less than twenty-five in number.

(4) *Final Examination.*

(a) A candidate shall not be allowed to enter for the final examination until she shall have completed her training; provided that under special circumstances she may be permitted to enter if she will complete her training within three months of the commencement of the examination, in which case, if successful, her certificate shall be withheld until she shall have completed her training.

(b) A candidate for final examination shall submit—

- (i) a certificate signed by the senior medical officer and the matron of the institution of having undergone the course of training (including the actual nursing of patients) in a recognized training-school for a period laid down by these rules;
- (ii) a certificate, similarly signed, of having attended during the period of training at the aforesaid institution complete course of lectures and practical demonstrations as laid down by these rules;
- (iii) a certificate, similarly signed, of good character;
- (iv) a certificate of good health signed by the senior medical officer of the aforesaid institution;
- (v) a certificate of having passed the Council's examination in anatomy and physiology.

(5) *Questions.*

In the examination in anatomy and physiology and also in the written portion of the final examination not less than five questions shall be set and the candidates shall be allowed three hours to answer them.

(6) *Remarks.*

A candidate must obtain at least 50 per cent. of the maximum marks in the Anatomy and Physiology Examination to pass, and at least 50 per cent. in each part, viz., written, oral and practical, of the final examination to pass. Fifty per cent. of the aggregate marks will be awarded for the written, 25 per cent. for the oral and 25 per cent. for the practical examination.

Successful candidates will be placed in "Honours" and "Pass" divisions. To obtain "Honours" a candidate must obtain at least 75 per cent. of the maximum marks in each part of the examination.

Candidates will not be placed in order of merit and no information in regard to the marks or places of candidates will be given except in connection with a prize or award approved by the Council.

(7) *Re-admission to Examination.*

A candidate who has failed to pass an examination after twice submitting herself therefor, may be required to undergo such further training as the Council may decide upon before she is re-admitted to the examination.

(8) *Dates and Entries.*

The examinations shall be held twice a year in the months of April and October, provided there are candidates; and no person whose application is not lodged with the Registrar of the Council on or before the 1st March and 1st September, respectively, can be accepted for the next ensuing examination, except by the special permission of the Council.

(9) *Centres.*

The examinations shall be held at such places as the Council may appoint. Special centres may be arranged for the convenience of candidates for the written examination, provided the training-school concerned pays the expenses for arranging such centre.

(10) *Examiners.*

The Council shall from time to time appoint such examiners as may be required. The examiners shall conform to such rules as the Council may from time to time resolve upon for the conduct of the examination, and shall receive remuneration at such rates as may be fixed by the Council; they need not be members of the Council.

(11) *Fees.*

The following fees shall be payable to the Council by candidates for examination:—

(a) On application for admission to the examination in anatomy and physiology, a fee of 10s. 6d. In the case of failure to pass, candidates may present themselves for re-examination on payment of a similar fee for each occasion;

(b) on application for admission to the final examination, a fee of £3. 3s., which shall include registration as a medical and surgical nurse, if and when the candidate passes the examination. In the case of failure to pass, candidates may, subject to Rule 7, present themselves for re-examination on payment of the fee of £2. 2s. for each occasion.

(2) *Questions.*
In the examination in anatomy and physiology and also in the written portion of the final examination not less than five questions shall be set and the candidates shall be allowed three hours to answer them.

(6) *Marks.*
A candidate must obtain at least 50 per cent. of the maximum marks in the Anatomy and Physiology Examination to pass, and at least 50 per cent. in each part, viz. written, oral and practical, of the final examination to pass. Fifty per cent. of the aggregate marks will be awarded for the written, 25 per cent. for the oral and 25 per cent. for the practical examination.

Successful candidates will be placed in "Honours" and "Pass" divisions. To obtain "Honours" a candidate must obtain at least 75 per cent. of the maximum marks in each part of the examination.

Candidates will not be placed in order of merit and no information in regard to the marks or places of candidates will be given except in connection with a prize or award approved by the Council.

(7) *Re-admission to Examination.*
A candidate who has failed to pass an examination after twice submitting herself therefor, may be required to undergo such further training as the Council may decide upon before she is re-admitted to the examination.

No. 968.]

[12th June, 1931.

**SOUTH AFRICAN MEDICAL COUNCIL: RULES FOR
TRAINING AND EXAMINATION OF MIDWIVES.**

The Minister of Public Health has been pleased, in the exercise of the powers vested in him by sub-section (4) of section *ninety-four* of the Medical, Dental and Pharmacy Act, No. 13 of 1928, to approve the subjoined rules made by the South African Medical Council under the said section.

**RULES MADE UNDER SECTION *NINETY-FOUR* (2) (j),
ACT No. 13 OF 1928, FOR THE TRAINING AND
EXAMINATION OF MIDWIVES.**

1. PUPIL MIDWIVES.

(1) No person shall be admitted for training in a training school recognised by the Council unless—

- (a) (i) she produces a certificate of having satisfactorily completed the sixth standard of a primary school;
or
- (ii) she produces a certificate of higher standard;
(Should she possess neither of the above, she shall be required to pass an examination in general knowledge conducted by the hospital authorities equal to that prescribed for the sixth standard of a primary school.)
- (b) she produces proof that she has reached the age of 21 years;
- (c) she produces a certificate of good health;
- (d) she submits a certificate of good character signed by two responsible persons to the satisfaction of the training school concerned.

(2) It shall be the duty of a training school to notify the Council when any pupil midwife is admitted for training in such institution; such notification must be given within one month of the pupil midwife's admission to the training school and shall state—

- (a) the pupil midwife's full name;
- (b) her educational standard;
- (c) her date of birth;
- (d) by whom her certificate of health was given;
- (e) by whom her certificates of good character were given.

Not more than one month of the training undergone by a pupil midwife prior to such notification shall be recognised unless specially approved by the Council. If the pupil midwife should for any reason discontinue her training or be absent from her training school, otherwise than on statutory leave, for a period exceeding seven days, the fact should be reported to the Council.

2. TRAINING SCHOOLS.

(1) Recognition.

The Council may recognise as a training school for midwives any maternity hospital or lying-in institution which in the opinion of the Council, taking into consideration the accommodation, number and class of patients dealt with, and the staff, equipment, and facilities for instruction available thereat, is competent to train candidates for its certificates of competence.

(2) Conditions for Recognition.

