

The card from Bulgaria says:

"The Bulgarian Nurses' Association sends you all good wishes for the Christmas season and hopes that the coming New Year will bring peace on the earth.

K. S. PACHEDJIERA, *President.*
B. MICHALSKEA, *Secretary.*"

Such tokens of goodwill from two neutral countries are indeed welcome. They illustrate the International ideals of the Nursing Profession and will be carefully treasured amongst our archives.

Greetings were also received from the Canadian and South African Nurses' Associations, and the Secretary was overjoyed to receive a New Year card from Miss Anna Schwarzenberg. It was posted in Italy in November and arrived early in March.

Called to the Colours. We have many members who are regular Sisters in the Indian Military Nursing Service and are serving their country either in India or abroad. It is also interesting to note that the following members have recently been called to the colours. Our very best wishes go with them.

1. Miss K. Lakshmikutty Amma.
2. " D. P. Zscherpel.
3. " O. E. Richard.
4. " B. Nickels.
5. " E. DeMellows.

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THE TWO-FOLD SERVICE OF THE NURSING PROFESSION

By MR. P. A. D. KIRUBIAH

This article may not apply to those who are already rendering the two-fold service which is the topic of this short essay. But I hope that it will at least serve to encourage them, more and more, to keep on with their good service, and stir up the consciences of those nurses who think that their province is limited merely to a sympathetic, but rather perfunctory and inarticulate performance of Nursing duties and who, perhaps smugly, protest that they need not poke their noses into other things.

A nurse may be a very conscientious worker and may tactfully and kindly perform all the duties entrusted to her in the field of nursing, all of which is truly appreciable, but she would add to the beauty of her profession—which is spoken of as one of the noblest professions—if she could only head in and try to

help the community by also being a teacher of health. The health of the public demands many services other than actual Nursing.

Never in the history of mankind have there been available, such opportunities for the cure and prevention of diseases, as are available in modern times. But in spite of such facilities and in spite of a general acceptance of the benevolent intentions of modern civilization, we still find people, in villages and even in some well regulated cities, running about and hiding themselves as soon as the vaccinators come with their instruments during outbreaks of epidemic diseases. This is due to nothing but crass fear and ignorance.

Those working in a general hospital often come across cases of gangrenous limbs for which nothing can be done except amputation. On eliciting the history of such a patient, we usually find his condition, at the start or at the time of the accident, was such that matters could have been set right without the loss of the limb, had he come to the hospital in time. Here again ignorance plays the main part in these tragic dramas. Having tried all the quack treatments and finding that the patient's condition is nevertheless getting worse, the family at last make up their minds to go in search of a hospital. There, the surgeon examines the patient, and the verdict is "Lose the limb and save the life". A panic seizes the patient. He finds that his superstitious notion, that hospital people are always determined to cut for everything, is now justified by the verdict of the surgeon. He does not realise that the entire fault is his own fear and procrastination.

Not long ago, we had a patient in our hospital who had been attending the out-patient department daily for the treatment of sore eyes. But while he was undergoing this treatment, he had a secret which he did not wish to reveal—a small wound in the little finger of his right hand caused by a human bite—which he tried every day to hide from our notice, simply because he thought the wound was so insignificant that it needed no fussing-over by the hospital people (his own statement). A few days later the man found that his opinion about the wound was wrong, and that it was no more undeserving of hospital attention, and that he could no longer hide it from us. Inflammation and swelling had risen high up to the axilla. The patient was admitted to the hospital and eventually many incisions had to be made up and down the hand to drain off the pus. The man stayed for 53 days in the hospital and experienced a good deal of pain and suffering, which could easily have been avoided, had he cared to attend to that wound at the very start. We had a fine opportunity to teach him a good lesson, that the utmost cleanliness and immediate attention are very essential, however insignificant a wound might seem to him.

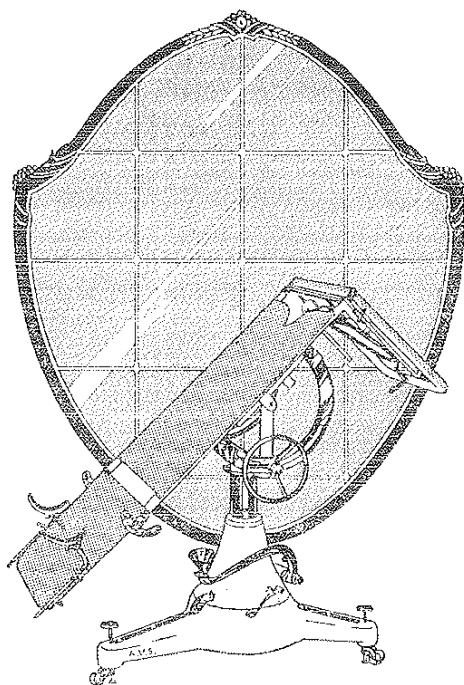
Not infrequently we receive, in the out-patient department, cases with wounds already treated in an uncleanly manner, for example, with dirty leaves, cowdung, etc. These dirty applications which aim at curing the wound usually introduce other infections into the depths of the wound, sometimes even anærobic bacilli. But

