

India is undoubtedly awaking to her responsibility for this branch of nursing also. Note in this Presidency (a) the establishing of the Sir Dorabji Tata Graduate School of Social Work. This school includes in its teaching Psychiatric Social Work. (b) The Superintendent of the Children's Rescue Home in Umarkhandi, Bombay, pleads for a Home to be raised for mentally defective children. (c) A Health Visitors' Institute has also been established in Bombay; its object being to train lady students for the Health Visitors' Diploma.

There is a need also that that some kind of simple training should be provided for the ward-boys and ayahs, who work with the overseers and nurses in Mental Hospitals. They do most of the rough work of the hospital and are in contact with the patients.

STATISTICS AT CHANDKHURI LEPROSY HOMES AND HOSPITAL

BY M. MAGDALENE KROEHLER

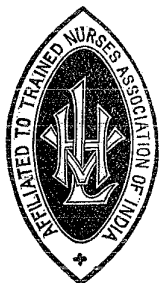
Roslind Nash revised Sir Edward Cook's *The Life of Florence Nightingale*. In it she quotes Miss Nightingale as having written to Dr. Bowman at one time, 'In all our corridor, I think, we have not an average of three limbs per man.' It was when she was doing the heroic services in the Crimean War that she wrote thus of her soldier patients.

But we are not in war, and yet, looking over our fifty-five patients last week, I wondered if we could not give equally as interesting statistics about our leprosy patients. I find that we have among these, six 'whole' patients,—whole, with the exception that they have leprosy. Missing among their members are, two legs, one arm, nine eye, two hundred and twelve toes, two hundred and twenty-three fingers. Or if we put it in another way,—the average number of toes per patient is slightly above six, while the average of fingers is less than six. Out of every six patients five have the use of both their eyes.

Miss Nightingale also had difficult nursing problems, but hers were different from ours. For going on with statistics like those above, we find among our twenty-four nurses (these, too, are leprosy patients) the following members missing,—two eyes, thirty-six toes, forty-four fingers. However, just half of them have no deformities at all. But we see devoted service among those of the group who have been with us longest, and can say with Miss Nightingale, also as she was able to say of some of her nurses in later years, 'Their whole mind, their whole life and strength, are in the work.'

Much that Miss Nightingale writes in the above mentioned letter can be said about our patients, too, sometimes figuratively, often literally. (Figuratively): 'And there are two more ships "loading" at the Crimeas with wounded.' Ours do not really come in shiploads, but they do come in larger and larger groups, and they ARE wounded (Literally): 'Then come the operations, and a melancholy, not an encouraging list is this.' How the patients are as cheerful about having their bones removed, we often cannot comprehend, but they bear it, and are even grateful for the suffering we must often cause them, since they realize its ultimate value towards saving theirs lives. (Literally): 'We have no room for corpses in the wards.' Not that we would really leave them there, if there was room, but we hardly manage to discharge the patients rapidly enough to make room for others that need ward treatment. (Figuratively): 'As for the Balls, they go in where they like, and come out where they like, and do as much harm as they can in passing. That is the only rule they have.' We might say, 'As for leprosy, it comes when it wants to and leaves when it wants to; it attacks

where it wants to and leaves untouched what it wants to. That is the only rule it has.' Or so it seems at any rate, for even though much has been accomplished in the treatment and prevention of the disease, there are still many mysteries about it. (Literally): 'We are getting on nicely in many ways, however. They are so glad to see us.' And we rejoice in seeing the joy and gratitude of those with whom and for whom we are living.



THE HEALTH VISITORS' LEAGUE SECTION

The Honorary Secretary of the League, Miss M. Raynor, Red † Buildings, Egmore, Madras, will gladly receive reports and articles for insertion in this section.

Preventive Medicine as part of the General Nursing Prospectus

The London Branch *News Sheet* of the College of Nursing publishes a most interesting account of a Public Health Meeting held on January 12th. The discussion upon training in Public Health Nursing could so usefully be applied

to India that we are printing the whole of it.

'The very important subject of whether nurses engaged in any and all branches of Public Health work feel there is a lack in the present General Hospital Training was under consideration.

