

own living are not being engaged. Some of the French hospitals are engaging graduate lay nurses on staff. All the English hospitals have increased the number of graduates on staff. One hospital has provided for hourly nursing by graduates on staff. In another, the student nurses have been withdrawn from the private wards and graduates only employed. Another is providing increased general ward duty for its graduates, and paying for this service by each member of the staff contributing one day's salary per month for a period of six months.

The above are valuable suggestions and may help to solve the same problem in the large cities of India.

Can a Circulating Library be Devised?

The American Journal of Nursing; the Pacific Coast Journal of Nursing; The Trained Nurse and Hospital Review; The Canadian Nurse; Public Health Nursing; Nosokomeion; The Indian Ladies Magazine; Stri Dharma; are well worth every nurse's acquaintance. Are there those who would like to have the reading of them? If so send your name and address. Postage and the assurance that the magazines will be returned will be necessary.

BLINDNESS IN INDIA AND ITS PREVENTION¹—(Concluded.)

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Having endeavoured to describe the principal causes of blindness in India, and that it is humanly possible to eliminate eye diseases due to keratomalacia, small-pox, syphilis, gonorrhoea, irritant remedies, trachoms, etc., the next question is 'How can these things be?' The weapons most likely to be of use in such a combat are summed up in 'Education and Propaganda', 'Team Work', 'Mutual Aid' and 'Co-operation between the people and the expert'. The direct remedy to prevent blindness in India is no doubt to increase the number of ophthalmic surgeons capable of dealing with cases of curable blindness, but the prevention of blindness must be the ultimate aim of attainment if the prevention is to be brought about. In the large cities there are many excellent clinics and hospitals where skilled treatment is attainable, but in the country districts and villages skilled advice is not obtainable except by long distance journeys which the

¹ Paper read at T.N.A.I. Annual Conference, Calcutta, 1931.

poor cannot afford and so the quack visits the villages and finds ready victims who place their trust in him only to find that their plight has been made worse than before.

The broad lines on which a campaign for the prevention of blindness should be conducted are as follows :—

- (1) Propaganda carried out by the great ophthalmic hospitals and subsidiary ophthalmological centres under Government control, by missionary agencies and by voluntary associations.
- (2) Prevention work against ophthalmia neonatorum (babies' sore eyes), keratomalacia, small-pox, etc., in cities in collaboration with Municipal authorities, and to extend the work to the villages.
- (3) To find out the blind and to bring the benefits of modern surgery to them. In part at least this might be done by travelling ophthalmic surgeons and by financial assistance to the poorer sufferers to enable them to attend eye hospitals.
- (4) By establishing ophthalmic dispensaries in each district.
- (5) The system of health visitors who would visit and encourage the people to send the afflicted to hospitals for treatment early before their sight is lost.

It is of great interest to draw attention to the system of ophthalmic relief established in Egypt because that country presents an example of what far reaching developments may arise from small beginnings. Egypt, like India, suffers severely from eye disease.

The excellent system of ophthalmic relief now prevailing in Egypt was started in 1903 by the gift of a sum of £41,000 placed at the disposal of the British Agent by Sir Ernest Cassell for that purpose. Thus arose the Ophthalmic Section of the Public Health Department under a Director of Ophthalmic Hospitals. It was decided to begin with, to establish a travelling hospital to tour round the country districts remaining six months in each place. A Director of Ophthalmic Hospitals was appointed to administer this and other means of relief. The hospitals became a definite branch of the Egyptian Government Service in 1906. The scheme subsequently greatly developed, the cost being partly borne by Government grants, partly by local taxation and partly by public subscriptions or gifts. Between 1904 and 1914 sixteen ophthalmic hospitals were opened in various parts of Egypt, the permanent hospitals were reinforced by travelling hospitals which are an important part of this system. The

Report for 1912 says 'To the popularity of these hospitals that the need for ophthalmic relief, after countless generations of suffering and disability, is becoming felt by the people of Egypt, a need which was not realised until the establishment in 1904 of the first hospital'. The system has continued to develop and in 1927 Egypt was spending Rs. 9½ lakhs a year in ophthalmic work, contributed by Government, the local bodies and the charitable public. In 1927 there were 39 eye hospitals, 26 of them permanent and 13 travelling. A further 11 hospitals have been projected or sanctioned. That is 50 in all.