No application for recognition of an institution as a training school shall be entertained unless—

- (a) (i) the matron, sisters, and any person, other than a medical practitioner, engaged in the teaching of probationers, are registered both as midwives and medical and surgical nurses, and unless the staff nurses are registered as midwives;
- (ii) the institution has in its equipment a pelvis, mannikin and pelvimeter for the instruction of candidates.
- (b) The Council shall have the right to inspect training schools at all times.
- (c) The Council shall have the right to call for such information from a training school as it may deem fit, and to point out to a training school any matter in which its requirements seem to be insufficiently met, and to withhold, suspend or withdraw recognition in any case which remains unsatisfactory.
- (d) The Council shall not be bound to give recognition as a training school to any institution.

3. LECTURES AND DEMONSTRATIONS.

(1) At all training schools recognised by the Council, lectures shall be given by one or more registered medical practitioners approved by the Council, and demonstrations by a registered midwife, being a member of the staff of the institution.

(2) The lectures shall be at least 20 in number, and shall cover the subjects laid down in the syllabus, and extend over a period of not less than four months; at least one demonstration a week shall be given.

4. TRAINING.**(1) Period.**

The period of training of candidates for the certificate of competence shall be—

- (a) six months for a candidate already registered as a medical and surgical nurse;
- (b) twelve months for all other candidates.

(2) Cases.

A candidate shall be required during her training—

- (a) to attend and watch under the supervision of a registered medical practitioner or midwife, the progress of not fewer than twenty labours, making abdominal examinations and vaginal examinations where necessary, during the course of labour and personally delivering the patient;
- (b) to nurse, under the supervision of a registered medical practitioner or midwife no fewer than twenty lying-in women and their infants during the ten days following labour.

(3) Sick Leave.

Sick leave of more than seven days in six months must be made up and must be supported by a medical certificate.

(4) District Training.

Pupil midwives must undergo fifty per cent. of their training in a training school recognised by the Council, and fifty per cent. under supervision in a district recognised for this purpose by the Council.

(5) Attendance at Ante-Natal Clinics.

Pupil midwives must wherever practicable attend for instruction ante-natal clinics, and should be taught how to use a pelvimeter.

(6) *Candidates not Presenting Themselves for Examination.*

A candidate who does not present herself for examination within a period of one year from the date of completing her training may be called upon to undergo such further training as the Council may decide upon before being readmitted to examination.

(7) *Candidates Failing at Examination.*

A candidate who has failed to pass an examination may resubmit herself at the next examination. If she should then again fail to pass, she may be required by the Council to undergo a further course of training before being readmitted to examination.

5. EXAMINATIONS.

(1) The examination shall be written, oral, and practical, and shall include within its scope the following:—

(a) The elementary anatomy and physiology of the female pennis and its organs.

(b) Pregnancy:—

(i) Its hygiene,	} Both in relation to—
(ii) Its diseases and complications, including abortion.	

(c) The symptoms, mechanism, course, and management of natural labour.

(d) The signs that a labour is abnormal.

(e) Haemorrhage—its varieties and the treatment of each.

(f) Antiseptics in midwifery and the way to prepare and use them.

(g) The management of the puerperal patient, including the use of the clinical thermometer and of the catheter, and the taking of the pulse.

(h) The management (including the feeding) of infants.

(i) Signs of the diseases which may develop during the first ten days, including pemphigus and other skin eruptions.

(j) The duties of the midwife as described in the regulations.

(k) Obstetric emergencies and how the midwife should deal with them until the arrival of a doctor. This will include some knowledge of the drugs commonly needed in such cases, and of the mode of their administration.

(l) Puerperal fevers, their nature, causes, and symptoms.

*(m) The venereal diseases (syphilis and gonorrhoea) in relation to their signs, symptoms, and dangers in women and children and to the risks of contagion to others.

(n) The disinfection of person, clothing, and appliances.

(o) Elementary physiology, and the principles of hygiene and sanitation as regards home, food and person.

(p) The care of children born apparently lifeless.

(q) Teaching from a pelvis, mannikin, and use of pelvimeter.

(r) The rules and conditions to be observed by a midwife in the conduct of her practice.

* NOTE.—It is desirable that wherever possible, arrangements should be made for pupil midwives to—

- (1) visit ophthalmic hospitals or the ophthalmic departments of general hospitals for the purpose of gaining direct experience of ophthalmia neonatorum;
- (2) observe cases of puerperal fever at hospitals or elsewhere;
- (3) observe cases of venereal diseases at a V.D. clinic;
- (4) attend infant clinics.

(2) A candidate shall not be admitted to the examination until she has completed her training. She shall be required to submit the following:—

- (a) A certificate signed by the matron of the training school that she has regularly attended the practice of such institution for the period laid down by these rules, and attended lectures and demonstrations as laid down therein;
- (b) a certificate signed by the matron of the training school that she has regularly attended the practice of such the number of lying-in women, as laid down by these rules;
- (c) a certificate signed by a registered medical practitioner to the effect that her health is such that no danger to her patients would be involved by her admission to practise as a midwife;
- (d) a certificate from a registered medical practitioner, minister of religion, magistrate or justice of the peace as to good character.

(3) *Questions.*

In the written portion of the examination not less than five questions shall be set, and the candidate shall be allowed three hours to answer them.

(4) *Marks.*

A candidate must obtain at least 50 per cent. of the marks awarded in each part, viz., written, and oral and practical, of the examination to pass. 50 per cent. of the aggregate marks will be awarded for the written examination and 50 per cent. for the oral and practical examination.

Successful candidates will be placed in "Honours" and "Pass" divisions. To obtain "Honours" a candidate must obtain at least 75 per cent. of the maximum marks in each part of the examination.

Candidates will not be placed in order of merit, and no information in regard to the marks or places of candidates will be given except in connection with a prize or award approved by the Council.

(5) *Dates of Examinations.*

The examinations will be held twice a year in the months of April and October, provided there are candidates; and no person whose application is not lodged with the Registrar of the Council on or before the 1st March and 1st September, respectively, can be accepted for the next ensuing examination, except by special permission of the Council.

(6) *Centres.*

The examinations shall be held at such place or places as the Council shall appoint. Special centres may be arranged for the convenience of candidates for the written examination, provided the training school pays the expenses for arranging such centre.

(7) *Examiners.*

The Council shall from time to time appoint such examiners as may be required. The examiners shall conform to such rules as the Council may from time to time resolve upon for the conduct of the examinations, and shall receive remuneration at such rates as may be fixed by the Council; they need not be members of the Council.

(8) *Fee for Examination.*

The fee for examination payable to the Council shall be £3. 3s., which will include registration as a midwife if and when the candidate passes the examination. In the case of failure to pass, a candidate may, subject to Rule 4 (7), be readmitted to examination on payment of a fee of £2. 2s.

No. 1773.]

[6th November, 1931.