'Miss Frederick opened the discussion by quoting Sir Arthur McNalty's recently-made statement that: "*There is a general opinion that a two-year course, modified to the future requirements of the Health Visitor, was not a desirable step. It was considered to be greatly in the interest of the pupil to become a State-registered nurse. That the nursing curriculum as a whole should rest upon a broader basis and include special experience of such branches as children's diseases and infectious fevers, etc., was generally admitted to be a matter which deserved consideration on its own merits.*"* This showed the need for the College to be ready to express its opinion as being the largest organised body representing general trained nurses.

She then asked the following pertinent questions:

- (1) Is it only health nurses who need a broader basis in general training?
- (2) Is there not a big drive of Public Health teaching afoot in the country generally, and should not the nursing profession be ready to give help toward the desired physical fitness?
- (3) Should health nurses be the only workers and teachers of preventive medicine?
- (4) Have not private nurses and hospital sisters tremendous opportunities for preventive work?
- (5) Is the present general training making young people excellent medical and surgical nurses without giving them a picture of the life of a patient apart from illness?

The whole profession should work towards fitness and, although there is a leaning towards this aim, there must be a greater enthusiasm to learn the social background of patients.

It is essential to get to know conditions which prevail in various parts of the country, and only by getting out of hospital can this be achieved.

It is not only the comparatively small Public Health section of the community that needs this knowledge. So we must enlist the support of the whole medical profession, which is awaking to these needs, *vide* Sir Arthur,

* Italics ours.

who wants "special tuition in preventive medicine, the health of the community, social conditions, and the maintenance of health".

It is not for us to suggest a syllabus, even were we able to, but trust to our training schools.

By admitting our failings we learn and progress.

The nurse of the future should be better equipped for the battle against ignorance and disease, and so help forward the great cause of preventive medicine.

After a very long and interesting discussion, it was unanimously agreed that the present training leaves much to be desired on all points raised, and the entire lack of experience in nursing children in some general hospitals was deplored. It was also unanimously agreed to send the following rider to the Central Public Health Section: "We think that six months' practical and social training given in the training of Queen's Nurses would be a valuable adjunct to general training".

Only fully trained nurses with their Midwifery Certificates are enrolled as 'Queen's' Nurses' and have to undergo a special course in district and domiciliary nursing before becoming fully qualified. The service is splendidly organised and well supervised and there is much we could learn from its work.

Toll of Diseases in India

Judged by the recorded statistics, imperfect though these are, the year 1934 was a moderately healthy one. The death-rate, though in excess of that for 1933, was the second lowest during the past decade.

This is what the Public Health Commissioner with the Government of India says, discussing the chief causes of mortality during the year 1934.

Of a total of 6,900,000 deaths, or 24.9 *per mille*, in British India, nearly 200,000 or 0.7 p.m., were from cholera; 84,000 or 0.3 p.m. from small-pox; 80,000 or 0.3 p.m. from plague; 4,000,000 or 14.4 p.m. from fevers; 300,000 or 1.0 p.m. from dysentery and diarrhoea; 500,000 or 1.8 p.m. from respiratory diseases; and 1½ million or 6.4 p.m. from other causes.

As before, the fevers group contributed to the largest number of deaths, that is 58 per cent. of the total, 'other causes' following with 26 per cent. The major epidemic diseases—cholera, plague, and small-pox—together accounted for 4 per cent and for a combined death-rate of 1.3 p.m. Deaths from 'other causes' include 23,000 from snake bite or wild beasts, and 13,000 from suicide of which a little over 6,000 are amongst males and over 7,000 amongst females.

Details of the incidence of some of the main diseases are given below.

Cholera. The spread of cholera in India is closely associated with pilgrimages which draw large numbers from the rural areas. A comparison between festival and non-festival years in the U.P. and the Punjab shows that the mean cholera incidence is higher in festival years than in non-festival. A marked increase of cholera occurred in its endemic form in Northern India, that is in the Provinces of U.P., B. & O., and Bengal, which together reported 140,000 deaths or 70 per cent of the total, as against nearly 50,000 in 1933. The mortality reached a high level in the C.P. and Berar too, where the death-rate was 17 times higher than the mean. In C. P. and Berar, infection was imported from Puri, a festival centre in Orissa, and spread rapidly. In the United Provinces where the epidemic was severe, three out of every 100 deaths registered were ascribed to this cause. The rural death-rate during the year was .8 p.m., which was double of that in urban areas, namely .4.

Anti-Cholera measures. Routine sanitary measures such as the improvement and disinfection of water supplies in villages and at fairs, etc.,