The population of Egypt is about fourteen millions, less than one-third of the population of Bengal which has a population of 50½ millions. Conditions in India appear to be somewhat similar to those existing in Egypt before the system of ophthalmic relief was inaugurated, and the great success of the work in Egypt appears to be an indication of what might be effected in India provided a proportionate amount of money and energy were directed to the task.

In the Bombay Presidency due to the devotion and energy of Mr. C. G. Henderson, I.C.S., (Ret.), Blind Relief Associations have been formed since 1919 to carry out measures for the relief and prevention of blindness, and are doing most excellent work. Most of these associations have been working practically independent of each other and have their own finances. The All-India Blind Relief Association has now been formed to affiliate the various centres in the Bombay Presidency, and to improve and extend the work of 'Blind Relief'.

In March 1930, an Association for the Prevention of Blindness in Bengal was formed under the patronage of Her Excellency Lady Jackson, but owing to lack of sufficient finances its work at present is very limited. So far as I am aware these are the only two Associations for the Prevention of Blindness in existence in India. The Madras Presidency is by far the best supplied with hospitals where special ophthalmic relief can be obtained, and trained assistance can be obtained within fairly easy reach of all the areas of the Presidency. The same, however, cannot be said of Bengal or of the other Presidencies of India, and so the ignorant public, rather than travel large distances, submit to ophthalmic operations by the itinerant hakim, kaviraj, and the coucher of cataract.

The relief of blindness and the operative treatment of cataract is not the whole solution of the prevention of blindness in India. What is wanted is some large organisation covering the whole of India and aiming chiefly at prevention rather than treatment. Government is doing a considerable amount through its well found institutions. The

International Association for the Prevention of Blindness cannot do much to help us till we in India start to help ourselves. Finance is the first and most important thing to be considered, and it is unfortunate that the present time should be unfavourable for any new financial project, but I feel certain that the necessary money would be forthcoming if national interest could be stimulated. It is regrettable, but nevertheless true, that up to now the support of propaganda has been unenthusiastic. Today the blind are innumerable all over India, they beg for alms at every street corner. How much of this is preventable, how much curable? We have not as yet statistics in which to have an answer, but the comparative figures for Great Britain and India assure us that the prevention of blindness is one of India's biggest public health problems.

THE WORLD MOVEMENT TOWARDS MORAL EQUALITY¹—(Concluded)

BY MISS MELISCENT SHEPHARD

In the centenary year of Mrs. Josephine Butler's work, 1928, a worker, representing the Association for Moral and Social Hygiene, was invited to Calcutta by the Calcutta Vigilance Association in order 'to investigate the segregated vice areas with a view to their abolition and to conduct an educational campaign on the whole subject.' By 'education' is not meant biological education only, but moral training, which shall ensure, not only physical, but mental discipline, in the choice of books, recreations, conversations, jokes and general behaviour. The first money towards the expense of this project was provided by Mrs. Human, of the Society of Friends, who had herself helped to secure the abolition of the segregated areas in Colombo and Ceylon.

The first eighteen months of the investigator's time have been spent in gathering information in India on legal, medical, social and administrative matters, and in seeing the actual conditions of brothel areas in larger towns. Visits to Bombay, Madras, Bangalore, Calcutta, Ceylon, Lahore, Karachi, and visits from workers from Burma have convinced this worker that there is still much need for effective propaganda against the various systems obtaining in India.

Prostitution under religious customs; whole castes involved in the trade; great districts where the proportion of female to male births is very disproportionate, and where the wives are bought by barter

¹ Paper read at T.N.A.I. Conference, 1931.