**SOUTH AFRICAN MEDICAL COUNCIL: AMENDED
RULES FOR TRAINING AND EXAMINATION OF
MIDWIVES.**

The Minister of Public Health has been pleased, under sub-section (4) of section *ninety-four* of the Medical, Dental and Pharmacy Act, No. 13 of 1928, to approve of No. 4 (2) and No. 4 (4) of the rules made by the South African Medical Council under sub-section (2) (j) of the said section of the Act and promulgated under Government Notice No. 968 of the 12th June, 1931, being rescinded and of the following rule being substituted therefor:—

“(2) Cases.

A candidate shall be required during her training to have—

- (a) examined and received instruction in the supervision of not less than twenty pregnant women (including booking and keeping of records);
- (b) witnessed not fewer than ten labours and in addition attended and watched the progress of not fewer than twenty labours, making abdominal and vaginal examinations during the course of labour and personally delivering the patient. Of the twenty patients personally delivered, the first five must be attended within an institution where there is training approved by the Council, and of the remaining fifteen at least five must be attended in their own homes;
- (c) nursed twenty lying-in women and their infants during the ten days following labour. Of these at least five women must have been nursed in their own homes.”

SUID-AFRIKAANSE GENEESKUNDIGE RAAD: GE-
WYSIGDE REËLS VIR DIE OPLEIDING EN EKSAMI-
NEER VAN VROEDVROUE.

Die Minister van Volksgesondheid het die goedgevind, inge-
volge subartikel (4) van artikel vier-en-negentig van die
Wet op Geneeshere, Tandartse en Aptekers, No. 13 van 1928,
om No. 4 (2) en No. 4 (4) van die reëls deur die Suid-Afri-
kaanse Geneeskundige Raad opgestel ingevolge subartikel (2)
(j) van die genoemde wetsartikel en by Goewermentskennis-
gewing No. 968 van 12 Junie 1931 uitgevaardig, te herroep
en om die onderstaande daarvoor in die plek te stel:—

„ (2) *Gevalle.*

Gedurende haar opleiding moet 'n kandidaat—

- (a) minstens twintig swanger vroue ondersoek en onderrig
oor hul toesig ontvang het (met inbegrip van die inboek
en byhou van aantekenings);
- (b) minstens tien bevallings bygewoon en ook nog die ver-
loop van minstens twintig bevallings versorg en onder-
toesig gehad het, die buik en skede gedurende die ver-
loop van die kraam ondersoek en die pasiënt persoon-
lik verlos het. Van die twintig pasiënte wat sy persoon-
lik verlos het, moet die eerste vyf binne 'n inrigting
versorg gewees het waar daar deur die Raad goedge-
keurde opleiding is, en van die ander vyftien moet
minstens vyf in hul eie wonings verpleeg gewees het;
- (c) Twintig kraamvroue en hul suiglinge gedurende die tien
dae na bevalling verpleeg het, van wie minstens vyf in
hul eie wonings verpleeg moet gewees het.”

No. 637.] [17th April, 1931.

**SOUTH AFRICAN MEDICAL COUNCIL.—RULES *RE*
TRAINING AND EXAMINATION OF MENTAL
NURSES.**

The following Rules, made by the South African Medical Council under section *ninety-four* (2) (*j*) of the Medical, Dental and Pharmacy Act, No. 13 of 1928, have been approved by the Minister of Public Health.

**RULES [UNDER SECTION *NINETY-FOUR* (2) (*j*) OF
ACT No. 13 OF 1928] FOR THE TRAINING AND
EXAMINATION OF MENTAL NURSES.**

1. PUPIL NURSES.

No person shall be admitted for training in a training school recognized by the Council without submitting—

- (a) (i) A certificate of having satisfactorily completed the seventh standard of a primary school; or
- (ii) a certificate of higher standard.
(If unable to submit either of the above, an applicant for admission shall be required to pass an examination in general knowledge conducted by the hospital authorities equal to that prescribed for the seventh standard of a primary school.)
- (b) Proof of having reached the age of at least eighteen years.
- (c) A certificate of good health and fitness for the work of a nurse.
- (d) A certificate of good character signed by two responsible persons to the satisfaction of the training school concerned.

2. TRAINING SCHOOLS.

(1) *Recognition.*

The Council may recognize as a training school any institution for the treatment of mental disorders, which, in the opinion of the Council, taking into consideration the number and class of patients dealt with and the staff, equipment and facilities for instruction available thereat, is competent to train candidates for its certificate of competence in mental nursing.

(2) *Conditions for Recognition.*

- (i) No application for recognition of an institution as a training school shall be entertained unless—
 - (a) The matron, sisters, and any person other than a medical practitioner, psychologist, or qualified occupational instructor, engaged in the teaching of pupil nurses, are registered as mental nurses;
 - (b) The institution provides for the treatment of cases of acute mental disorder.
- (ii) The Council shall have the right to inspect training schools at all times.
- (iii) The Council shall have the right to call for such information from a training school as it may deem fit and to point out to a training school any matter in which its requirements seem to be insufficiently met, and to withhold, suspend, or withdraw recognition in any case which remains unsatisfactory.
- (iv) The Council shall not be bound to grant recognition to any institution as a training school.

3. LECTURES AND DEMONSTRATIONS.

(1) At all training schools recognized by the Council, lectures shall be given by the medical staff, and demonstrations by qualified and competent officers appointed by the Superintendent of the institution.

(2) The lectures and demonstrations shall each be not less than 100 in number, and extend over the whole course of training; of such lectures and demonstrations not less than 25 of each must have been attended before candidates shall be allowed to enter for the preliminary examination, and the balance before they shall be allowed to enter for the final examination.

4. TRAINING.

(1) *Period.*

The period of training for candidates for the certificate of competence in mental nursing shall be 9,040 working hours.

(2) *Breaks in Training.*

Training shall be continuous saving for interruptions by vacations not exceeding one month, or by illness, or for other reasons which may be considered satisfactory by the Council.

The period of any break in a pupil nurse's training with the exception of annual vacation not exceeding one month, shall be made up, and, in addition, if the period, excepting sick leave, is more than three months, the pupil nurse must take an extension of training equal to one-half of the period of the interruption; no recognition of previous training shall be accorded if the break in a pupil nurse's training extends for a period of over two years.

In the case of sick leave not exceeding six months, supported by a medical certificate, no extra time need be served but the total training of 9,040 working hours must be observed. Sick leave must in all cases be supported by a medical certificate.

(3) *Exemption from Training.*

A pupil nurse registered as a medical and surgical nurse or as a children's nurse, shall be exempted from 50 per cent. of the training required by these rules, and shall only be required to pass the final examination in mental nursing.

