

2. Insufficiency of proteins.
3. Insufficiency of vegetables and fruits.
4. Incautious use of highly spiced foods.
5. Meal hours irregularly spaced, with possibility of eating between meals. This is not usually a diet error of nurses in training.

For the second point, nurses on duty in hospital usually do get sufficient exercise of a kind. If however they can get evening exercise of a different kind, taken regularly and persistently, the beneficial effects will be seen in the increased efficiency of skeletal muscle and in a certain poise of the nervous system.

A third point to stress is the getting of regular rest. Life swings in a rhythm from dawn to dark, and so with us, observance of a rhythm of work, play, rest, will carry us along in spite of hard work.

A fourth point is medical in character. A check every term should be made on hæmoglobin, weight and on intestinal inhabitants, if we wish to keep away from certain disabilities.

Having attended to these points, we may confidently expect that the normal individual will have good tone in her skeletal muscle. The important result of such attention to tone in skeletal muscle is this: there is a corresponding good tonus in heart and smooth muscle. (I have already ruled out consideration of disease; this requires medical attention.) We can voluntarily improve the tonus of our skeletal muscle, and in so doing, we improve the tonus of that muscle not under the control of our will. Then the heart muscle carries its burden well; the stomach muscle develops fine hunger pangs for you at the right time which means you are ready for food at meals which is as it should be. Further the intestinal muscle carries out its functions smoothly, preventing constipation; the uterine muscle exerts firm pressure, tending to prevent undue congestion at the menstrual period, dysmenorrhœa is thereby in some cases prevented or lessened. Most important is the influence of good tone in the smooth muscle of the walls of blood vessels, resulting in a normal blood pressure, which sustains us in the stress of work in the heat.

We cannot directly influence the tone of muscle under autonomic control, but we can directly improve the tone of our skeletal muscle, thus favouring maintenance of good posture, speed and tirelessness in movement. Better than this in so doing, we indirectly promote the health of the internal musculature of the body, which health will insure us against premature age, and will in some measure protect us in disease.

## VERNACULAR TRAINING

A PAPER READ AT THE ANNUAL CONFERENCE BY MISS MOTTRAM  
*Redfern Memorial Hospital, Hassan, Mysore.*

I think that one of the most important questions in the nursing profession in India at the present is the education and language of our

pupil nurses. In the past in many of our districts, I believe, there was a feeling that a girl who was not fit for any other work could be sent to train as a nurse. That most certainly is not a sufficient reason for a girl to take up the profession, and I hope that with all the efforts we are making to raise the standard of education among nurses and to only admit girls who have a desire to nurse, the feeling that it is work for the dull girls of our schools and orphanages will die out. The standard of education for a nurse is being raised so much that many of our hospitals are now higher grade English training schools and there is a tendency to try to make them all of such a type. I think that it is time that we stopped to consider if we are right in accepting only VI form girls, or whether there should not be a place for girls of a slightly lower educational standard, whose command of English is not sufficient for them to train in that language but who could train in their own tongue?

I agree that we should seek to raise the standard of nursing and only train intelligent girls with a good all-round education, and that a knowledge of English is very useful to all nurses, as even in our teaching in the vernacular, we are obliged to use so many English words and terms as they are not easily translated; and of course, it is necessary that nurses should easily read English. I agree, too, that if girls know sufficient English to understand and really express themselves in that language, it is probably the best for them to train in, for they have open to them all the store of English text-books for their help and information.

But when all has been said in favour of English higher grade training, I cannot see why a girl who has all the other characteristics of a good nurse and yet whose educational standard is not quite so high should be debarred from nursing. Nursing is practical work and there are many other characteristics needed besides a good education. There are many girls who cannot for various reasons reach the VI form but yet will make splendid nurses—girls with all the characteristics of a good nurse, sympathy, kindness, gentleness, trustworthiness, intelligence and above all a great desire to nurse, and yet they will for various reasons never be able to go on with their education to the VI form.

We have at the moment in our hospital a girl who has had a fairly good but not a VI form education, but I am sure when she has finished her training I shall be very sad if I have no place in the hospital to keep her as a staff nurse. She has such an instinct for nursing that I always feel if she is in charge of an ill patient, that patient will have all the care possible, for she is so full of ideas for the comfort and happiness of those around her.

