

month for progressive talks and recreation. Often at these meetings we give our Student Nurses' Association talks, and at one of these we decided to make an effort to send a donation to the T. N. A. I.

On Thursday, August 19th, the Indian Nurses' Guild produced an excellent concert—Nurses from the Mayo Hospital, the Sambhu Nath Pandit Hospital and the Lady Dufferin Hospital gave Indian dancing, Bengali plays, and music to a large gathering of people. A collection was taken for the funds of the T. N. A. I. and it is very gratifying that the nurses have been able to send Rs. 100 to their parent body. The concert was a great success.

Correction.—On page 248 of the August issue "Matron-in-Chief of Queen Alexandra's Military Nursing Service and the Indian Military Nursing Service" should read "Matron-in-Chief Queen Alexandra's Imperial Military Nursing Service." "and the Indian Military Service" was printed in error.

Training of Nurses

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Having only been in India a little over seven months, two months of which time I have been here in the hills, it seems rather presumptuous of me to be speaking on a subject with which I am perfectly familiar in America but with which I am just becoming acquainted in India. So far I have only had opportunity to visit two American mission hospitals and two English mission hospitals—and have seen no middle class girls' schools—so I hope I will be forgiven if I make any statements that may sound derogatory. I shall welcome corrections.

I. Pre-Nursing Educational Standards

As yet not being totally familiar with the history of nursing in India I do realize fully that nursing has been primarily a Mission project rising out of the strident needs of our hospitals to give better care to our patients.

From what source are we drawing our student nurses? We require Christian educated girls and boys—those who have been launched on true character building and personality adjustments as set forth in the principles of Jesus. Our hopes then are built on the product of our Mission schools and what a big responsibility that entails. In our various elementary and middle girls' schools what preparation is made for vocational guidance? If I am not mistaken some thought is being given to this in the boys' schools but I have not found any such preparation in the girls' schools. If girls, who have the privilege of continuing middle school, were given guidance in the choice of a vocation, and if the nurses' training requirements were understood, we would not get such requests as this, "We have a young girl who has failed her seventh class examination. She is eighteen years of age and I am afraid we cannot keep her in the school any longer. Would you accept her for your nurses' training course?" Evidently the writer has no conception of the difficult scientific subjects a nurse must acquire in order to pass the Registration Council examinations. If an eighteen-year-old girl cannot pass her seventh class exams, what chance will she have with medical and surgical subjects, for instance? Yes, the student may be splendid in grasping the practical side of nursing, but we need an integration of both theory and practice to make a well trained nurse. The curriculum of a nurses' training school is far removed from being easy and still there are many teachers who think that if a girl cannot pass her seventh and eighth class exams, she will be able to cope with nursing subjects.

From my observation so far students haven't the slightest conception of how to study, they still use the old method of studying by rote—and I have heard educators among our missionaries say, "Oh, they are accustomed to this method and it is difficult

to break the habit." Are they accustomed to this habit when the majority of these students have started in our Mission schools where the latest educational methods should be practiced? Are these schools following the line of least resistance and using old-fashioned haphazard methods? If they are accustomed to these habits and we continue to foster them, then there is something lacking in our system of preliminary education. The student can only acquire good study techniques directly through practice and observation in the classroom.

We find many of our students who do not know how to use a text or reference book. Reading, we know, is not a simple skill but a complex of many skills, and these students get their start in reading in the elementary schools. Do they know how to interpret what they are reading? Are they familiar with different types of reference and reading materials and their use? The majority do not know how to begin to look in a reference book for a simple desired fact! Whose responsibility is this? Must they wait until they get into a special vocational training school to learn these skills? No, that should not be; all students need stimulation, encouragement and instruction by an experienced teacher right from the very beginning of their education.

There is no doubt we all agree that character building begins or should begin in the home but we are also cognizant of the fact that in most of the homes from which we draw our students this is not always the case. But—when these children enter the primary schools at the age of five or six there should be still a great opportunity to instil in them the Christian principles of honesty, kindness, personal integrity, self-reliance, tolerance, love, even though these children may be very new in their Christian experience. If these children are well grounded in our system of basic ethics it should be less difficult to teach them professional ethics! Their habits of lying and bad conduct seem out of all proportion to what it should be if they are receiving daily religious instruction.

