

same time be a good literary effort. In some hospitals the nurses publish a little monthly paper in which literary contributions and local news are printed. Then too, many people like to act in plays or other performances, and here in India especially there seems to be a great deal of natural talent along this line. Have programmes of entertainment, then, and release your latent energies. Another way of having a great deal of fun when one is off duty is to earn money for some common cause by selling what one has made. Some kind of food, such as sandwiches, when offered at a tempting time such as 9:30 p.m., when one has been studying hard, is sure to succeed. One group of nurses I know in their off-duty moments made and sold Christmas cards.

There are many ways in which one can express one's self and so gain refreshment for one's work. Both work and play are necessary for us to have integrated personalities and become nurses who can adjust to any situation easily and bring happiness to others. It was Jesus Christ who said, "I am come that ye might have life and have it more abundantly."

## REGISTRATION IN INDIA

*Paper read at the Miraj Conference by MISS PAULL,  
Sister Tutor, J. J. Hospital, Bombay*

The Bombay Nurses, Midwives and Health Visitors Registration Act was established in 1935, with a Registrar appointed by the Council under the bye-laws.

The Council is composed of the following 21 members.

*Ex officio.* Surgeon General with the Government of Bombay.  
Director of Public Health, Government of Bombay.  
The Matrons of St. George's, K.E.M., J.J., Cama, the two Wadia Hospitals by rotation, and the Sassoon Hospital, Poona.

*Nominated by the  
Government of Bombay.*

One registered nurse.  
One registered midwife.  
One registered Health Visitor.

*Elected by the  
affiliated institutions.*

Five members from Bombay.  
One member from the Northern Division.  
" " Central "  
" " Southern "

*Elected by the  
Bombay Medical Council.*

Two medical practitioners, one of them a woman doctor.

The Register consists of the following parts.

1. A general part containing names of all female nurses who satisfy the conditions of admission to that part of the Register.
2. A supplementary part containing names of male nurses.

3. A supplementary part containing names of nurses trained only in the nursing of sick women and children.
4. A general part containing names of trained midwives.
5. A supplementary part containing names of Health Visitors.

Each person admitted to the Register is assigned a consecutive number in the part or parts of the Register in which her name is included.

In order to gain admission to the Register, application must be made on the prescribed form, together with a certificate from an approved training institution signed by the Matron and Medical Superintendent, and a fee of Rs.10 which must be paid to the Registrar.

If a nurse's name is already in one part of the Register and she wishes to gain admission to a second or third part, the fee is Rs.5 in each case.

Every registered person must notify the Registrar of any change of name or address immediately, so that he may make an amendment accordingly.

The Register is open for inspection by anyone on payment of Re.1.

Any person whose name is taken off the Register for any reason other than misconduct, malpractice or negligence, can have her or his name readmitted on payment of a fee of Rs.2.

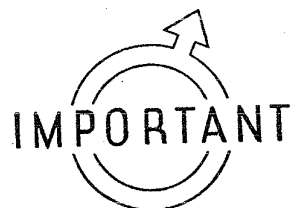
Every person admitted to the Register is entitled to a Certificate of Registration sealed with the Council's seal.

If a certificate is lost, application can be made to the Council, which if it thinks fit, will grant, on payment of Rs.2, a "Duplicate Certificate" marked "Duplicate".

Every nurse should register as soon as she or he is qualified. This gives us a legal status. It is desirable that we should have compulsory registration in this country, and I understand there is such a move in progress at least for the city of Bombay. But there will be difficulty in enforcing such a measure until the public is educated to demand only qualified nurses, and only a strictly professional code of behaviour will help to do so.

The subject of a State Registered uniform or a badge embroidered on some part of the uniform, *e.g.*, the cap, is debatable. It should be of value to private nurses who nurse patients in their homes, and to trained nurses who work in private nursing homes, as there are so many untrained and partially trained women wearing nurse's uniform who do private work, and charge fees detrimental to the nursing profession.

As to whether a nurse is held liable for the death of a patient, according to the Indian Penal Code, anyone is punishable by law for any act of negligence, and usually such a nurse's name is struck off the roll and is not allowed to practise. If there are no relatives, the nurse's duty is to report to the police immediately a patient dies. In a hospital, on a patient's condition becoming critical the nurse should immediately inform the resident medical officer so that the relatives and friends can be informed.