What are we going to do about such girls as this? Are we going to say that they can never become nurses? Are we going to say they can never have a worthwhile certificate because they have not VI form education and a knowledge of a foreign tongue?

I cannot speak of any district except the one in which I live—the Mysore State. There education among girls is not as far advanced as it is in some other districts, and there are fewer Christian girls who reach the VI form. These few are swallowed up in the teaching profession and a very few take up medicine. Two or three years ago the Mission

Hospital in Mysore City decided for various reasons to become a higher grade training school, and now what prospects can we hold out for the girls who want to nurse and have not reached the VI form? In Mysore we have no registration of our own, we register under the Madras Council, and there is not *one* hospital which they will recognise as a training school for vernacular nurses. In Hassan we are allowed to train nurses, and take the examinations of the C.M.A., but our girls can only receive the hospital certificate signed by the examiners. A Kanarese speaking girl who wants to train as a nurse has the choice of three things: she can either stay at school until she reaches the VI form and has a good knowledge of English and this is impossible for most of them, or she may go to another district, learn another language and train in that, that too is difficult, or she may train in a Kanarese school where she can never receive a certificate which will give her registration. Conditions should never be like this, girls should have the opportunity of studying in their own tongue. If all girls must wait until they reach the VI form before training, it will be many years before we have any Kanarese girls who can train. Yet we need these girls, girls who perhaps cannot reach the VI form, but yet have a great desire to nurse, have a heart full of sympathy and love, girls who, because their mother-tongue is Kanarese, because their homes are in the district are able to be the personal helpers and enter into the lives of the people far better than girls from distant States and Provinces. Somehow it must be made possible for these girls to train.

I think there is much to be said in favour of smaller hospitals becoming training-schools, especially if they could be affiliated with a larger hospital. The VI form girls, English trained in city hospitals are not so suitable; neither are they so anxious to go out and work among village people. The people of the villages need us. So much of the Indian population lives in little groups miles from a doctor, and often farther from a hospital, and they need all the help that we as nurses can give them. Nurses trained in country hospitals where they are always in contact with villagers coming in for treatment—and where they are often sent out to work in weekly dispensaries are far more conscious of the needs of the villagers, and are far more willing and suitable to go out to their aid than city girls. The smaller group of nurses one is able to train in these smaller hospitals becomes more of a family group and one is far more able to give them individual help and training than when classes are large.

The village work, I think, varies somewhat from that of city hospital work and therefore needs slightly different training. Training of the type which can be given in small country towns surrounded by many villages, from which the people come, and to which we go out to help. I know that in many of our minds a training-school means a city hospital, yet we should never despise the invaluable work done by these smaller hospitals to train girls to help the people of the smaller communities, who need us as much as any city person, and I think we should never be content until these girls who do this important yet difficult work are able to receive as valuable a certificate as their sisters working in the city.

### STUDENT NURSES' ASSOCIATION SECTION

**Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss J. ROBSON, S.R.N., D.N., Rainy Hospital, Royapuram, Madras.**

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#### Report of the S.N.A., Vellore Unit, 1934-35.

In our S.N.A. unit we have 52 members at present. Of this number, 13 have just joined our unit. Only 4 members have joined the T.N.A.I. this year.

Our first meeting was a business meeting held in January and at this meeting our officers for the year, a Secretary, and representatives for Religious, Sports and Social work from each class were elected.

The second meeting was a combined one with the T.N.A.I. unit, Miss Petrie who is in charge of our compounding room gave an interesting lecture on 'The Chemistry of Every Day Life,' and showed some experiments such as making of soap, etc.

In March we had a business meeting and we discussed the giving of a farewell to Dr. Jameson and Sister Chute who were going on furlough, and also how we should welcome the new graduates, and the two new staff nurses, who were going to join our T.N.A.I. Lastly we discussed what kind of exhibits we should send for the Conference at Nagpur. As a result of this discussion we had a nice farewell party for Dr. Jameson and Sister Chute in which we acted some plays, gave presents to them both, and sang a boat song. It was very interesting.

