

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

By Dr. GALEN F. SCUDDER, Scudder Memorial Hospital, Ranipet

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

Nurses' Training Schools of Europe and America have been incorporated in the curricula of the Nurses' Training Schools in the Mission Hospitals in all parts of India, Burma and Ceylon. The Medical Missionary enterprise has done a pioneer service in demonstrating how efficient Nurses can be trained in the languages of the country of the country as well as in English.

One of the problems which faced the Medical and Nursing Profession was the adequate care of men-patients in General Hospitals and in Hospitals for Men. The Purdah system still held sway throughout India as the result of which women were secluded in their homes and it was considered a very serious breach of propriety for a young woman to have anything to do with men outside of her immediate family. Though this applied most rigorously to the Mohammedan Community, it applied in only slightly lesser degree to the women of all the upper castes in Hindu society. There were two almost insurmountable difficulties. In the first place parents of girls of the right character and educational qualifications were loth to send their daughters into the Profession of Nursing if it were to mean that they would have to nurse men-patients. They felt that such work would not only be inappropriate for girls of education and good breeding, but it would result in subjecting them to risks and dangers. In the second place men-patients, though accustomed to being waited on by the women of their own families, were unwilling to be attended by young women who were strange to them, for they could not believe that girls of the finest type would nurse men who were not related to them, and nurse them too with the highest spiritual and ethical ideals. In the face of these obstacles it was not only wise but necessary that men-patients should be nursed by male nurses. At present there are quite a large number of Nurses' Training Schools in Mission Hospitals which train Male Nurses. They are given the same course as is given to the Female Nurses with the exception of Gynecology for which is substituted a course in the Genito-urinary diseases of men. Those hospitals that train Male Nurses have found them to be efficient and sympathetic in the care of their male patients.

The question has been frequently raised as to whether there exists in India a real need for Male Nurses and as to whether they will continue to be a permanent asset to our Mission Hospitals. It is the opinion of those who have trained Male Nurses that there is a real and permanent scope for their services. In the first place they are in a position to carry out all the important and necessary nursing procedures required in the complete care of male patients without any feeling of impropriety or embarrassment on the part either of the patient or the nurse. This is a consideration of some weight in India to-day. In the second place we have found that Male Nurses have an aptitude for the exacting work of an Operating Room. The care and maintenance of an Operating Room and a Sterilizing Room with all the apparatus and instruments connected with them seems to come more easily and naturally to them. They also make excellent surgical assistants. They have the strength and endurance to stand the strain of long hours in the operating room day in and day out without becoming ever tired or worn out nervously. In the third place we find that our Male Nurses are far more likely to remain with us over a long period of years. They have gone into nursing as a life work and marriage does not interrupt their usefulness to the hospital. They continue to give just as many hours of service as unmarried nurses, and they continue to do night duty or special duty equally readily. The experience they gain from 10 or 15 years of service in a progressive hospital becomes an invaluable asset to that hospital. This advantage derived from the employment of Male Nurses is of tremendous importance. In the fourth place we have found Male Nurses very helpful in our X-ray and Radium Departments. They seem to take to the technical details of work in

these departments quite easily and naturally. In the fifth place it has been our experience that the discipline in our Male Wards has been very good. Our male patients are handled in a kindly but firm way. The patient is not likely to become disobedient or obstreperous and orders are carried out without any hesitation, or demur.

It would also seem to us that Male Nurses would make excellent workers in Rural Health Units. There is such a crying need for more Public Health work in India, and for Preventive Medicine. Male Nurses should prove of tremendous value in doing work of this sort. If a Male Nurse had a wife who was also a Trained Nurse they would make an ideal combination for a Rural Health Unit.

Male Nurses have been recently employed with great advantage by large Government Hospitals in their Venereal Department, for male patients. They are equally valuable in the care of violent mental patients.

Therefore, we, who have had some experience in the training and employment of Male Nurses feel that they are extremely valuable and that they will prove a permanent asset to our Hospitals.



THE HEALTH VISITORS' LEAGUE SECTION

Contributions for this Section will be gratefully received by Miss Rawson, Lady Reading Health School, Delhi.

SIR FREDERICK TRUBY KING: AN APPRECIATION

By MISS M. LIDDIARD.

Now that official maternity and child welfare work in Great Britain is twenty years old—the Maternity and Child Welfare Act was passed in 1918—our thoughts inevitably turn to those whose labour brought about the crystallisation of public opinion in the form of this momentous piece of legislation.

Such a pioneer was Sir Frederick Truby King who died in February of this year. Born in New Zealand eighty years ago, he took his medical degree in Edinburgh, married and returned to New Zealand to take up a hospital appointment in Wellington. Later, he was appointed as medical director of the hospital for mental diseases. It was during this period that he did much work in connection with plants and animals, and proved himself an expert gardener and farmer. There was attached to the hospital a farm of about 1,000 acres, which produced fruits, vegetables and dairy produce for the patients and staff of the institution. Under Dr. Truby King's direction the standard of the farming was considerably improved, so that the hospital carried off many prizes at agricultural and pastoral shows.

The revelation of the effects of careful nurture, emerging from his scientific handling of plants and animals, no doubt inspired Dr. Truby King to apply these same biological principles of careful nurture to the human baby—for undoubtedly mothercraft, in the last resort, is applied biology. At that time the infant mortality rate was, for New Zealand, very high indeed—about 80 per 1,000 births. Dr. King became convinced that this loss of life was due to maternal ignorance leading to artificial feeding, to the giving of the wrong kind of food, and to general bad management. In 1904, after a world tour, he and his wife therefore decided to devote their lives to child welfare. They began by training a nurse who visited the mothers and babies in their homes. Later, they took mal-nourished infants into their week-end