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it is true that many are able to get a superficial cure with such native treatments, and begin to feel happy at the apparent success, utterly unaware of the fact that they have generated something more serious in their systems. But a week or two later they begin to develop symptoms of tetanus, and only when hope is practically gone they seek the aid of hospitals. Had they only known the cause of the disease! Had they known the importance of cleanliness and immediate attention to the wound at a hospital! Without a doubt many of these tragedies can be prevented. Even the rank and file of the educated are pitifully wanting in knowledge of simple health rules. Recently one of our school boys had a burn in the hand. He at once went and thrust his affected hand into the mire soaked with sewage from a nearby kitchen. Of course, he got his dose of anti-tetanic serum, but he also got a good lecture as regards the possibility of a lock-jaw infection with such a self-chosen treatment, so that he may not err again. I hope that the knowledge imparted to him also benefited the other boys who had collected in a sympathetic but helpless ring about him.

It is ignorance of the mode of infection and ignorance of the need to keep away from infection, which precipitates a scourge over a whole family through a simply affected man in diseases like tuberculosis, leprosy, etc. Many times I have noticed a T.B. patient coughing right into the face of the relative-attendant standing in front of him. Neither the patient nor the attendant will make an effort to cover either of their faces with a cloth. This obviously shows that they have no idea of the mode of infection of T.B. A few words of instruction given to them at that particular moment, as to the danger and the various possibilities of infection, and a few simple rules of prevention, will be a valuable asset to the whole family and other listeners.

It is more often fear or shame rather than indifferent procrastination, that leads to the profound destruction in many cases of leprosy. They wake up to treat it only when it gets worse and when they realise that they can no longer hide it from the public eye. When you have the responsibilities of a Leper Clinic, it is not sufficient if you only shoot chaulmoogra oil into those cases that come to you, dress their lesions and send them home. But if you speak to them and impress upon their minds the necessity of bringing other members of their families for examination, whether they have some outward signs or not, you will certainly be rendering a double service.

I do not venture to suggest through this article a mass-education through lantern-slides, lectures, etc., although they are undoubtedly valuable. But my argument aims at emphasizing individual education, which is more practicable for the institutional nurses, since it enables them to do these brief teachings as well as the treatments just at the same time. The nurses working in institutions have more than enough opportunities for carrying out such individual health education, as they meet varieties of cases

every day, and for each case we might find something new to teach. I am of the opinion that this type of education would bear better fruit than is usually attained. A bedside nurse in an in-patient department has leisurely chances of teaching health and hygiene to the in-patients and their attendants. It is very good to see in some hospitals that nurses distribute health pamphlets to the patients who can read.

It is very encouraging to note that the maternity attendances in every hospital in this country show an increase during recent years. But many women do not know the value of pre-natal visits to hospitals. They come just at the time of delivery, many with a doubtful albuminuria, or an alarming anæmia and cedema or even with eclampsia. Besides attending to the labour and routine treatments of normal and abnormal maternity cases, the nurse should give a few incidental instructions to the patient as regards the how and why of pre-natal examinations at the hospital, which will be of great value for the time of the next pregnancy.

There are, of course, some associations for Public Health propaganda. But let each of us do our bit. Let us not think in terms of this or that type of work, but let us think in terms of being members of one profession, all united to improve health in the community in which we live, whether we do it as Public Nurses or Private Nurses or institutional nurses. We are all in our work for one glorious reason, and that is to benefit and improve the standards of living, and the standards of health of our fellow men, and we ought to be, in fact, not only restorers of health but also teachers of health.

So, whatever work a nurse may do, he or she must fundamentally be a teacher. Some of us find it very difficult to be so. But we must all make ourselves teachers of health to the best of our abilities. We may find that this particular kind of service of ours often meets with discouragements, as many patients do not believe our words. Very often when a rheumatic patient is told that his bad teeth may be one of the causes of his ailment, and hence should be removed or cleaned, the patients do not believe it and they simply laugh. But nevertheless we had better go on doing our bit, and if the same advice is repeated in every hospital to which they may go for relief, then in the course of time they will be convinced and have the primary cause of their pain and ill health removed. Let us not forget that even for long years after the introduction of vaccination against small-pox, many people did not believe in it and stood against it with all the stubborn, dead weight of superstition and ignorance.

The Trained Nurses' Association of India consists of trained nurses, if I am correct; and if each of us does his or her bit of teaching besides his or her routine treatment, certainly we are turning out a two-fold service which beyond any shadow of doubt will lead to the true enlightenment and health and happiness of our beloved country.