Our fourth meeting which was held in June was addressed by Miss Hartley, the new Secretary for all India of the T.N.A.I. Miss Hartley first visited our hospital, and then at our meeting in the evening gave an interesting speech about 'What others think about Nursing, what a nurse can do, and what a nurse has to be.' We enjoyed that speech very much.

The fifth meeting in July was a business meeting and we decided to send Rs. 50 from our S.N.A. fund to the T.N.A.I. fund and Rs. 5 for the Quetta Relief Fund.

In the first week of August we had a joint meeting of the S.N.A. and T.N.A.I. and we welcomed Dr. Scudder and Miss Dodd who had just returned from furlough. We had a splendid dinner on the badminton court of the nurses' hostel, after which they both spoke to us of their journey to America and about the special places which they had visited such as the Hanging Garden of Egypt and the pearl fisheries in Arabia.

The seventh meeting was a social one held in September. We had many sports and matches between the compounders and nurses. We regret to say that the compounders won both the badminton and basketball matches. All had a nice tea party for which each one had to pay. Thus the sports committee got Rs. 10 and they handed it over for sending the delegate to the Conference.

In October we had a business meeting and we elected our delegate to send to the Conference,



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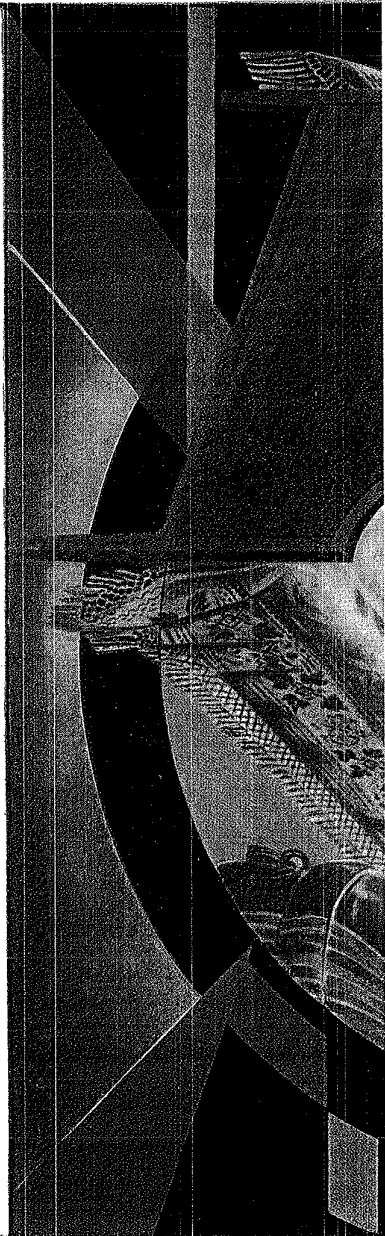
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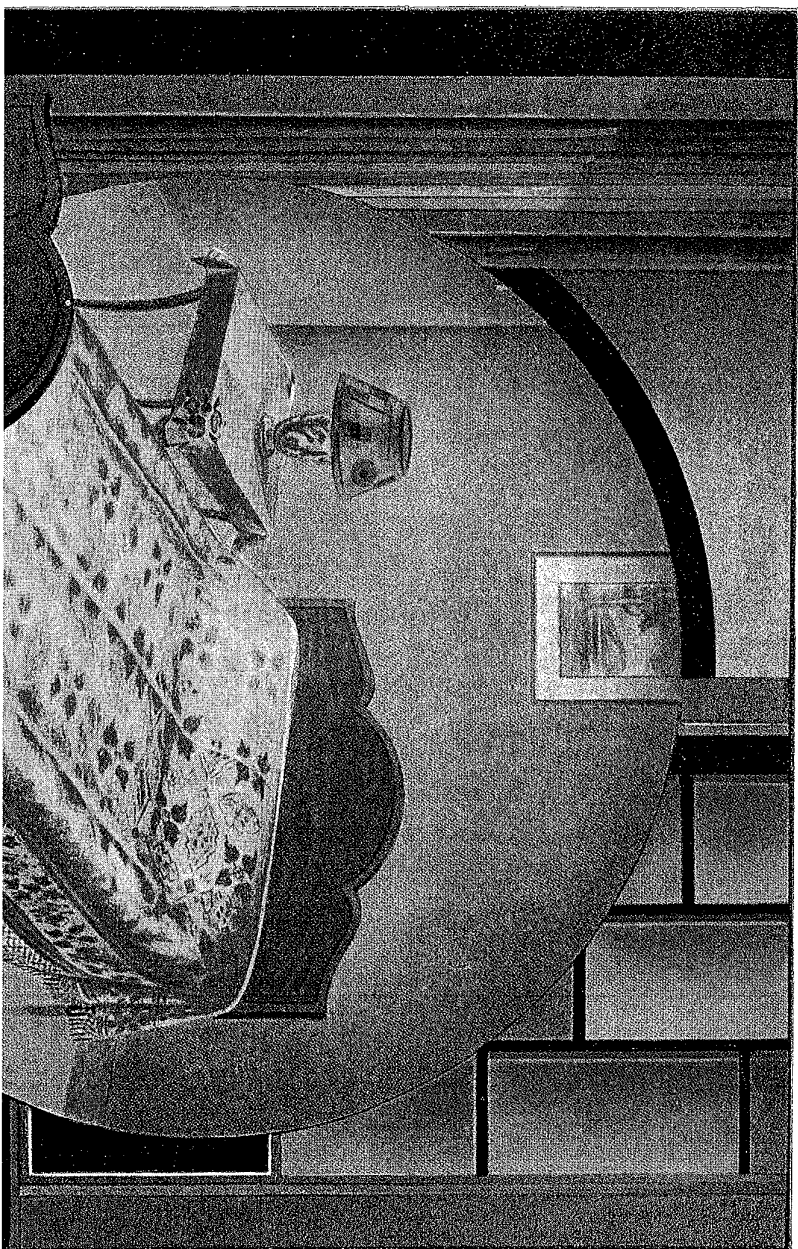


