but there is no use in demanding what the country does not have and the entrance requirement for our schools must be set at a level possible in India today.

The second important requirement for a profession is that it have special schools to teach those who wish to join the ranks of the profession. You can only become a lawyer and enter the practise of law by completing the course given in the special law school. So nursing has its own schools and the only way to become a nurse is to submit oneself to the course of education set up by these schools. Every profession takes pride in its schools and wants to make them the best it is possible to make them.

The third point that makes a profession a profession, is that it exists for the sake of service. The main object of a business or a trade is to make money. The purpose of a profession is to serve men. Those who earn their living at a profession have to take money for the work they do, but often the money is very little compared to the value of the work. Often also, when someone is in need of professional help and is unable to pay, the best professional service is rendered them without charge. It is one of the signs that nursing and medicine are professions that we pride ourselves that in our hospitals all our patients get the best care it is possible to give them, regardless of their ability to pay for it. Let us never forget that as members of a profession our first thoughts must always be what service we can give, not what money we can get.

One more thing we must note that is true of every profession. It must set its own professional standards and be responsible for maintaining them. No outside group of people knows the vast number of things that it would be necessary to know in order to set standards for the profession. The responsibility is therefore on the profession. Nurses have been fortunate in being in a profession very closely related to medicine. Medicine is the older profession and has grown strong in most countries before nursing has reached its right to be called a profession. We owe a great debt in India to the very great help that medical men have given and are giving us in helping us build the profession of nursing. Nevertheless let us never forget that the responsibility for our profession, its standards, its professional school, and the service it renders to the health of India is upon us, each of us. It is upon you.

There are so few nurses in India and the need of nurses is so great we are going to be pressed on every side to forget our responsibilities. We must provide nurses and we must provide a great number of them. Much more teaching will have to be done in the languages of the country than has ever been done in our schools of nursiug. There will be those who will want to make it easy for women to become nurses by omitting nearly all of the practical work, forgetting that the art of nursing is as important as the science, There will be those who will want to come into nursing just to make money and who have little interest in service. There will be some who will ask us to take into our profession women who can hardly read or write, good women, but with no education, We will get advice from all sides. But the responsibility for what developments take place in our own profession rests on us and only on us, the nurses of India. Are you doing your part in the building of the profession, the profession of Nursing which is a science, an art and a vocation?

Nursing in India, An Outsider's Point of View

By Miss C.L.H. Geary.

[Reproduced by permission from the *National Christian Council Review.* Editor's Note: The following article was intended to arouse attention to the great need that there is for making the profession of Nursing one that will attract the best type of educated women. The character of the criticisms offered demands that we should look at ourselves and try to see how to attain to the ideals such an article as this visualises. It will be all to the good if we can share with one another our reactions to this article, and it is planned to make room in the next few Journals for correspondence on the subject. If you have constructive suggestions to

make, do not wait until next month, write them NOW, and be sure to post them to the Editor.]

A month ago, I was fortunate in making the acquaintance of Miss Pitman, the Nursing Superintendent of the Missionary Medical College Hospital in Vellore, who asked me to write an article on nursing for the N.C.C. Review. The request surprised me, because I am neither a nurse nor a missionary, but the principal of a Government College for Women affiliated to the University of the Punjab. However, when Miss Pitman told me that the whole subject of the training of nurses in India was under discussion, and that efforts were being made to attract into the profession girls whose standard of education would enable them to profit by a University type of training and post-graduate course in nursing I began to see that the views of a university woman outside the nursing profession might provoke discussion even if they were mistaken.

I have been in India with intervals in England since 1924 and have come into contact with the nursing profession here in three ways As the principal of a residential college, I employ a trained nurse to take charge of the College sick room, and to supervise the general health of a large compound. As one who has to advise graduates in their choice of a profession, I have been obliged to examine the conditions of work and the prospects of nurses in Indian hospitals. And as a very keen member of the St John's Ambulance Association, whose leisure time is often spent in the wards of the local women's hospital, I have worked and played with Indian nurses, Christians and non-Christians. I am not, therefore, entirely ignorant of the merits and demerits of the nursing profession in India, or of the practical problems which confront it.

I will try to set down my experience of nursing in India in my three capacities: as employer, as principal and as nurse, though my experience in the latter capacity is so small that I am a little chary of talking about it.

