

countries became more settled and order was to some measure restored, the finance committee of the I. C. N. would want to collect the money that was in arrears to them.

At this time the financial condition of the T. N. A. I. was such that the arrears could not be met and after correspondence the I. C. N. remitted 75 per cent of the debt of £20.

Although it was not expressed at the time, it evidently was in the minds of some of the directors of the I. C. N. that the remitted amounts might be made up at some later date, and our President Miss Abram became aware of this feeling when she attended the meeting of the Board of Directors. This was reported to the Annual Conference and it was naturally felt that we should seek to remove that feeling by paying the amount that had been remitted, apparently unconditionally, some few years back.

It is therefore a great pleasure to announce that the sum of £15 or Rs. 200 was willingly subscribed by members of the T.N.A.I. to whom it became known and has been forwarded to the Treasurer of the I.C.N.

BLINDNESS IN INDIA AND ITS PREVENTION *

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ACCORDING to our present statistics, there are to-day about five million persons in the world who are blind, but this figure falls considerably short of the actual number, and it would be more correct to say that the figure is three times as great; so that the true ophthalmic picture would be represented by twelve to fifteen millions of blind persons rather than five millions. When it is realised that 50 to 60 per cent of blindness need not have occurred, it is certainly about time that a united effort by all nations should come into existence.

At the present time a united attempt on the part of ophthalmic surgeons of all nationalities working in conjunction with the League of Red Cross Societies is being made to grapple the gigantic task of reducing the incidence of blindness throughout the world.

China, with its population of about 445 millions, has probably a heavier burden of blind people than India. Investigations have proved that half a million of blind persons have lost their sight from small-pox alone. This figure represents 35 per cent of the total number of blind. Xerosis and keratomalacia; trachoma; syphilis and gonorrhoea; injuries

* Paper read at T. N. A. I. Annual Conference, Calcutta, 1931.

and the results of quack treatment are the common causes in the order given. And for all this eye disease China possesses officially only three eye hospitals. There are forty-eight eye hospitals for the forty-seven and a half millions of people in the British Isles.

India is a land of blindness, much of which is preventable, but the sad part of this enormous problem is that as yet very little is being done. In the villages of India lie great masses of helpless humanity submerged in dark pools of blindness. So much could be done to alleviate these poor people if their true condition were known to their more fortunate brothers. It is not generally known to what an extent blindness prevails in India. A medical man sees the cases that come to him for operations or for treatment of various kinds of eye diseases. He does not see the great number of people suffering from eye diseases who do not avail themselves of medical assistance or who suffer from eye diseases which sooner or later impair their sight and who from ignorance, apathy or poverty, do not come for treatment which could give relief.

The 1927 Census for England and Wales shows that there are 119 blind persons per 100,000; the corresponding figure for India in 1921 being approximately 152—a marked increase on the figures for 1911, when recording was perhaps less accurate. The 1921 Census for the Madras Presidency shows a general figure of 153 blind per 100,000. In 1921 the population of Bengal was $46\frac{1}{2}$ millions with 33,468 totally blind people, showing an incidence of 72 per 100,000, and in the recent 1931 Census for Bengal, the population was $50\frac{1}{4}$ millions with 36,736 totally blind people, an incidence of 73 per 100,000. Anyone who is acquainted with the prevalence of blindness and eye disease everywhere in India must realise that these figures are low and necessarily incorrect as the Returns for the compilation and application of vital statistics are inaccurate and unreliable.

In the Bombay Presidency the Blind Relief Association made accurate accounts of the blind, and the incidence of blindness was at least threefold of the Census Returns. In the United Provinces a Deputy Commissioner had a similar count made and found an incidence of no less than nine per thousand. If, as it is not unlikely, this sort of error of underestimation in the census reports is general, then it is not unreasonable to suppose that the real number of totally blind people in India is more like one and a half million than the half million shown in the Census Returns. These people do not include people partially blind from neglected eye disease. For every totally blind person, there are three persons with more or less damaged vision from neglected eye disease. Therefore it is no exaggeration to say that the true ophthalmic picture for India should be

represented by figures showing one and a half million of totally blind persons, and four and a half millions of persons of more or less impaired eyesight.

