

Examination. Compared with it, the general standard of Bombay is much lower; moreover, the heads of training schools are authorised to take a candidate who has not had the opportunity of passing the standard specified, as a candidate pupil if she shows a sufficient degree of general education, in the opinion of the heads of affiliated hospitals. The result of this proviso is that pupils in certain hospitals are very poor in their general knowledge, and the standard varies considerably. This is not a happy position and is being altered. It is the Nursing Council only, which is the proper authority to lay down the standards of minimum education for the admission to the nurses' course, and these standards should be uniformly applied to all the training schools.

I now place the draft resolution for the consideration of the meeting:

"Resolved that this Meeting of the Bombay Presidency Women's Council is of opinion that there should be a uniformity in the minimum standard of education for admission to the nursing courses. The standard required should be the highest school standard for those who appearing in English as well as the regional languages, *i.e.*, the passing of Matriculation or the Cambridge Certificate examination for those appearing in English, and the Primary School Leaving Certificate Examination for those appearing in the regional languages. As the hospital work is carried out in English, persons who have passed the Primary School Leaving Certificate Examination should have a knowledge of English up to the third standard of a secondary school."

For widows and orphans who may not have had opportunities of passing the standard specified, the Nursing Council should introduce an Entrance Examination, and only those who pass this Examination should be admitted to the nursing course. For supplying nurses, midwives and welfare workers in the rural areas in sufficient numbers, as a temporary measure a lower-grade course may be introduced, and candidates possessing lower general qualifications may be admitted to these courses. For the first-grade course, the general standard of education should be kept as high as possible, and the question should be reviewed from time to time.

Read at the Conference of the Bombay Presidency Women's Council.

THE STANDARD OF NURSING IN BOMBAY

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From time immemorial proper nursing has been considered to be one of the most important aids to the care of the sick. Today it is considered an auxiliary to the medical service.

If we look at the service from a broad humanitarian point of view, we cannot help coming to the conclusion that, like all other lines of employment, here, too, only the best can succeed.

The standard of nurses' training in Bombay is very low compared to other Provinces, and it is a matter of great regret that instead of raising it attempts are made to lower it still further.

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Horlicks helps to make the invalid's diet more appetising and palatable — it is an excellent vehicle for extra dietary such as cream, beaten eggs, etc.



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Of recent years attempts have been made to enable Hindu widows to earn their livelihood, and somehow nursing has attracted the attention of their well-wishers. It is a praiseworthy object. I have practised among Hindus and I know how hard is the lot of widows. Long before the Women's Council came into existence I fought hard against the custom of early marriage and enforced widowhood. But though the object has my full sympathy, I am strongly opposed to the idea of ignorant and indifferently educated women taking to the profession. I ask, Is it fair that in order to give employment to a few widows, a mere handful compared to their vast number, that other women's sons, fathers and husbands should be sacrificed, and some children should be made orphans? It is not at all fair to the public; to the patients, and, above all, to the nurses themselves; for an indifferent quality of work only brings discredit to the profession.

In treating sickness the services of a doctor are essential, but a doctor's time and mind are divided amongst all his patients, whereas a nurse is with the patient the whole time and the progress of the case depends on how the doctor's orders are carried out.

You will thus realise how necessary it is to get the right type of women to go in for the training, particularly in India, where the women are mostly ignorant of the ABC of nursing. Furthermore, once they engage a nurse, most people remain easy in mind, relying upon the nurse to do everything.

The aim of nursing in India should be to create the same atmosphere and render the same high standard of service as in Western countries. Florence Nightingale, the pioneer of nursing, came from one of the best families in England. Nursing in India can only come to that standard when the nurses as well as the public realise the great responsibility of the charge, for often the life and death of the patient lie almost in the hands of a nurse; and a kind, conscientious and efficient nurse is an invaluable asset.

The quality of nursing in our city is poor because the idea is prevalent today that if a woman is not good for anything else she is good enough for nursing, as if nursing did not require intelligence and good general knowledge but were just a matter of mere physical drudgery.

Doctors mostly give orders in English, the instructions on medicine bottles are given in English, and it therefore stands to reason that the work of a nurse with a mere smattering of English cannot but be of poor quality.

Let me give you only one instance. The family doctor, the consultant and I advised the husband of a Hindu woman to engage a nurse for his wife who was suffering from septic fever after the birth of her child. We wrote out full instructions, the main item being douches every four hours night and day. Not having a douche can with her she did not give them, and in spite of the husband repeatedly asking her to write out what she wanted and he would get it from me, she refused, saying she did not know the doctor and how could she write. The night nurse did not give the douches either. The next day when we found the patient much worse and complained about the neglect, the nurse told us "we had no right

to talk to her, and that we could report the matter to the hospital". What does reporting avail? The patient died, the children became motherless, and the home was broken up. Needless to say, the doctor, a Hindu himself, resolved never again to have either a Hindu nurse, or any nurse from the same hospital.

There is a vast difference between nursing in a hospital and nursing a private case. In the hospital a nurse works under supervision, but there is none in private cases.

The National Council of Women in India at its sitting in December last urged for a uniformly high standard of nursing for all India, and it is the duty of the various women's associations in Bombay to study the question in its broader perspective and from a humanitarian point of view, otherwise an inferior class of nurses will not attract the educated section of the public and the service will not be paying.

One of the chief reasons why the women of better class do not take to the profession is because it is looked down upon. Fortunately the prejudice is gradually dying out. Continued efforts should be made to draw girls from the better and educated classes. Only then will the standard of training be raised and the service come into its own.

Read at the Conference of the Bombay Presidency Women's Council.

FIGHTING DISEASE ON THE FRONTIER

Over 500,000 out-patients were treated in civil hospitals on the North-West Frontier Border in 1939-40, showing an increase of over 40,000 as compared with the previous year.

In the Khyber Agency the building of a new hospital at Landi Kotal has been sanctioned. 40,000 out-patients and 200 in-patients were treated in the existing dispensary. At the Jamrud dispensary similar figures were 25,000 and 200 respectively.

In the Kurram Agency there are hospitals at Parachinar, Alizai and Sadda. The last attracts tribesmen from Tirah as well as inhabitants of the valley. These hospitals, between them, treated 140,000 out-patients and 1,100 in-patients.

In the Malakand Agency there is a hospital at Malakand, a Swat State Hospital at Saidu, and dispensaries at Chakdara, Thana, Daigai and Loe Agra. 3,000 male and 1,000 female in-patients, and 11,000 male and 5,000 female out-patients, came for treatment. In the Chitral State there are Government hospitals at Chitral and Drosh. 18,000 out-patients and 300 in-patients were treated.

The reluctance of the Chitralis to face surgical treatment is being overcome by the patient efforts of the medical staff, whose extensive touring was much appreciated by the villagers.

Goitre is widespread, and diseases due to a poor diet are common.

The small civil dispensary at Fort Lockhart in the Kohat District provides treatment for tribesmen from both sides of the Samana