lack of sufficient quantities of good quality protective foods, and the essential nutrients of high biological value—there are certain other factors complicating our problems. These are : poor earning capacity of the individual ; ignorance among the average person of the basic principles of nutrition ; apathy, social prejudice, poor food habits, and age-old conventions of defective methods of cooking.

We must not forget that poor cattle health and defective nutrition of the soil in different parts of the country, are also important factors further complicating matters. Apart from these we are aware that there are a number of diseases directly or indirectly influenced by nutritional factors—which still require to be controlled and tackled by proper planning measures. These include Endemic Goitre prevalent in the sub-Himalyan regions ; *Lathyrim* associated with consumption of *Khesari Dal*, fluorosis in Andhra and Hyderabad ; and osteomalacia in Northern India.

It is now realised by the clinicians that many conditions of ill-defined ill-health, and those of obscure œtiology are due to a certain degree of specific dietary deficiency. The time has come when it is necessary to study the nutritional requirements of the infective agents responsible for particular diseased processess in the human being, in the light of therapeutic dietetics. Further patient and laborious investigations will have to be undertaken before the relative importance of nutrition, heredity and environment as factors in the incidence of disease, and in the promotion of sound health, is fully understood.

Meanwhile we can do a good deal to improve the nutritional status of our people. We can choose the right kind of food many of which are cheap and nutritious ; we can adjust the cooking methods in order to conserve the nutritive value of the food ; and we can plan our daily menu keeping in view the special needs of the vulnerable groups of the population like the pregnant and nursing mothers, the infants and the growing children. The time is here when we should appreciate, *and teach*, people that fresh green vegetables, fruit, milk, eggs, fish and meat are not luxuries, but that these constitute the essentials of a well balanced diet.

Your *Journal* is planning to carry a series of articles on Nutrition that should prove helpful to nurses in their plans to spread information about Nutrition. Nurses are in an advantageous position to both teach and demonstrate good eating habits, as well as to teach scientific Nutrition.

We Are Pioneers

by

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"Oh ! you will become mad if you work in a mental hospital" ! "Is training necessary to look after insane persons ?... These are some of the remarks made by some nurses working in general hospitals.

Before going into some of my experiences during my training, I would like to write a few lines regarding some misconceptions about mental illness and mental hospitals. Let alone the layman, many medical men do not know much about the modern concept of mental

illness and mental hospitals. Our mental hospitals are not asylums where lunatics are treated as criminals. They are modern hospitals where the patients are cared for in a humane way and are treated with modern techniques in psychiatry. About half of the patients that come for help to the mental hospital, go home improved or recovered within a few months or a year after admission. The majority of our patients are voluntary patients. The layman thinks that an insane person is a homicidal maniac with superhuman strength. Nothing is further from the truth than this idea. A small minority of our patients are violent and destructive, the majority are docile and harmless individuals with average or below average physical strength. The behaviour of our patients is more problematic than dangerous. Even violent patients can be made to act differently if they are handled with tact and understanding. Some people have a notion that by associating for long periods with insane people, one becomes insane ! This idea is without foundation and nobody will develop a mental illness unless he or she has the prerequisites. One does not "catch" insanity like a cold.

The problem of insanity is very great. About 1% of our population are suffering from some form of mental disorder. This includes mental defectives and epileptic patients. About 20% of persons who go to a general hospital and an even greater percentage of patients going for consultation to a private doctor, are in need of psychiatric help. These figures give us an idea of the necessity of training a large number of psychiatric nurses.

Although there was a rudimentary form of training for persons who cared for the insane as far back as 1854 (the year Florence Nightingale left for Crimea), it is unfortunate that this branch of nursing should lag behind. Even today not all western countries have facilities for training psychiatric nurses. It is a good sign and something we may be proud of, that our country has now taken the initiative to train psychiatric nurses ; also that India is the first country in Asia to have a recognised training for this specialised field of nursing.

