

know the problems and resources of their own environment.

The best way of solving this problem is by creating the necessary training facilities in paediatrics within each country. This requires, above all, doctors and nurses who are readily prepared to devote all their time, energy and interest to this task. Here is one of the most important services which international bodies like the World Health Organisation render and are rendering to many countries of S. E. Asia.

In addition to capable teaching personnel devoted to this subject, an adequate training in paediatrics presupposes the establishment of special hospitals and welfare centres for children, attached to teaching institutions for doctors and nurses. After having gained adequate experience in this primary training field, it is possible for the personnel to begin to develop paediatric services along the same lines in other parts of the country.

Considering the fact that children form about 30 per cent of the total population, the demand for hospital beds for this group of patients is big. It is estimated that the number of hospital beds

for children under ideal conditions should at least be one for each 1500 of the population. For instance, a town with a population of about 300,000 needs a children's hospital accommodating at least 200 beds. In countries with a low social standard and consequently with a relatively high sickness rate among children, this requirement is obviously greater, although unfortunately such countries are often the poorest in equipment for hospitalising children.

The requirements for adequate care of sick children, some of which have been discussed above, are easy to point out. In practice, however, many of these demands are difficult to satisfy in a short time. The creation of an adequate health service for children mostly depends on the economic resources of a country, on an adequate food supply, proper housing conditions and on the educational standard of the people. Progress in any of these fields will surely promote the well-being of the population in which the children undoubtedly form the most valuable part. It is the duty of all concerned, both government services and individual persons, to tackle the problem from all these angles.

The Children's Nurse

BY

A WHO Paediatric Nurse at present working in S. E. Asia

The conception of child nursing as a specialised job is rather new in most countries of S. E. Asia. At a moment when health authorities in this region are striving to improve training facilities in children's nursing, it may be useful to see what is the conception of a children's nurse in countries where she is already a recognised and valued member of the community.

The popular idea often is that the children's nurse must be able to follow the ordinary routines of child care such as bathing, feeding and dressing. She must unfailingly display a good balance

of kindness and firmness with her small charges. She must be capable of administering other medicines or teddy bears according to the needs of the moment.

The children's nurse, either student or graduate, is however trained to have a much broader concept of her work, a concept which may be expressed as any relationship between a nurse and a child wherever a child is. This definitely implies much more than emergency nursing in the hospital or in the home. It includes all the child's normal daily activities—sleeping, eating, education, music, play and so forth. Although the children's

nurse does not have to be an expert in all these several fields, she does, however, need to have an appreciation of the many factors which affect the process of normal growth and development, whenever these factors come within the nurse's range of contact with the child.

What the children's nurse learns, and how she is trained to use that knowledge, is determined by our philosophy of what care we think a child needs, and may thus vary to some extent from country to country. In general, the children's nurse must constantly ask herself, "What do we want for our children, and what can I as a nurse do to supply these wants?" A child's needs can be determined to some extent by the observation of children whatever they may be, in the home, at play, at school, in the hospital, and by supplementing these observations with study for their interpretation.

Above all, the children's nurse must learn the significant facts of normal growth and development during a child's life. For example, can it be normal for a nine months old baby to lose his appetite for a while? Should the nurse not prepare the mother for such a possibility, thus safeguarding against emotional crises involving both mother and child? Then again, why must we make certain that children under seven years of age are not allowed to cross the road alone? It is a significant fact of normal growth and development that until that age the child's vision is not sufficiently mature to enable him to judge the distance of an oncoming vehicle.

The infant death rate in any country gives some indication of the extent of care which children receive. The average infant mortality rate for India, for ins-

tance, is 170 deaths for every thousand children born alive. In a great number of western countries the rate is well below fifty. In some other Asian countries it is above 300. A rate of hundred or more certainly indicates the need for improved child care, including nurses specially trained in that important branch of nursing.

Here are a few of the special abilities which the children's nurse is expected to acquire. She must have particular powers of observation for a small child or infant cannot explain his difficulties. She must have an understanding of certain diseases peculiar only to childhood, and of the particular aspects of other diseases as they appear in the younger age groups. Special procedures and techniques must be skilfully adapted to the needs of the family in the child's life, and also what the child's illness may mean to them.

What will this specialised work with children do for the nurse? If she is to be a good children's nurse she must realise that the most important factor in her duties is human relationships. The child's natural trust and honesty will oblige her constantly to question her own values. She develops a sense of humour, often out of sheer self-defence. She realises the hazards of expecting impossible standards of behaviour from the child, the parents, or indeed from herself. Finally she learns to accept the fact that emotions are neither good nor bad, but are rather an indication of a state of health.

It must be recognised, however, that the care of the child is not the concern of the nurse alone, but of the doctor, the parents, and of the whole community. She is only one of a number of essential factors in any all-over plan for improving the health of the next generation.

**Tentative Programme of the S. N. A Secretary's Tour of
East Punjab, May, 1951.**

Amritsar	1st—2nd	Patiala	7th—9th
Dhariwal	2nd—3rd	Ambala	9th—10th
Jullundur	3rd—4th	Simla	10th—11th
Ferozepore	4th—5th	Kasauli	12th—13th
Ludhiana	5th—7th		