A nurse who holds the certificate in the nursing of mental defectives shall be eligible to sit for the final examination in mental nursing, provided he has completed one whole year of training and attendance at lectures in an approved institution for the treatment of mental disorder.

(4) *Transfer of Pupil Nurses.*

In the event of a pupil nurse being transferred by a proper authority from one training school for mental nurses to another in the service of the same authority, the training shall be regarded as continuous.

5. EXAMINATIONS.

There shall be two separate examinations:—

- (1) A preliminary examination in anatomy, physiology, first aid, hygiene and elementary psychology; and
- (2) the final examination.

(1) *Preliminary Examination.*

The preliminary examination shall consist of written, oral and practical portions, and shall include within its scope, the following subjects:—

Section I.—General Duties of Nurses in a Mental Hospital.

Nature of Mental Disorder: Objects of treatment; reasons for special care.

Relation of Nurses to Patients.

Responsibilities of Nurses: Discretion; forbearance; self-control; confidential nature of work; letters of patients; gossip; attitude to relatives and visitors.

General Duties of a Nurse: Cleanliness; order; punctuality; discipline; attention to detail; observation; what to report.

Special Duties: Routine precautions; fire; self-injury; suicide; violence to others; destructiveness; faulty habits.

Laws and Rules for the protection of Patients: Relation of sexes; escape; seclusion; restraint; use of force; ill-treatment; neglect; intoxicating liquors; drugs.

Section II.—Elementary Anatomy and Physiology.

Definition.—An elementary knowledge of the structure, position and functions of the various parts of the human body, including:—

General.

Cells, tissues, organs; their structure and arrangement. The body as a whole. Chief cavities and contents.

The Skeleton.

Skull: Names, position and brief description of bones of cranium and face. Cranial bones—frontal, parietal, temporal, occipital, sphenoid, ethmoid. Bones of face—upper jaw, malar, lower jaw, formation of orbit, nose, mouth.

Spinal Column and Thorax: General character of vertebrae; varieties—cervical, dorsal, lumbar, sacral, coccygeal; the column as a whole, its curves, intervertebral discs and joints, sternum, ribs, costal cartilages.

Upper Limb: Clavicle; scapula; humerus; radius; ulna; bones of wrist and hand; joints.

Lower Limb: The pelvis, femur, patella, tibia, fibula; bones of ankle and foot; joints.

Muscles.

Their general features; voluntary and involuntary; differences in their mode of action. Position of the chief muscles of the body.

Joints.

Various forms of joints and their mechanism; bones, cartilages, ligaments, synovial membrane.

Circulatory System.

The Heart—position, size and functions; auricles, ventricles; valves; pericardium; great vessels.

Blood Vessels.

Arteries; veins; capillaries; their structural differences; names and positions of chief arteries and veins.

Circulation of Blood.

General, pulmonary, and portal circulations; principal pressure points.

Haemopoietic System.

The blood; arterial, venous. Coagulation; blood forming glands and structures; spleen; lymphatic glands; bone marrow; ductless glands; internal secretions.

Alimentary System.

Mouth, teeth, pharynx, oesophagus, stomach, intestines (small and large), liver, pancreas, thoracic duct; classes of food; processes of digestion, absorption and assimilation; the faeces.

Respiratory System.

Nasal cavity; larynx; trachea; bronchi; lungs; pleura, diaphragm; mechanism and process of respiration; the chief muscles concerned in respiration.

Excretory System.

Organs of excretion—bowels; kidneys; skin; lungs. Waste products.

The kidneys; structure and functions; ureters; bladder; urine; the skin; epidermis and dermis; sweat glands; hair and nails; functions.

Nervous System.

Meninges and cerebro-spinal fluid; cerebrum, cerebellum pons; medulla; spinal cord; the nerve cell; nerves; motor, sensory and sympathetic; reflex action; control levels; organs of special sense.

*Reproductive Systems.**Section III.—Accidents and Emergencies.*

Bleeding: Arterial, venous, capillary; methods of arresting it; digital pressure, tourniquet, or other means.

Emergency treatment of wounds; asepsis, antiseptics.

Fractures, dislocations, sprains: Their signs, symptoms, varieties and treatment.

Emergency Treatment of Shock, Collapse, and Unconsciousness: Injury to the brain; collapse from drink; epilepsy; fainting; hysteria; sunstroke.

First aid in cases of frost-bite; burns and scalds; wounds; bites of animals; stings of insects.

Emergencies: What to do in cases of fire, hanging, choking, strangulation, drowning, poisoning, cut-throat.

Artificial respiration: Methods of.

The more common poisons and their antidotes.

Foreign bodies in the air-passages, eye, ear, nose.

Improvised methods of lifting and carrying the injured.

Preparation for the reception of accident cases; bed making; removal of clothes.

Bandaging: Application of the triangular bandage and splints; application of roller bandages.

Section IV.—Hygiene.

General Conditions of Health: Normal temperature and weight of body; waste and repair.

Air: Its composition and impurities. The principles of ventilation and their application to houses and hospitals; radiation and evaporation.

Water: Sources; standard of purity for domestic use; relation of impure water to spread of disease.

Disposal of Refuse: Various methods in use; dry and water systems; general arrangement of house and hospital drainage.

Personal Hygiene: Habits; exercise; rest and recreation; cleanliness; clothing; repair and cleaning; special types; beds and bedding.

Methods of Infection: The nature of infection; its sources and modes of transmission; insects and other parasites. Infection and disinfection.

Heating and Lighting: Of houses and hospitals; hygiene of sick-room.

Section V.—Elementary Psychology.

The mind in health.

Development of the mind.

Sensation; perception; ideas and association of ideas.

Attention; memory; reason; judgment.

Instincts and desires; emotion and effect.

Will; action, voluntary and involuntary; habit; conduct.

Conscious and sub-conscious mind; sleep and dreams.

(2) Final Examination:

The final examination shall be written, oral and practical, and shall include within its scope the subjects for the preliminary examination, as also the following:—

Section VI.—Mental Nursing in Institutions and Private Houses.

Receptions of new patients in institutions; attitude towards new admissions; preliminary examination; precautions; possibly bodily illness; infection; skin eruptions; vermin; inventory of belongings; harmful possessions; signs of injury; deformity; artificial teeth.

Bathing.

Observations to be recorded: Pulse, temperature, respiration, food, bowels, urine.

Investigation of mental state by observation and conversation.

Management of bodily health.

Management with reference to mental condition: Occupation; recreation; amusement; country walks; excursions; parole.

Night Nursing: Sleeplessness.

Removal and transfer of patients.

Nursing in Private Houses: Its difficulties and dangers; choice of room; arrangements applicable to various types of cases.