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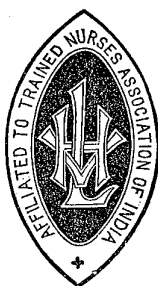
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CALICUT, CANNANORE AND MANGALORE.

We are going to have a Fancy Fair at the beginning of next month to make money to send the delegate. We hope you will meet her at the Conference and she will tell you the rest of our news.

We had a variety entertainment by which we got Rs. 132-8-6.

THANKAMMA THOMAS,  
*Secretary, S.N.A. of the Vellore Unit.*



## THE HEALTH VISITORS' LEAGUE SECTION

Report of three months work done in Khed-Shivapur by the students of the Poona Seva Sadan Society's Health School.

BY MISS L. JACOB, *Principal of the School.*

The Seva Sadan Society has conducted a Health School for training Health Visitors ever since the year 1928.

It is only three years since I am connected with it.

One of the first things that the late Mr. G. K. Devdhar did when I took charge of this school was to bring me to Shivapur and to acquaint me with the work that Seva Sadan was doing in the villages round about Khed-Shivapur. When he had finished showing me round the spacious old Wada and the different activities carried on there, he said to me 'Now Miss Jacob you take an interest in this work. Come here once a week or once a month and help our nurse that we have stationed here. Give her your advice and guide her in her work.'

I brought my very first 1932-33 batch of students to Shivapur in February 1933 for a fortnight's stay to take advantage of a course of lectures and practical demonstrations organised for villagers by the Deccan Agricultural Association.

Even then, in our spare time, usually in the evenings I took my students for house visiting in Shivapur, so as to acquaint them with village conditions.

In the year 1934 I paid occasional visits to this village and tried to help the lady worker, and got myself acquainted with the details and nature of her work.

The whole of last year, that is, 1935, I brought two students at a time with me for week-ends and halted for a night and a day in the Wada at Shivapur. We spent the evening in delivering a lantern-lecture in one of the villages. The next morning we took another village for house-visiting. The afternoons were spent in the Wada demonstrating on the dummy the mechanisms of normal and abnormal labour to batches of women whom we had visited in the morning. An honest and careful record of work done has been kept in our village Visiting Book, which was sent to the Director Maternity and Child Welfare Bureau, New Delhi, for inspection and remarks.

The Health School has gone a step further with the 1935-36 batch. Not only have we increased the period of training from nine months to twelve months, but shifted the Health School to Shivapur for three months rural work.