In Egypt, the Department of Public Health counts as blind any person who cannot count fingers at a distance of one metre. If such persons were counted in our statistics of totally blind persons in India, there is no doubt that the figures would be very much larger than those indicated above. No one who has not worked in India can form a conception of the enormous amount of preventable and curable blindness which is laying its shadow over the health, happiness and usefulness of this great country. It is little realised how many of the blind of all ages are capable of cure, and to what an extent blindness is preventable, and the enormous amount of eye disease which if neglected leads to total or partial blindness.

In the 1921 Census of India, a fact emerges that blindness is essentially a disease of old age and that the proportion of blindness rises with succeeding age periods. At thirty years of age the proportion of blindness is 117 per 100,000; at fifty years of age it has risen to a proportion of about 380 per 100,000; in old age it rises to a figure of 900 per 100,000. Women suffer more than men, there being 1,047 blind women for every 1,000 blind men. In all countries where there is intense sunlight, great heat and much dust, a high incidence of blindness will usually be found unless the population is sufficiently advanced and intelligent to take the necessary precautions, but in India the main cause of the large amount of blindness may be said to be due to the physical conditions of the country itself, the general backwardness and apathy of the population and the great lack of medical facilities. Blindness is for the most part preventable where the people are sufficiently educated to adopt simple precautions and to avail themselves of medical advice even when this involves some trouble and little expense. Blindness among Europeans in India and amongst intelligent and educated Indians is rare.

The Indian patient fails to realise the danger of eye complaints which may, if neglected, lead to blindness. Even when medical facilities are near at hand he will often fail to avail himself of them and when for a complaint he may regard as trivial he has to travel many miles and attend at a distant dispensary, it is not a matter of surprise that he remains in his village and suffers the consequences of his neglect. The Government hospitals and dispensaries may be well attended by patients for various complaints and may be very popular, but for eye diseases the number who will attend constantly and regularly are very small compared with the frequency of these complaints. The Indian public in their villages prefer medical facilities brought to their very doors and many eyes are destroyed by the travelling quack who visits the villages and persuades the trusting patients to submit to his unskilled operations. It is not

surprising that we find that most of the blindness which prevails is preventable blindness, but is unfortunately not prevented, and that a great deal of the existing blindness is actually remediable but no remedy is applied. There are thousands of totally blind people in India who could have their sight restored if they submitted to a surgical operation. Lack of knowledge, too much trouble, too much expense, or apathy prevent them from having their sight restored. Children too are often neglected by their parents and are allowed to remain blind when early treatment could restore their vision.

(To be continued)

NURSING EDUCATION IN INDIA *

BY MISS D. CHADWICK, S.R.N.

DURING the current year, I have made some attempt to find out the standard of Nursing in India. During December 1930, I sent out a hundred copies of the enclosed questionnaire to hospitals—Government and Mission—in all parts of the country. I did not follow any system of circularising to every hospital, for the task would have been too stupendous, but I chose a few hospitals here and there in each Presidency. Out of the 100 questionnaires sent out, only 47 were returned completed, and my opinion was that in those hospitals, at any rate, the tendency was to improve the standard of Nursing and that there was a genuine desire on the part of those in charge towards that end. The text-books quoted as being in use in these hospitals were chiefly quite well-known English and American ones.

It is disconcerting to note that there are several large hospitals which do not appear to have training schools for nurses; and one wonders if it would not be possible for some of them to take their part in what is really a very valuable and necessary work in India—to help to further the profession and at the same time, find a means of skilled livelihood for the women of this country. I do not advocate the latter reason for hospitals to become training schools, or for women to take up the Nursing Profession, because I feel now that there is already too great a tendency to take up our work with that object in view. In short, Nursing in India to a great extent is lacking in conscience, and nurses apply for vacancies simply because they want to earn money and have no vocation or feeling on the matter at all, and for that reason one finds at times rough manners and words used towards patients. That, I think, is one of the greatest

* The Report of the T.N.A.I. Committee on Nursing Education, as presented at the Annual Conference, 1931.