

almost miraculous that a ceremony that many have judged unnecessary in these straitened and difficult days should coincide with the actual birth of a Federal Indian Dominion. The first event is the appeal of the Heads of the Hindu, Moslem and Christian Faiths in Delhi for "a common effort of prayer that all concerned with the political destinies of this country may be guided to act and speak in accordance with God's will".

The second event is the unveiling in the presence of Dominions Representatives of the Dominion columns presented to India by Canada, Australia South Africa and New Zealand. Is it accident or foresight that an event necessarily planned so long beforehand should at this hour come to pass and that the other Dominions should be here to greet the New Dominion in the making? The third event is the Commemoration ceremony on the completion of the War Memorial Arch, on which are being inscribed the names of the Indian and British dead who died not in France or Mesopotamia, but for India on India's Frontiers. When the jarring notes of bargain have been stilled, the symbolism of these things will be seen. Those who saw in new Delhi only an arid waste have before them now the majestic buildings, the shady avenues, and flowered lawns of a Federal capital. If Inauguration Week inaugurates the spirit of federation, it will achieve its purpose. (*Calcutta Statesman*, Editorial excerpts, Feb. 10, 1931.)

The Dedication of the Lady Hardinge Memorial Hospital by Lord Hardinge under whose regime as Viceroy, the New Delhi scheme was launched, was a notable feature of the Inauguration Week program.

VILLAGE NURSING IN INDIA

BY MRS. E. A. WATTS

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PERHAPS there is no branch of the Nursing Profession that demands a vocational call to serve more than that which is embraced within the title of this paper. The reason being that the work of a Village Nurse needs to be done by a person who is willing to serve under all conditions, whether they mean self-sacrifice, departure from ordinary routine work, or readiness to be on call at any hour, and to respond to the need of that client in whatsoever capacity she is able. As I want to deal with the qualifications of a District Nurse, I will reserve the rest of my remarks upon these lines until later.

In bringing this subject before you this afternoon I wish us to keep in our minds the needs of India. Still, it might be well just to remind ourselves of the way that this branch of Nursing has been developed in the

home countries. Into whatever Western country you may go you will find the Village Nurse working in all rural areas and the same work controlled by a well-financed and ably managed organisation which not only ministers to the sick needs of its village population, but in co-operation with the Public Health Department seeks to assist in the prevention of disease. Thus, you find with these various organisations—all linked up and seeking one common end—the production and maintenance of a healthy race; the infant, toddler, school child, young man and maiden, father and mother, and the hoary-headed aged; all provided with means whereby their physical needs are amply met, in sickness and health. At least, it must be said that to bring about such a happy condition, which is shared alike by the resident in the large city and the lonely occupier of the humble country cottage home, has meant many many years of persistent toil. Even in such countries their problems are not yet all solved and the ideal is not yet attained; but although the reviewing of such an extensive development is most fascinating, I must not linger more in distant parts but call your attention to the Village problem of India.

It might be as well, first of all, to bring before your notice the extensiveness of the need; therefore, I have gathered together a few facts which will help us to understand the situation.

The following figures are mostly based upon the 1921 census and so may be a little out of date. Nine-tenths of the population of India is to be found in rural areas. These are scattered in no less than 700,000 villages covering an area of 1,802,192 sq. miles. It would take a person visiting one village daily 1,918 years to visit all the villages in India. The average population of an ordinary Indian village is 405. There are 179 distinct languages and 544 dialects used. The average income of an Indian family is $1\frac{1}{2}$ annas per day or Rs. 30 per year. This, I know, cannot be taken as a fair average of the present day, but it will show us that the Indian peasant is a poor person, and his daily fare must needs be a meagre one. I have lived amongst people, the poor of whom only reckon on having one good meal per day usually taken in the evening. It has been calculated that approximately 40,000,000 lie down to sleep at night having eaten only one meal that day. The same figures show that the death-rate is 840,000 per month, which means 20 people die per minute.

Bearing in mind all these things, how important it is that there should be some means whereby the health of such a community can be more efficiently cared for, and one of the big problems of the present day is to find out the best means of doing so.

It must be admitted that the Indian Medical Department is doing something towards this end, but their effort is but as a small bucket of

water in the ocean. Most of the small Indian hospitals and dispensaries have a nurse midwife attached to them and there is a certain amount of village work done by these women. While I am not desirous of unduly criticising their work and not for one moment would I advocate having them removed; from personal observation and experience received in coming into contact with a few of them, I must say I should welcome the day when such women have systematic supervision in their work by fully trained nurses who are specialists in village nursing. The occasional visit of the D. M. O. is not sufficient to guarantee that such nurses are working to the fullest capacity or doing the work that is most needed amongst the sick people of a village. To my mind what India needs is a well-organised staff of nurses who are not necessarily attached to a Local Dispensary but are linked up with some organisation that will help them not only in the matter of supervision, but also in developing their work on right lines, teaching them the best methods and in every possible way helping them in their task of succouring the sick and ailing. The village community of India, needs a village nursing service which will not only supply the needs of some, but which will reach out to the remotest of remote hamlets and isolated rural communities.

Having said so much about the needs, I would like to have the opportunity of bringing before you a few thoughts that might provoke useful discussion on this subject. (The object of this paper being to introduce to you a few points that will help in open consideration).