Reports to the medical attendant.

Importance of private diary.

The Law in respect of Detention and Control: Certification.

Section VII.

Causes of nervous and mental disorders arising in connection with heredity; errors of development; involution; environment; infections and poisons; bodily disease and injury; mental strain and conflict.

Section VIII.—Signs and Symptoms of Nervous and Mental Disorders.

Sensation: Loss; exaggeration; perversion; pain.

Movement: Weakness; paralysis; inco-ordination; tremor; spasm; rigidity; convulsion.

Reflexes.

Disorders of other bodily systems associated with diseases of the nervous system.

Insomnia.

Mental Disorder: Definition; examination of mental condition.

Disorders of consciousness.

Disorders of attention.

Disorders of Perception: Hallucination; illusion.

Disorders of memory.

Disorders of Association of Ideas: Flight of ideas; incoherence; retardation; acceleration.

Disorders of Will: Impulsiveness; resistiveness; negativism; stereotypy.

Disorders of Emotion: Exaltation; depression; anxiety; indifference.

Disorders of Judgment and Reasoning: Delusion.

Excitement: Disorientation; confusion; stupor; dissociation.

Suicide: Self-injury; refusal of food, destructiveness; violence; homicide.

Habits: Degraded; perverted; sexual perversions.

Obsessions.

Section IX.—Forms of Nervous and Mental Disorders.

Meningitis: Encephalitis.

Apoplexy: Paralysis; Chorea.

Locomotor Ataxia: Multiple Sclerosis.

Hysteria: Psychasthenia; Neurasthenia.

Manio-Depressive Psychoses: Involution Melancholia.

Paranoia and Paranoid Conditions.

Dementia Praecox.

Epilepsy and Epileptic Psychoses.

Traumatic Psychoses.

Intoxication Psychoses (Alcohol; Drugs).
 Infective-Exhaustion Psychoses.
 Psychoses associated with Bodily Diseases.
 Psychoses associated with Diseases of the Ductless Glands.
 Senile Psychoses.
 Psychoses associated with Organic Brain Disease.
 General Paralysis: Cerebral Syphilis.
 Huntingdon's Chorea: Pellagra, etc.
 Psychopathic Personalities.
 Mental Deficiency.

Section X.—Occupation Therapy.

Occupation therapy as an aid in habit-training; mental adjustment; social rehabilitation.

Working hours: Rest intervals; fatigue; bearing of physical defects and diseases; risks.

Features of occupations: Simplicity; variety; scope for employment of different classes of patients. Sedative, stimulating, habit-training occupations. Utilization of waste and inexpensive materials.

Suitable occupations: Woodwork, weaving, metal work, leather work, mat and rug making, plastic work, dyeing, etc.; and the various recognized crafts and industries.

Kindergarten methods.

Section XI.—The Theory and Practice of Nursing of the Sick.

Management of the sickroom; requirements and arrangements. Outdoor methods of treatment; verandas; tents; shelters.

Personal attention to the sick; reception and examination.

Diet: Administration of foods.

Administration of Medicines: Oral, rectal; hypodermic and other methods; vaccines.

The Bed: Changing sheets; use of draw-sheets; water-proof sheets; water-beds; air-beds; hot-water bottles.

The cleansing of the sick and infirm.

Bed-sores: Causes; prevention and treatment.

Observation of Cases: Reports of symptoms; points to be noticed; indications of illness; pulse; respiration; temperature; state of excretions; records and charts; urine-testing.

Asepsis and Antisepsis.

Dressings and Applications: Compresses; poultices; fomentations; stupes; bandaging; splints; extention; blisters; enemata; saline injections; suppositories; catheters; douches; steaming inhalations; special baths; sponging; wet pack; bed rests and cradles; massage; passive and re-educative movements.

Preparations for an Operation: Care and sterilization of instruments; post-operative nursing.

Sick-room Cookery: Preparation of sick diet.

Signs of approaching death. Care of the dead.

Section XII.—Bodily Diseases and Disorders, and their Nursing Requirements.

Symptoms and Signs of Disease.

General: Inflammation; headache; fever; rigor; disturbance of appetite; loss of weight; anaemia; pain; sleeplessness; shock; collapse.

Of the Skin: Irritation; rashes; discoloration; ulceration.

Of the Muscles: Wasting and weakness; contractures.

Of the Bones and Joints: Deformity; swelling; stiffness; unnatural mobility.

Of the Circulatory System: Fainting; palpitation; shortness of breath; cyanosis; oedema; atheroma; varicose veins; piles; haematoma auris.

Of the Respiratory System: Cough; expectoration; cyanosis; disturbed breathing; local pain; fever.

Of the Alimentary System: Mouth, teeth and tongue; indigestion; flatulence; vomiting; diarrhoea; constipation; colic; jaundice; obstruction.

Of the Urinary and Reproductive Systems: Changes in the urine; dropsy; coma; convulsions; hydrocele; varicocele; menstrual changes, abnormal discharges.

Disorders: Diabetes; cancer; rheumatism; arterio-sclerosis; heart disease; bronchitis; pleurisy; pneumonia; peritonitis; appendicitis; kidney disease.

Micro-organisms and Infection Immunity: Tuberculosis; syphilis; dysentery; enteric fever; influenza; measles; scarlet fever; diphtheria; erysipelas.

Common parasites.

Myxoedema and exophthalmic goitre.

(3) *Preliminary Examination.*

Requirements for Entry of Candidates.

(a) A candidate shall not be allowed to enter for the preliminary examination before completing one-quarter of the training required by these rules.

(b) A candidate for the preliminary examination shall submit—

- (i) a certificate, signed by the superintendent of the institution, of having completed one-quarter of the required training;
- (ii) a certificate, similarly signed, of having attended at least 25 lectures and 25 demonstrations of a complete course of lectures and demonstrations in anatomy, physiology, first aid, hygiene and elementary psychology.

(4) *Final Examination.*

Requirements for Entry of Candidates.

(a) A candidate shall not be allowed to enter for the final examination before the completion of the period of training required by these rules, provided that, under special circumstances, a candidate may be permitted to enter if the period of training will be completed within three months of the commencement of the examination, in which case, if the candidate is successful, the certificate of competence shall be withheld until the candidate shall have completed the period of training.

(b) A candidate for the final examination shall submit—

- (i) a certificate, signed by the superintendent of the institution, of having undergone the course of training in a recognized training school for a period laid down by these rules;
- (ii) a certificate, similarly signed, of having attended during the period of training at the aforesaid institution a complete course of lectures and practical demonstrations as laid down by these rules;
- (iii) a certificate, similarly signed, of good character;
- (iv) a certificate, similarly signed, of good health;
- (v) a certificate of having passed the preliminary examination.

