

directed, not towards preventing infection, which is inevitable, but towards protecting tuberculin negative nurses in the general wards.

6. Of 10 cases of erythema nodosum occurring in the tested group, 9 were tuberculin negative less than six months previously. During the course of the disease the 7 tested were positive. This supports the contention that erythema nodosum in nurses is a manifestation of primary tuberculosis, occurring when the individual first makes contact with the tubercle bacillus.

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THE MALE NURSES' SECTION

The Training of Male Nurses

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The Scudder Memorial Hospital is a general Hospital and both Male and Female nurses are being trained here. Since 1921 we have been training Male Nurses. This was not a matter of choice but of necessity as we could not get Indian girls to nurse men patients. In fact it was difficult at first to get Indian girls to come for training in the Women's Department of a General Hospital.

Our classes have always been small, never more than six men at a time—a few years only two, and usually four. This met the needs of our work and therefore our classes were limited to a few. All of our students, both men and women, must have completed their S. S. L. C. studies before they can be admitted to our training classes; and preference is given to those who have succeeded in passing their S.S.L.C Examination.

In the beginning of our training school and for a number of years, separate classes were held for the boys and the girls but since 1934 they have been in the same classes, except for some of the demonstrations which are given to each group separately. All our demonstrations are first done in the classroom and we find this works very well. The practical nursing classes—Surgical and Medical Nursing and Bandaging—are taught by nurses. Dietetics, is taught by a qualified instructor in that subject. Bacteriology with Laboratory demonstration is taught by the Laboratory Technician who is a nurse with laboratory training. Medicines and their administration is taught by the Head Compounder. Lectures in Anatomy and Physiology, Hygiene, Surgery and Medical, Venereal and Tropical diseases as well as Anæsthetics, are given by doctors.

Our Nurses are on duty eight hours during the day and ten hours when on night duty. When there are emergencies they are expected to work as long as is necessary. Some of the classes are within the eight-hour day and some are in addition to the eight hours of duty on the wards.

Our Male Nurse graduates now number some forty odd and they are all employed as far as I know. Some of them are on our own staff in the following capacity—Registrar; Laboratory Technician; Operating Room Supervisor; Ward Supervisor; Anæsthetist; and one is at present in charge of our Out-patient Department. Occasionally one or two of the new graduates do General Ward Duty. Others are working in the Venereal Departments of Government Hospitals in Madras; T. B. Sanatoria and as Operating Supervisors and Head Nurses in various hospitals. One or two have been acting

Nursing Superintendents for a short time. Two of them are at present employed as compounders in a hospital and dispensary. All of them have had compounder's training as well as Nurse's training. (Now that Government have abolished the existing compounder's training they will no longer be given that training in our hospital.)

Recently one of our graduates has gone to Bahrein on the Persian Gulf to assume charge of the nursing in a hospital there and another graduate may go to that same hospital in the near future.

As each year we graduate a class and take in new students the question of their future employment arises. I believe there will be much scope for these men if they will make themselves useful and create a demand for their services. Certainly in Genito-Urinary Departments and in caring for Venereal and Mental cases these trained men are most valuable. I do not believe that the Indian Medical men have yet realized what good nursing service they could get for their male patients if they employed these men. In rural dispensaries and in the Health Departments as Sanitary Inspectors they would render highly efficient service.

One advantage in having Male Nurses is that they remain in their job. Girls get married sooner or later and leave us just when they have gained enough experience to become valuable assistants. The men earning their livelihood for themselves and family remain with us and provide for that continuity of service and growth in experience that is so desirable for the efficient running of an Institution and which makes them respected by patients and Junior nurses.

I believe they will in time develop into good administrators of training schools especially in purely men's hospitals and in the not-far-distant future some of them at least should be able to direct the Nursing service of a hospital. And there is every possibility that they will become good teachers of Nursing techniques—especially those who show an aptitude for teaching.

For these posts of responsibility they should have the opportunity for post-graduate study or at least have some experience in another hospital than their own.

Male Nurses are being trained in Western countries to a limited number and there they are found useful and even necessary in certain branches of Nursing. Surely in India where girls cannot move freely among men who are not their relatives there should be ample scope for Male Nurses in many positions for years to come.

MALE NURSING IN INDIA

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In the course of the past twenty-five years or more there has taken place a tremendous advance in the field of Nursing in Mission Hospitals, throughout India. The pioneers in Medical Mission work laboured under numerous handicaps not the least of which was the absence of efficient Nursing. This was true not only in Mission Hospitals but also in the Government Institutions. Missionary Doctors and Nurses realizing this great deficiency began to establish well-organized Nurses' Training Schools in a very large number of the larger and better equipped Mission Hospitals. The Nurses Auxiliary of The Christian Medical Association of India, Burma, and Ceylon was organized and included in its membership, Nurses who had been trained in the best Schools of Nursing in Europe and America. It was perfectly natural therefore that the development of an efficient and highly trained Nursing Profession should result in India. The best standards of the large