II. Preliminary Training in the Nursing School

Needless to say I was distressingly shocked to find that some hospitals in India were using the antiquated American method of putting probationers, or preliminary students, on the wards almost as soon as they arrive in the hospital without any preliminary instruction whatsoever. Of course, they were supposed to be under the guidance and protection of a staff nurse who probably was already overburdened with the supervision of thirty to forty patients as well as student nurses! I can still see the bewilderment in students who started their nurses' training in this fashion—thrown into a sea of utter strangeness, to either sink or swim. Then when they finally did get some instruction by an overworked but competent sister it was difficult to disentangle themselves from some bad habits inculcated by students who received just as poor and devastating a start.

It is gratifying to see that the Trained Nurses' Association of India is agitating for a Preliminary Training Period, and if I am not mistaken, some larger hospitals with an adequate teaching staff have started the practice. If this preliminary period covers three or four months, during which time they are given good courses in orientation to (1) nursing, (2) the nursing school, (3) the hospital, (4) the patients, the Nursing Service, and a well-integrated course in the principles and practices of nursing, we certainly will have more efficient and better poised student nurses. A student before being allowed to go on the wards to take care of patients should know definitely what her basic specific duties and responsibilities are—these comprise:

1. What the nurse does for the patient.
2. What the nurse does for the doctor.
3. What the nurse does for the hospital and school of nursing.
4. What the nurse does for the relatives and friends of the patient.
5. What the nurse does for the community and health agencies.
6. What the nurse does for the nursing profession.
7. What the nurse does for herself.

In the interests of the War Effort

We had reserved this space to urge all consumers of Petroleum Products once again to take care of oil containers and to return them quickly.

But the first consideration is the ships that bring the oil to Indian Ports. Their safety and that of their crews, as also the lives of our soldiers and sailors and the successful conduct of Military and Naval operations, can be endangered by unguarded conversation or correspondence.

*Be first with your efforts
but last with your news*

As mentioned above, to administer a course of this kind it is essential that there be an adequate teaching staff of both sister instructors, or tutors, and doctors—certainly a Nursing Arts Instructress who can give her full time to teaching and supervision. There should be adequate teaching facilities and clinical opportunities for observation and training. Besides the sisters and doctors who may be on the teaching staff, I feel keenly that we should draw in our Indian graduate nurses to assist with this colossal task. Many of these staff nurses feel no responsibility whatever in assisting with the teaching on the wards, especially if they have trained in another hospital and find methods are slightly different. Would it not be helpful if we allowed them to attend some of the demonstration classes when procedures are taught preliminary students and then make these staff nurses responsible for carrying out the same technique on the wards?

Such a programme then could only be carried out in a fairly well-equipped general hospital. Then what about the smaller general hospitals with definite limitations in their teaching staff, equipment and facilities, who are carrying on nurses' training schools? Could not affiliation arrangements be made in certain areas with a hospital which has been able to institute the Preliminary Training Period, paying that hospital a nominal sum to cover expenses for the few months? What a relief from anxiety it will be and what an advance in our nursing teaching methods to know that our patients will not have to be entrusted to raw probationers who haven't the remotest idea what to do the first time they approach a patient!

III. Male Nursing.

In admitting male students into our nurses' training schools we must very carefully consider their future. Are there positions available after their course is finished to assure them a living wage so that they may support a family? It has not seemed so here in the North and some hospitals where they have been training male nurses have not found it advisable to continue. Is it really advisable to discontinue this training? Probably there are sufficient training schools admitting male students to draw from but from present indications it does not seem so. Many women's hospitals are beginning to admit men patients and this expanding will create a demand for at least male staff nurses and male night duty nurses. Not all female students are ready to go on men's wards to train despite the fact that the Punjab Registration Council for Nurses are extending to them the privilege of taking the male nursing examinations after six months' service on a men's ward. It will take some persuasion to get the female students to train on men's wards but it can be done! In the meantime we still need male nurses.

Will these hospitals with a good turnover of men patients and who are conducting training schools for female nurses only, be willing to affiliate with other training schools for the six months' male nursing course? This affiliation would have to include lectures on all male genito-urinary diseases, observation in the surgical theatre during operations on male genito-urinary organs and actual nursing on men's wards.

IV. Summary

Mutual co-operation between our Elementary, Middle and Nurses' Training Schools will greatly facilitate the teaching of these students and help to elevate our nursing standards.

The aim toward more efficient preparation for our preliminary students will be most gratifying to all interested in the advancement and betterment of nursing the sick towards good health and the maintenance of that health.

Are we justified in continuing the training of male student nurses? Nursing is primarily a woman's sphere but is India ready to receive female trained nurses into her men's wards?