

CONDITIONS OF WORK IN INDIAN HOSPITALS

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In attempting to write on such a subject, I feel as though I were trying to dip up the ocean with a leaky bucket. India is more like a continent than a country, and the bit of ocean I wish to bring to your notice may seem strange. My experience is limited to a small general hospital in North India, where medical conditions are more backward than in the South which has had 30 years more of medical history. My portrayal may tend to be of conditions below the average. I will however, quote from others more experienced, and perhaps I can then leave with you some idea of the complexity of conditions under which medical work in India is carried on.

Hospitals

First let us consider the hospitals themselves. Government and the Christian Medical Association have each attempted hospital surveys, but the published results are scanty, and general statistics are difficult to obtain. Hospitals may be classified as Government (Civil and Military), Mission, Railway and Private. Government Hospitals are usually large city institutions, training English, Anglo-Indian or Indian nurses through the medium of English. Mission hospitals are the largest group numerically, but are small mofussil hospitals training nurses chiefly in the vernaculars. Railway hospitals are a small group of well staffed institutions, while private institutions are too few to be considered here. As Mission Boards raise their standards the gulf between Government and Mission training is yearly growing narrower.

Of hospitals listed in the Nurses' Handbook 60 per cent have 50 beds or less and 27 per cent have 80 beds or more. A ratio of nurses to patients is not obtainable, but the following shows the ratio of nurses to bed capacity. 40 per cent have one nurse for 4 beds or less. 18 per cent have one for 10 to 50 beds and 12 per cent have no nurses. In the latter group doctors carry on work with partially trained attendants. As a rule there is a foreign nurse as superintendent who is responsible for the training of nurses. Almost every hospital having more than 500 in-patients a year, has a training school, since the supply of nurses does not meet the demand. Equipment is often meagre and the average hospital uses charcoal stoves for sterilizing in the wards.

General Conditions

Next let us consider some of the general conditions which affect hospital work. Under these I would include climate, language, customs, education, superstitions and sanitation.

Climate

From the snow-capped Himalayas in the North to the tropical Southern provinces, India experiences every kind of climate and hence every kind of disease. Nurses have to be familiar with tropical diseases besides those common to Western nations. I recall a hyste-

rectomy being performed in a temperature of 105° F. and a bladder-stone operation when the heater would not maintain more than 65° F.

These extremes of climate tend to make the work seasonal in some areas. In the North we have heavy spring and autumn seasons, while in mid-winter and mid-summer the work drops to one-third. This makes it difficult to maintain an adequate staff. Nursing is either too hurried or work is slack and the nurses lose interest.

Language

With over one hundred languages India presents many difficulties, not only to foreign nurses but also to Indian nurses. Those from one area cannot understand patients in another. Nurses trained in the Punjab have to learn Kashmiri or Pushto when working with Kashmiri or Pathan patients. An Anglo-Indian sister in 'The Rotunda of the East', Madras, has to teach midwifery in five languages. The same difficulty arises regarding text-books. It is only recently that translations of text-books have been made in such general vernaculars as Urdu, Hindi, Bengali, Marathi etc. Previously it had been necessary for foreign instructors to translate their own lectures into the languages of the area.

Mission hospitals have been the pioneers in training nurses in the vernaculars for mofussil hospitals. The difficulties involved in vernacular training may be realized by citing a rather extreme case. Some superintendents have had to translate their candidates' papers before sending them to the examiner to be graded.

(To be continued.)

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During 1932 the Rockefeller Foundation appropriated \$11,577,064 for projects in the fields of the medical, social, and natural sciences, the humanities, and public health. A printed report on these activities has just been issued.

For public health work the Foundation expended during the year the sum of \$2,539,057.15. It supported laboratories for yellow fever research in Lagos, Nigeria, Bahia, Brazil, and New York City; assisted the government of Brazil in an extensive program for the control of yellow fever; aided four states in the United States and the health administrations of 17 foreign governments in antimalaria work; conducted malaria studies in various parts of the world; assisted 10 foreign governments in antihookworm work, comprising laboratory and field programs; continued support for studies of tuberculosis, the common cold, undulant fever, yaws, schistosomiasis, and typhoid fever; contributed toward the development of the central or local health services of 43 foreign governments; gave assistance to the central health administrations of 11 states and to the local health work of 164 counties in 22 states in the United States; and, finally, provided funds for the support of 225 international fellowships in public health.

The aim of the public health program is not merely to gain new