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 nursing. 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 mak-
ing 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 dis-
cussion, 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 univer-
sity 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
couple 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 capa-
city 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 untrain-
ed 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 with-
out 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. 530 a month and graduate teachers in schools salaries ranging normally from Rs. 80 to 140 or 20. 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. Both told me that 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.