We are fifteen students, coming from all parts of India, both men and women nurses. All of us are graduate nurses. When our training started, we entered the course with a mixed feeling of apprehension and joy. Being the first batch, we had to face many problems such as not having text books, not having precedent methods, etc. As the course progressed, most of the problems were solved. We had our own conceptions (some of us have been working already for many years in the mental hospitals) and found it rather difficult to change our attitudes. When we began to see that our efforts were rewarded in the form of the improvement in the patient's condition, and lessening of our own anxiety, we became more enthusiastic and began to accept and see the patient as a person.

Our training was started mainly in five directions :

1. The academic training.

This consists of attending the theoretical lectures on various subjects. Lectures in psychology and development of personality were very interesting. It was a pleasure to study how a helpless and dependant infant, passing through various stages, developed into a mature and independent adult. We also learnt about, and to understand why a man behaves abnormally. This knowledge helped us in changing our attitudes towards the mentally ill patients. We also had lectures on various other subjects, including anatomy and physiology of the nervous system, and about the nursing care of the mentally ill patient.

2. Clinical experience in the wards.

We usually had our theoretical lectures in the afternoons. The mornings were reserved for ward work and occupational therapies. We had an opportunity in the wards of learning various nursing skills and techniques.

We had to correlate our theoretical knowledge with our practical work. We learnt how to handle our difficult patients confidently without restraints. We learnt the value of the right therapeutic atmos-

phere on the wards, which facilitated the patient's social participation on a higher level ; it was conducive to the patients recovery. Mental illness is very often combined with a person's inability to adjust himself to his environment.

3. Occupational Therapy.

We had to learn many simple occupations ourselves. It was fun to learn flowermaking, weaving, spinning, claywork ; fretwork and leather and plastic work. Occupational Therapy is one of the important treatments and one of the nurse's tasks is to guide patients towards recovery through working with them. We had to take groups of patients to the different occupational therapy sections : also for gardening and for walks. Every day patients are taken to the library and we read with them or play games with them. Music also is provided and many of our patients sing or play one or the other instrument. We learnt a lot about psychiatric nursing through occupational therapy. Leadership, group-management, values of inter-personal relationship in nursing and many other aspects are learnt by us in this way. We got satisfaction, because most of our patients showed improvement through our efforts. I will never forget the day when a patient who had been in a very withdrawn state and who had not talked for many years, started talking for the first time, and worked in the garden.

4 Conferences.

We participate freely in conferences at two levels. Every week there is a Case Conference where the doctors, nurses and psychologists and other workers meet. A doctor presents a case, the nurse reads his report and the patients problems are discussed ; including the nursing problems. Probably for the first time in India, a nurse read a paper on some advanced concept of psychiatric nursing to the conference, on equal footing with doctors. These conferences establish the importance of the role of the nurse in the Psychiatric Team. We learnt more about team-work in these conferences. Psychiatric nursing is essentially teamwork.

We have conferences of nurses on the class level. Each week a nurse reads a paper about some aspect of nursing or a related subject. These conferences help us to solve many of our problems. All of us participate in these conferences and discuss various problems. And if we come across a problem in our practical work, we take it up for discussion at our conferences.

5. Extra curricular activities.

We have now a very fine library with many useful books on various subjects related to psychiatry and psychiatric nursing. We also get a large number of magazines. Though not developed much, there are fields where a student can take part in extra curricular activities. There is a club for all students of the institute where badminton, carrom and other indoor games are provided. On "Club-Day", one of our men students gave a dance performance which was very successful. We hope to have some plays enacted by our patients shortly.

Only after having obtained the diploma in general nursing, may one take this course in psychiatric nursing. This shows that psychiatric nursing is seen as a speciality in nursing on a higher level. And we hope that this will prevent the psychiatric nurses of India being looked down upon ; this is an attitude which still prevails in many countries in the West. This course can also be of great use even for the general nurse who does not want to make psychiatric nursing a career.

It has been possible with the help of the World Health Organization to establish this course and we are grateful for having the privilege of such understanding and inspiring support.

While inaugurating our course, Miss D. T. Pedersen, former Regional Adviser in Nursing for W.H.O. said : "You are Pioneers, Your's is the first batch and your Institution is the first of its kind in Asia". Yes, we are Pioneers, willing to take up our responsibility in the community. We look forward to the day when we will have a branch of our own under the banner of the Mother Organization : the TNAI.