As an employer, I have to deal with a single nurse on whose shoulders rests much responsibility. The College nurse works single-handed, or with only untrained helpers; she has a doctor on call, and hospitals which take serious cases ; but she is responsible for the general health of 280 students, 80 servants and servants' children, and 25 staff, many of them older than herself. In addition to her work in the sick-room, and the supervision of the sanitary condition of the compound, she has to organise the annual medical examination of students and the monthly inspection of the children in the compound. She has to maintain individual records for each student, see that treatment recommended by the doctor is given, arrange visits to dentist and oculist, see to inoculations, keep an eye upon the student who is losing weight or showing other signs of not being quite well, and report to me daily. She is also expected to advise women servants on the care of their children; to teach them simple rules of health, and to cajole them into coming for examination and treatment if they are ill. She has to know her way about the local hospitals, and to deal efficiently and tactfully with all sorts of people inside and outside the compound. I expect from the College nurse sympathy, hard work, intelligence, trustworthiness and initiative, and I find it easy to get all except the latter.

Perhaps I can quote one of our nurses as an example. Miss X was trained in a mission hospital, and came to us with seven years' experience. She buckled down to her work with a will, was charming to students and most competent in the sick room, but was filled with horror when she first discovered that she had to phone a dentist for an appointment, or arrange for the admission of a patient into hospital for a minor operation. She had no idea of finding opportunities of work in the compound, could not take even the decision to call in a doctor without reference to me, and had so little capacity for organising her own life that when she first arrived she could not tell me how much money I had to refund as her railway fare. In time, Miss X became one of the most competent and valuable members of the staff, whose outstanding characteristic was a genius for getting the co-operation of students and servants and for thinking out new ways of doing her job. But why are Indian nurses straight from hospital so often hopelessly incapable of standing on their own feet ? Does their training and experience give

them no chance of developing initiative? Are they perpetually sheltered and chaperoned and guided? Are they never encouraged to think for themselves?

Once a European sister of my acquaintance complained that she would be late for lunch, as she had to escort a party of fifteen probationers across the fields that lay between their hostel and their lecture room. I asked if this was necessary for girls who were embarking upon as serious and important a vocation as nursing, and was told that if they were not escorted they might run away, or get into trouble with undesirable strangers. I suppose that such care may be necessary in certain circumstances, but if the attitude it expresses is adopted towards girls who have learnt a considerable measure of independence and responsibility in their colleges, it will not attract many girls of independent character to the nursing profession.

The fear of being regimented and over-regulated is undoubtedly one thing which is keeping educated girls out of nursing. From my talks to students about nursing as a possible profession, I realise that there are two other impediments-the poor pay of nurses, and the low standard of training available in Indian hospitals compared with that given in other countries.

About the first, I do not propose to say very much because I think that everyone knows that the pay of nurses will have to be raised if hospitals demand higher educational qualifications from their probationers. Teaching is at the moment one of the most popular professions for women in India. Graduate lecturers in University Colleges in the Punjab command salaries ranging from Rs. 110 to Rs. 500 a month and graduate teachers in schools salaries ranging normally from Rs. 80 to 140 or 200. Nurses' salaries compare so unfavourably with these figures that few graduates are prepared to enter nursing. But that the low standard of training given in Indian Hospitals is a deterrent to many educated women, particularly to science students who might otherwise be attracted to the nursing profession, is not, I think, so generally recognised.

One of the first questions put to me by students who are considering nursing is always, "What type of training shall I receive? Is it a good training, by international standards, and will it fit me one day, to get to the top of my profession?" Until recently, I have found it difficult to give a satisfactory answer to that question, because I have been aware of the low standard of nursing even in many hospitals which profess to teach, and because I know that the higher positions in the nursing profession in India are mainly filled by women with European qualifications. The situation has been somewhat altered by the opening of the Experimental Post-graduate Schools for the training of nurses in Delhi and Vellore, but these schools do not touch the general level of nursing training. University students are ambitious; they are prepared to work hard at the professions they embrace and to start at the bottom, but they are not prepared to remain underlings all their lives. At the moment they feel that nursing is a routine occupation that makes little demand upon their brains, and that does not interest them. In their colleges they are urged to use their minds, to observe, to connect cause and effect, to think out the solution of a problem; they believe that they will be asked to do none of these things in an Indian hospital.

Again, perhaps, I may give two illustrations I was once working in the gynaecological ward of the local hospital when I noticed that a red liquid was frequently used for dressings. I asked the probationer in the ward what it was, and she said she did not know. As it was used many times a day, I pursued the matter with the staff nurse, and the Sister in charge, and got the same answer from both. Blood up, I asked the European trained Nursing Superintendent, who told me at once, referred me to a book on the subject and explained why that liquid was used and not another. I believe that any of my science students would have asked the same question, and would have been very dissatisfied if she had not received an answer.

Again, during the College holidays, I once put in a complete week's work in the same hospital. It was one of the most interesting weeks of my life, and I valued it very highly, because it enabled me to see the working of a hospital and the life of a nurse much more closely