(5) *Questions.*

In the written portions of the preliminary and final examinations not less than five questions shall be set and the candidates shall be allowed three hours to answer them.

(6) *Marks.*

A candidate must obtain at least 50 per cent. of the marks awarded in the written examination, 40 per cent. in the oral examination, 40 per cent. in the practical examination and 50 per cent. of the aggregate in the three divisions, to pass. Fifty per cent. of the aggregate will be awarded for the written examination, 25 per cent. for the oral examination, and 25 per cent. for the practical examination.

In the final examination, successful candidates will be placed in "Honours" and "Pass" divisions. To attain "Honours" a candidate must obtain at least 75 per cent. of the marks awarded in each branch of the examination.

Candidates will not be placed in order of merit. Information in regard to marks or places will only be given by special authority of the Council.

(7) *Re-admission to Examination.*

A candidate who has failed to pass an examination after twice entering therefor may be required to undergo such further training as the Council may decide upon before being re-admitted to the examination.

(8) *Dates and Entries.*

The examinations shall be held twice a year in the months of April and October, provided there are candidates; and no person whose application is not lodged with the Registrar of the Council on or before the 1st March and 1st September, respectively, can be accepted for the next ensuing examination except by the special permission of the Council.

(9) *Centres.*

The examinations shall be held at such places as the Council may appoint.

(10) *Examiners.*

The Council shall from time to time appoint such examiners as may be required. The examiners shall conform to such rules as the Council may from time to time resolve upon for the conduct of the examination, and shall receive remuneration at such rates as may be fixed by the Council. They need not be members of the Council.

Of the examiners appointed for the preliminary and final written examinations, one shall be the Commissioner for Mental Hygiene and one a Physician Superintendent of a Mental Hospital, or both examiners shall be Physician Superintendents of Mental Hospitals.

The practical and oral examinations shall be conducted by the superintendent of the institution, who shall have as coadjutors—

- (a) for the preliminary examination, a Physician Superintendent or assistant physician of a mental hospital;
- (b) for the final examination—
 - (i) a Physician Superintendent or assistant physician of a mental hospital; and
 - (ii) a registered medical and surgical nurse, if possible, on the staff of a mental hospital.

(11) *Fees for Examination.*

The following fees shall be payable to the Council by candidates for examination:—

- (a) On application for admission to the preliminary examination, a fee of 10s. 6d. In the case of failure to pass, candidates may present themselves for re-examination on payment of a similar fee for each occasion;
- (b) on application for admission to the final examination, a fee of £3. 3s., which shall include registration as a mental nurse, if and when the candidate passes the examination. In the case of failure to pass, candidates may, subject to rule 7, present themselves for re-examination, on payment of a fee of £2. 2s., for each occasion.

No. 637.]

[17 April 1931.

S.A. GENEESKUNDIGERAAD: REGULASIES VIR
OPLEIDING EN EKSAMEN VAN VERPLEEGSTERS
VAN SIELSIEKES.

Die volgende regulasies, gemaak deur die Suid-Afrikaanse Geneeskundigeraad, kragtens artikel *vier-en-negentig* (2) (j) van die Wet op Geneeshere, Tandartse en Aptekers, No. 13 van 1928, is deur die Minister van Volksgeondheid, goedgekeur:—

REELS [INGEVOLGE ARTIEKEL *VIER-EN-NEGENTIG*
(2) (j) VAN WET No. 13 VAN 1928] VIR DIE OPLEIDING
EN EKSAMENS VAN VERPLEEGSTERS VAN SIEL-
SIEKES.

1. LEERLINGVERPLEEGSTERS.

Niemand sal vir opleiding in 'n opleidingskool deur die Raad erken, toegelaat word nie sonder indiening van—

- (a) (i) 'n Sertifikaat dat sy die eksamen van standerd sewe van 'n laerskool deurgekom het; of
- (ii) 'n sertifikaat van 'n hoër standerd.
(Indien sy geen van bogenoemde kan vertoon nie sal van 'n aspirant-applikant verlang word om 'n eksamen in algemene kennis, deur die hospitaal owerhede opgestel, te passeer, gelykstaande met dié voorgeskryf vir standerd sewe van 'n laerskool.)

- (b) 'n Bewys dat sy die ouderdom van minstens agtien jaar bereik het.
- (c) 'n Sertifikaat van goeie gesondheid en geskiktheid vir die werk van verpleegster.
- (d) 'n Sertifikaat van goeie gedrag deur twee verantwoordelike persone geteken, tot bevrediging van die betrokke opleidingskool.

2. OPLEIDINGSKOLE.

(1) *Erkenning*:

Die Raad kan as opleidingskool erken enige inrigting vir die behandeling van sielsiektes, wat, volgens die mening van die Raad, met inagneming van die aantal en klas van pasiënte onder behandeling, sowel as personeel, uitrusting en fasiliteite vir onderrig aldaar beskikbaar, bevoeg is om kandidate vir sy sertifikaat van bekwaamheid in die verpleging van sielsiektes op te lei.

(2) *Voorwaardes vir Erkenning*:

(i) Geen aansoek vir erkenning van 'n inrigting as opleidingskool sal in aanmerking geneem word tensy:—

- (a) Die matrone, susters en enigeen behalwe 'n geneesheer, sielkundige of gekwalifiseerde beroepsinstrukteur, wat leerlingverpleegsters onderrig, as verpleegster van sielsiektes geregistreer is;
- (b) Die inrigting voorsiening maak vir die handeling van gevalle van akute geestesstoring.

(ii) Die Raad het te allen tyde die reg om opleidingskole te inspekteer.

(iii) Die Raad het die reg om van 'n opleidingskool sodanige besonderhede te verlang as hy dienstig ag, en om die aandaag van 'n opleidingskool te vestig op enige saak waarin aan sy vereistes blykbaar nie genoegsaam voldoen word nie en om in enige geval wat onbevredigend bly, erkenning terug te hou, op te skort of terug te trek.

(iv) Die Raad is nie verplig om aan enige inrigting erkenning as opleidingskool te verleen nie.

3. LESINGS EN DEMONSTRASIES.

(1) Op alle opleidingskole deur die Raad erken, moet deur die geneeskundige personeel lesings, en deur gekwalifiseerde en bevoegde beamptes deur die Superintendent van die Inrigting aangestel, demonstrasies gegee word.

(2) Die lesings en demonstrasies moet elk minstens 100 in getal wees en moet hulle oor die hele opleidingskursus uitstrek. 'n Kandidaat moet minstens 25 van elk van sodanige lesings en demonstrasies bygewoon het voordat hulle tot die voorlopige eksamen toegelaat word, en die res voordat hulle tot die eindeksamen toegelaat word.

