as something more than mere cogs in a vast health machine. Your
problems are the common problems of our democracy. You may
choose to allow your conflicts to simmer in the dark room of sus-
picion, or you may bring them into the sunlight of candid discussion—
there to take their places as elements in the total human situation.
We all tend to become specialists, but our specialized functions do
not encompass the whole of our personalities. We are also human
beings. We cannot be "good" human beings if we do not also
achieve such relations with other specialists as will keep all the
professions humanized. We need to learn how to elevate our
little conflicts to the higher levels of national concern.

The nursing profession has become indispensable to the nation’s
health. I wish it might become more than a necessity. I long
to see its individual members view their function as an integral
part of that long, long struggle towards the democratic ideal that
valiant endeavour to create a society characterised by freedom,
tolerance, an approximation of equality with respect to the basic
requirements of life, widespread participation in cultural activities,
personal dignity, and universal education. In truth, what I am
striving to say has already been said, and by a member of your
profession. In an essay written by a practising public-health
nurse there appears this closing comment:

"I used to watch a single pulse day after day for signs of returning
health. I sometimes asked myself: 'Whose pulse are you watching
now?' And because I believe that we cannot be a healthy country
unless all our people, high and low, are healthy, I smile at my
own temerity and answer myself, 'Maybe, just maybe, it is the
pulse of the U.S.A.'"

We are greatly indebted to Mrs. Gleim Fisher not only for sending in this splendid
article but for writing to her friend Mr. Lindeman and asking him for the intro-
ductive statement. We also thank Mr. Lindeman very much indeed for sending it.
It is both an honour and a pleasure to be able to print both the article and the introduc-
tion.

TRAINING SCHOOLS IN FINLAND

By Miss EDITH PAULL, Bombay

There were three Central Preliminary Training Schools in
Finland until the beginning of this year, the first one being
founded by Baroness Mannerheim on returning to Finland from
St. Thomas’s Hospital, London. The three central schools were
at Helsinki, the capital, at Abo, and at Viipuri. In 1930, the
State took control of all hospitals. There were then six State
schools of nursing, one municipal school of nursing, and two
Deaconess Schools.

By the law, the State is responsible for the training of nurses
in Finland, under a State Inspectress, who lays down the minimum
requirements. There is a "Board of Matrons" with a President,
to enable co-operation. All problems for the education of nurses

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are discussed here. Each school of nursing has its own Board, comprising the Medical Director, the Superintendent of Nurses, the Director of Training Schools, and two Hospital Matrons. Twelve meetings are held during the year.

Students are selected by the Board of their own school and are advised which Central Preliminary Training School to attend. After successful completion of four months at the Central School, they return to their own districts and start their practical training. After one year's practice in hospitals and after having a holiday, nurses return to the Central School for one month's study period. The students pay 2,000 Finnish marks, or roughly Rs.150, for their four months preliminary training. They are admitted twice a year (in August and January), about forty at a time, out of which 60% are of the university matriculation standard.

The examinations and schools must be approved by the State Board, which also appoints the teachers. The staff of the Central Preliminary Training School at Helsinki comprises the Director, four Instructors, and professors from outside for bacteriology and chemistry.

The curriculum includes:

1. Anatomy and Physiology
2. Chemistry
3. Bacteriology
4. Pathology
5. Personal Hygiene
6. Nutrition and Dietetics
7. Theory of Nursing
8. Practical Nursing
9. Bandaging, combined with surgical aprons
10. Massage
11. Occupational Therapy
12. Maternity Midwifery
13. Psychology
14. Ethics and History of Nursing
15. Hospital Visits
16. Gymnastics

35 hours with demonstrations
30 hours with laboratory classes
15 hours
10 hours with laboratory tests
15 hours (correlated with Anatomy & Physiology)
24 hours theory and
48 hours Diet Kitchen
25 hours
54 hours
22 hours
15 hours by trained masseuse
10 hours (4 lectures, 6 demonstrations, by special lecturer)
6 hours
20 hours
25 hours
6 hours

Students are divided into three groups and each group receives instruction in a branch by the Instructors. All lecturers are appointed by the Board and are paid. Lectures and classroom work comprise from four to seven hours a day. Domestic work is done in the mornings by different groups. The students are free after 5 p.m. or occasionally have gymnastics. Each group has an afternoon off once a week. Students must supply their own uniform and pay 125 Finnish marks as Health Examination fee.

Curriculum for practice in hospitals:
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4 " medical nursing
3—4 " children (one month with healthy children)
1 month gynaecology
1 " maternity nursing
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When ordering please mention The Nursing Journal of India.
2 months out patients department
2 " mental diseases
1 month eye diseases
1 " ear, nose and throat
1 " dermatology and V.D.
1 " epidemic diseases (infectious)
1 " tuberculosis
1—2 months public-health nursing if possible
3 " night duty in three years (one month at a time)
2 " holiday in three years

The student nurses are sent to various hospitals for their practical training, as the hospitals are more or less specialised.

Lectures given by doctors:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>15</td>
</tr>
<tr>
<td>Medicine</td>
<td>15</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>11</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>13</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>12</td>
</tr>
<tr>
<td>Eye, ear, nose &amp; throat</td>
<td>5</td>
</tr>
</tbody>
</table>

Annual reports are sent of student nurses’ work, progress and health to the Inspector of Nursing Schools.

An interesting point in Finland and other Scandinavian countries is that nurses are taught how to give anaesthetics and actually give them during operations. Trained nurses also specialise in clinical laboratory work and social work.

There were seven trained nurses who were social workers in the Maria Hospital in Helsinki, which is a municipal hospital. They do home visiting and give treatment when necessary.

Finland has a pension scheme for nurses, and a winter and summer home for nurses, who pay 20 Finnish marks a day while residing there. It was the first country to be associated with the International Council of Nurses.

**Student Nurses Health Care in Finland**

Students present health certificates from the doctor of their training school, but are thoroughly examined again on entrance to the Central Preliminary Training School. The chest is X-rayed. Dick test and vaccination are done. A von Pirquet or Mantoux skin test is done for tuberculosis, and if the Mantoux test is negative, a Calmette vaccine injection is given, and for at least four months after this injection a nurse is not sent to work in a tuberculosis hospital and is distinguished by a red line on her apron. Parents must give permission for Calmette vaccine to be given.

The students are weighed every two months in the first year, and three or four times a year thereafter. They are examined yearly by a doctor, and X-rayed again if T.B. is negative. If a nurse develops tuberculosis, she can get free treatment for one year in a State hospital. I gathered that as tuberculosis is very prevalent in Finland, these extra precautions have to be taken.