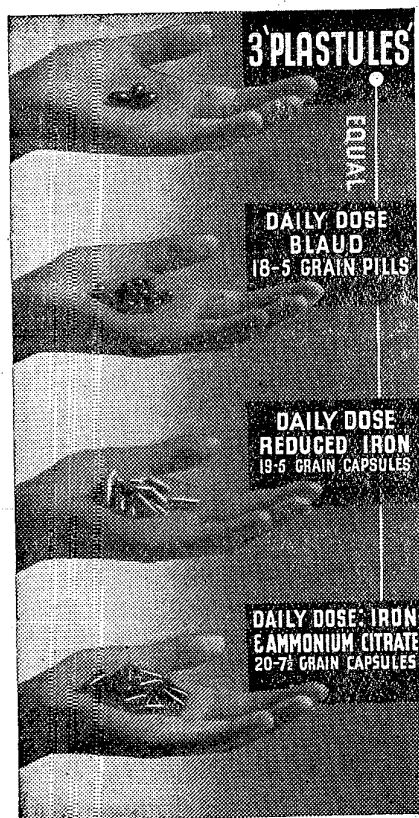
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The following Provinces have Nurses Registration Acts in force: Bombay, Madras, Bengal, Punjab, United Provinces, Bihar, and Central India. The inequality of the Acts has created difficulties in bringing about reciprocal registration between Provinces. It is important that this should be amended in order that nurses may without difficulty work in Provinces other than the one in which they have trained.

It is also necessary for India to have reciprocal registration with foreign countries whose training is not inferior to ours. I understand we have no reciprocity with any foreign country, but nurses who wish to work in Mission hospitals, though they be foreign trained and may not be registered here, are permitted to work in such hospitals and hold administrative or teaching posts and may train nurses.

Bombay Presidency has reciprocity with Burma, Bengal and Punjab, and we soon hope to have it with United Provinces, Bihar and Central Provinces. Bombay also has reciprocal registration with the General Nursing Council for England and Wales and with the General Nursing Council for Scotland. We hope to have it in the near future with the Central Midwives Board, London.

Unfortunately, up to the present time, there is no reciprocity for male nurses with the Nursing Council of England.

The Bombay Act permits reciprocity with any other Council where the standard of training, rules for affiliation and conduct of examination etc. are not inferior to theirs. I hear the reason why Bombay has not reciprocated with Madras is that their vernacular examination is conducted by a Mission Board and not by the Council and is of a lower standard than ours. Bombay has the same standard for all languages, namely, English, Gujarati, Marathi, Kanarese, Hindi and Urdu.

It is desirable that a representative of the Trained Nurses' Association of India should be on the Registration Council in every Province and that more nurses elected by nurses themselves should be on the Council, also that nurses should qualify themselves to enable them to become Registrars. As far as I know, only Bengal and Punjab have Nurse Registrars.

The ideal would be to have one Nursing Council and one Act for the whole of India, to enable correlation of the work in the Provinces, and to standardise the training of nurses and the requirements for training schools throughout the country, but as India is such a large country the Provincial Councils should remain with certain powers and functions assigned to them.

I heartily endorse the three resolutions which were passed at the 29th Annual Conference of the Trained Nurses' Association of India held at Delhi in January 1940, namely:

1. That all Nursing Councils should make registration compulsory for all trained nurses, midwives and health visitors.
2. That bye-laws be formed empowering Municipalities to

- refuse to allow unqualified persons to practise as nurses or midwives.
3. That all nursing homes, maternity homes and nurses' employment bureaus should be registered and inspected by nursing officers appointed by Government.

### CIVIL NURSING RESERVE: REFRESHER COURSE

By MARIE FUNNELL, S.R.N.

All over the country nurses are trying to help in arranging refresher courses for members of the Civil Nursing Reserve. This practical demonstration in the out-patient department and wards of the Royal Sussex County Hospital, Brighton, started off a very practical course given there, and suggests how interesting and helpful these courses can be made. The sister tutor wrote up points of special interest on the blackboard throughout the demonstration.

#### Case I.

*Scene:* casualty receiving room.

*Action:* by sister and nurse.

*Telephone bell rings. Nurse brings sister a message to say a patient is coming in; telephones casualty officer and informs him.*

**ACTION:** Sister and nurse prepare (a) electric blanket, (b) stimulant tray with Coramine, Curschmann's solution and adrenaline, (c) a pulse and respiration chart. They test the Novox apparatus.

*Patient arrives and is carried in on stretcher.*

**ACTION:** The patient is lifted on to trolley and kept recumbent. Sister asks the police whether it is an accident or suicide. Sister puts an electric blanket over the patient, removes dentures and loosens clothing. Nurse brings hot water bottles, but sister says they must not be used with an electric blanket because of the danger of electric shock to the patient should the bottles leak.

Novox apparatus is started and gives the patient oxygen, 93 per cent., and carbon dioxide, 7 per cent. The apparatus is regulated, the patient's breathing watched, and pulse and temperature taken quarter-hourly and recorded. Coramine, 1.7 c.c., is drawn up with a syringe, ready for use if signs of sudden collapse appear, or the doctor orders it. Hot coffee is prepared.

*Casualty officer arrives. He diagnoses coal-gas poisoning.*

**ACTION:** They give Coramine and hot coffee.

*After this breathing is established and the patient recovers from shock.*