4. OPLEIDING.

(1) Tydperk:

Die opleidingstydperk vir kandidate vir die sertifikaat van bekwaamheid in verpleging van sielsiekies is 9,040 werkure.

(2) Onderbreking van Opleiding:

Die opleiding moet onafgebroke wees behalwe tydens vakansies van hoogstens een maand, of as gevolg van siekte of om ander redes wat die Raad as bevredigend beskou.

Die tydperk van onderbreking in die opleiding van 'n leerlingverpleegster, behalwe die jaarlikse vakansie van hoogstens een maand, moet ingehaal word, en bowendien as die tydperk, behalwe siekteverlof, meer as drie maande is, moet die leerlingverpleegster se opleiding verleng word met 'n tydperk gelykstaande met die helfte van die tydperk van onderbreking. Geen voorafgaande opleiding sal erken word nie as die onderbreking in 'n leerlingverpleegster se opleiding meer as twee jaar is.

In die geval van siekteverlof van hoogstens ses maande, gestaaf deur 'n doktersertifikaat, word geen verlore tyd ingehaal nie, maar die hele opleiding van 9,040 werkure moet inaggeneem word. Siekteverlof moet in alle gevalle deur 'n doktersertifikaat gestaaf word.

(3) Vrystelling van Opleiding:

'n Leerlingverpleegster wat as genees- en heilkundige verpleegster, of as kinderverpleegster geregistreer is, is van 50 persent van die vereiste opleiding vrygestel, en moet alleen die eindeksamen in verpleging van sielsiekies aflê.

'n Verpleegster wat die Sertifikaat van Verpleegster van Sielsiekies besit is geregtig om vir die Eindeksamen in Verpleging van Sielsiekies te skrywe mits sy gedurende 'n volle jaar aan 'n goedgekeurde inrigting vir die behandeling van geestesstorings opgelei is en die lesings bygewoon het.

(4) Oorpasing van Leerlingverpleegsters:

In die geval waar 'n leerlingverpleegster deur 'n bevoegde owerheid van een opleidingskool vir verpleegsters van sielsiekies na 'n ander in diens van dieselfde owerheid oorgeplaas word, sal die opleiding as onafgebroke beskou word.

5. EKSAMENS.

Daar is twee afsonderlike eksamens:—

- (1) 'n Voorlopige eksamen in anatomie, fisiologie, eerste hulp, higiëne en elementêre sielkunde; en
- (2) die eindeksamen.

(1) Voorlopige Eksamen:

Die voorlopige eksamen bestaan uit 'n skriftelike, 'n mondelinge en 'n praktiese gedeelte, en omvat die navolgende onderwerpe:—

Afdeling I.—Algemene pligte van Verpleegsters in 'n Hospitaal vir Sielsiekies.

—Geaardheid van Geestesstoring: Doel van behandeling; redes vir besondere versorging.

—Verhouding tussen Verpleegsters en Pasiënte.

Verantwoordelikhede van Verpleegsters: Diskresie; verdraagsaamheid; selfbeheersing; vertroulike aard van die werk; briewe van pasiënte; praatjies; houding teenoor famielielede en besoekers

Algemene Pligte van 'n Verpleegster: Sindelikhede; orde; presiesheid; disipline; aandag aan besonderhede; oplettendheid; wat om te rapporteer.

Besondere Pligte: Roetiene-voorsorge; brand; selfverwonding; selfmoord; geweldpleging teenoor andere; vernielug; slegte gewoontes.

Wette en Reëls vir die Beskerming van Pasiënte: Geslagsverhoudings; ontsnapping; afsondering; bedwang; dwangmaatreëls; mishandeling; verwaarlosing; bedwelmende drank; bedwelmende middels.

Afdeling II.—Elementêre Anatomie en Fisiologie.

Beskrywing.—'n Elementêre kennis van die bou, ligging en funksies van die verskillende dele van die menslike liggaam, met inbegrip van:—

Algemeen.

Selle, weefsels, organe, hul bou en indeling. Die liggaam as 'n geheel. Vernaamste holtes en inhoud.

Die Geraamte.

Kopbeen: Name, ligging en korte beskrywing van die beendere van skedel en gesig. Skedelbeendere-, voorhoof-, wand-, slaap-, agterhoof-, wig- en sifbeendere. Gelaatsbeendere—bo-kaak, jukbeendere, onderkaak, vorm van oogkas, neus, mond.

Ruggraat en Borskas: Algemene geaardheid van werwelbeendere; soorte—nekwerwels, rugwerwels, lendewerwels, heiligbeen, stuitbeendere, die werwelkolm as 'n geheel, sy buigings tussenwerwelskywe en gewrigte; borsbeen, ribbe en rib-kraakbene.

Boonste Lidmaat: Sleutelbeen, skouerblad, boarmbeen, ellepyp, speekbeen, beendere van pols en hand; gewrigte.

Onderste Lidmaat: Die bekken; dybeen, knieskyf, skeenbeen, kuitbeen; beendere van enkel en voet; gewrigte.

Spiere.

Hul algemene kenmerke; willekeurige en onwillekeurige; verskille in hul manier van werking. Ligging van die vernaamste spiere van die liggaam.

Gewrigte.

Verskillende soorte gewrigte en hul werking; beendere, kraakbeendere, bindweefsels, sinoviale vlies.

Bloedsomloop.

Die hart: Ligging, grootte en funksie; boesems, kamers, kleppe; hartsak; groot vate.

Bloedvate.

Slagare, are, haarvate; strukturele verskille. Name en liggings van die vernaamste slagare en are.

Boedsirkulasie.

Groot en klein bloedsomloop en poortaderstelsel. Vernaamste drupunte.

Bloedvoedende Stelsel.

Die bloed- in slagare en are. Bloedstolling. Bloedvormende kliere en dele; milt; limfkliere; beenmurg; buislose kliere; inwendige afskeidings.

Voedingstelsel.

Mond, tande, keelholte, slukderm, maag, ingewande (groot en klein), lewer, alvleisklier, borsbuis. Soorte voedsel; spysverteringsprosesse, absorpsie en assimilasië; die fekalie.

Asemhalingstelsel.

Neusholte; strothoof; lugpyp; longpyp. Longe; borsvlies, middelrif. Werking van die asemhalingsinrigting. Die vernaamste spiere betrokke by asemhaling.

Ontlastingstelsel.

Ontlastingsorgane: Ingewande; niere; huid; longe. Ontlastingstowwe.

Die Niere: Bou en funksies. Ureters; blaas; uriene.
Die Huid: Opperhuid en huid; sweetkliere; hare en naels;
funksies.

Senustelsel.

Murgvlies en cerebrospinale vloeistof; die harsings, klein-harsings-brug; murg; ruggraat. Die senu-sel. Die senuwees—motoriese, sensoriese en simpatiese. Refleksbeweging. Kontrole hoogtes. Besondere gevoelsorgane.

Voortplantingstelsels.

Afdeling III.—Ongelukke en Noodgevalle.

Bloeïng: Uit slagare, are en haarvate; maniere van stuiting—vingerdruk, aarpers, of ander middels.

Noodbehandeling van wonde: Asepties en antisepties.

Breuke, Ontwrigtings, Verstuikings: Hul tekens, kentekens, soorte en behandeling.

Noodbehandeling vir Skok, Instorting en Bewusteloosheid: Besering van die brein; instorting tengevolge van drank; vallende siekte; floute; histerie; somsteek.

Eerste Hulp in gevalle van bevriesing; verbrandings en verskroeiings; wonde; byte van diere; steke van insekte.

Noodgevalle: Wat om te doen in gevalle van brand, ophang, verstikking, verwurging, verdrinking, vergiftiging, keelsny.

Kunsmatige Asemhaling: Maniere van.

Die meer algemene Vergifte en hul Teengifte.

Vreemde voorwerpe in die lugkanale, oog, oor, neus.

Geïmproviseerde maniere hoe om beseerdes op te tel en te dra.

Voorbereidings vir die opneming van ongelukkegevalle: Bed-opmaak; ontkleding.

Verbinding: Aanwending van die driehoeksverband en spalke; aanwending van rolverbande.

Afdeling IV.—Higiëne.

Algemene Gesondheidstoestande: Normale temperatuur en gewig van liggaam; verlies en herstel.

Lug: Sy samestelling en onsuiverhede. Die beginsels van ventilasie en hul toepassing in huise en hospitale. Uitstraling en verdamping.

Water: Bronne, standaard van suiwerheid vir huishoudelike gebruik. Verhouding van onsuivere water tot die verspreiding van siekte.

Besikking oor Vuilgoed: Verskillende metodes in gebruik. Droë verwydering en verwydering met water. Algemene inrigting van huis- en hospitaaldreinerings.

Persoonlike Higiëne: Gewoontes; oefening; rus en ontspanning; sindelikheid. Klere; verstelling en skoonmaak; besondere soorte. Bedde en beddegoed.

Ontsmettingsmetodes: Die aard van besmetting; bronne en maniere van oorbrengring. Insekte en ander parasiete. Besmetting en ontsmetting.

Verwarming en Verligting: Van huise en hospitale. Higiëne vir die siekekamer.

Afdeling V.—Elementêre Sielkunde.

Die verstand gedurende gesondheid.

Ontwikkeling van die verstand.

Gevoel; gewaarwording; begrippe en assosiasie van begrippe.

Aandag; geheue; redenering; oordeel.

Instinkte en begeertes; emosies en uitwerking.

Wilskrag; handeling, willekeurige en onwillekeurige; gewoonte; gedrag.

Die bewuste en onderbewuste; slaap en drome.

(2) *Eindeksamen.*

Die eindeksamen is skriftelik, mondeling en prakties en omvat die onderwerpe van die voorlopige eksamen asook die volgende:—

Afdeling VI.—Verpleging van Sielsiektes in Inrigtings en Privaat Wonings.

Opneming van nuwe pasjente in inrigtings; gesindheid teenoor nuwe inkomelinge; voorlopige ondersoek; voorsorge; moontlike liggaamlike ongesteldheid; besmetting; huiduitslag; ongedierte; inventaris van besittings; skadelike besittings; tekens van besering; wanstaltigheid; kunstande.

Badneem.

Observasies wat opgeteken moet word: Pols, temperatuur, asemhaling, voedsel, ingewande, uriene.

Ondersoek na geestestoestand deur observasie en gesprek.

Versorging van liggaamlike gesondheid.

Versorging ten opsigte van Geestestoestand: Bedrywigheid; ontspanning; vermaak; veldwandelinge; uitstappies; parool.

Nagverpleging: Slaaploosheid.

Verwydering en oorplasing van pasiënte.

Verpleging in Privaat Wonings: Sy moeilikhede en gevare; keuse van kamer; skikkings van toepassing by verskillende soorte gevalle.

Rapporte aan die geneeskundige beampte.

Belangrikheid van 'n privaat dagboek.

Die Wet ten opsigte van aanhouding en kontrole: Sertifikate.

Afdeling VII.

Oorsake van senu- en geestesstorings wat ontstaan in verband met oorerflikheid; afwykings by die ontwikkeling; involusie; omgewing; besmettings en vergifte; liggaamlike kwale en beserings; geestesspanning en -stryd.

Afdeling VIII.—Tekens en Kentekens van Senu- en Geestesstorings.

Gevoel: Verlies van; oordrewe; ontarding van; pyn.

Beweging: Swakte; verlamming; gebrek aan koördinasie; beweging; spierkramp; verstydheid; stuiptrekking.

Reflexes.

Storings van die ander liggaamlike stelsels gepaard met siektes van die senugestel.

Slaaploosheid.

Geestesstoring: Beskrywing; ondersoek van geestestoestand.

Storings van die bewussyn.

Storings van die oplettendheid.

Storings van die Opmerkzaamheid: Sinsbedrog; sinsbegogeling.

Storings van die geheue.

Storings van Begripsassosiasie: Ideë-vlug; gebrek aan samehang; terughouding; versnelling.

Verstorings van Wilskrag: Impulsiviteit; verset; ontkenning; stereotopie.

Gemoedsstorings: Vervoering; neerslagtigheid; angs; onverskilligheid.

Storings van Oordeel en Redenering: Misleiding.

Opwinding: Disorientasie; verwarring; verdowing; dissozasie.

Selfmoord: Selfverwonding; voedselweiering; vernielsug; geweldpleging; manslag.

Gewoontes: Verlagende; ontaarde; seksuele ontardings; obsessies.

Afdeling IX.—Vorms van Senu- en Geestesstorings.

Meningitis: Encephalitis.

Beroerte: Verlamming; sintvitusdans.

Lokomotoriese Ataksie: Verspreide sclerose.

Histerie: Sielswakte; senuswakte.

Manio-Depressiewe Psychose: Involusie melancholia.

Dementia praecox.

Vallende siekte en epileptiese psychose.

Traumatiese psychose.

Vergiftigings psychose (alkohol; medisyn).

Besmetlike-uitputtingspsychose.

Psychose by liggaamlike kwale.

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