First shall we briefly consider the people to whom we want to minister, we need to keep in mind several things concerning them. They are a conservative community. Rich and poor alike have a great aversion to all things new. They find it difficult to take kindly to fresh methods even if they do result in ultimate good, the great majority will be the humble poor, whose general physique is poor, power of resistance low and disposition to disease high. Moreover, they live amidst insanitary conditions, overcrowding is the rule rather than the exception; moral conditions so bad they hardly bear enquiry into. Grandparents, father, mother, uncles, aunts, children, all huddled together and sharing not only one common board, but all eye-witnesses to even the most private occurrences of domestic life. Living under such conditions in health is bad enough, but how unspeakably hard is the loss of the sick one. Quietness is unknown, fresh air to breathe is a luxury that never comes in his way and ordinary sick-bed comforts are not even thought of, so how can they be planned for? Such is the hard lot of the average sick person in the ordinary Indian village. The terrible burden of his own superstition only adds to the anguish of himself and his care-worn family. How can we relieve such? Who will bear the burden of such a one? What can

individual effort do? No, here strength will only be found in unity. We need a unanimous effort that will put heart and soul into the work of providing a better system for the alleviating of suffering in places where at present help is not available. Here lies a tremendous opportunity—the opportunity of utilising the service of the Village Nurse.

Perhaps next it would be as well to consider what sort of person the Village Nurse should be. At the onset, I will strike at the ideal. What is the ideal? A fully trained nurse who has specialised in this department of her profession. What a tremendous task you say, to provide a fully trained nurse at the disposal of every village in India! It has taken at least 50 years to provide such, in a small country like Great Britain, when shall we expect our ideal to be reached with such vast areas as have to be covered in India? Supposing we had the money, it is impossible to find the women who are willing to go out into remote places and give themselves unsparingly to such a cause. It therefore resolves itself into the one and only solution, that being to utilise the material we have in hand at present. In doing so we must keep in mind that the Village Nurse must be a person who is accessible to every villager. Some have argued that we have the Maternity and Child Welfare Movement, penetrating into the heart of this great country. Develop this movement more, and here is your Village Nurse trained and ready for the work. On the surface this argument sounds a very feasible one, but sift it and you will find that at its strongest point it is weak, and by such a system the need cannot be met. The work of the Child Welfare Nurse, and the Health Visitor lies chiefly amongst the mother and baby, but what about the rest of the family? The poor paralysed old man, the bedridden man or woman with the filthy fly-infected chronic ulcer. Can you reasonably expect such to come under the care of the Welfare Nurse. I would not at all object to the Welfare Centre becoming a general headquarters and work organised from there; but before making it such, both staff and room should be adequate enough so that danger of infection is minimised. It also needs to be remembered that very often the Child Welfare Nurse has only had Training in a Women's and Children's Hospital, therefore her Nursing experience is such that she is more suitable for work amongst women and not so likely to adapt herself to the general needs of the community. Another big difficulty presents itself because it is not considered proper in the country for women, especially unmarried women, to attend men, and it is not going to be an easy job to convince the villager that a trained nurse should be ready to apply her knowledge 'wherever and upon whoever it is required.'

What is the solution to such problem and how under these many difficult circumstances can we have a suitable Village Nursing System? There are several ways and means that, I feel, might possibly help us.

We must train more village girls to become nurses. They must be educated in the knowledge that they are wanted for the villages and for village work. To do this the prospects must be made more attractive. There must be sufficient protection for them to live in villages without fear of molestation or of breaking the conventional rules of propriety. I think one of the most commendable systems would be the training in large numbers of male nurses and, where possible, to encourage the marriage between the male and female nurses as is done in the Educational Department in regard to male and female teachers. Every presidency would need to be divided into districts and sub-districts and each District should have a Matron-in-Chief and each sub-districts should have a subordinate Matron who will tour all the villages in her respective district and supervise the work in that area. While it is not possible for every village nurse to have a full general training and midwifery and special training in village work, I think that both the Matrons-in-Chief and their assistants should be picked women who have undergone a full three years' course, also taken midwifery and had previous experience in village work. Where possible the work could be linked up with the Public Health Department, and Maternity and Child Welfare Association.

We now come to the place where we must consider what is to be the Nursing qualification of the Village Nurse. As I have said previously, our ideal is that every nurse should be general and midwifery trained, with special attention given in that training to the needs of the community amongst whom she is to work. I here advocate the training of more nurses in the Vernacular class in large Government and Women's Hospital. These girls are usually drawn from village life, are used to living in conditions which prevail in rural districts, and therefore can adapt themselves better to work under those conditions than their sisters from the towns. Where possible, widows who are not too old to learn should be encouraged to take such a course. I think, too, many of our Mission Hospitals could provide a course that would turn out Village Nurses of the right type. The lowest standard that should be accepted amongst women should be midwifery and then special time devoted to some General Nursing.

Before coming to India I was attached to a County Nursing Association in England which took young women and gave them a full midwifery course, after which they had to do another course of General Nursing (then it was three months, now I think it is much longer). I was in charge of a General District and responsible for the general training of these probationers and it is surprising what a great amount of useful knowledge and experience could be obtained even in this minimum of time. These women after their training were distributed about the villages and were capable of doing useful work and have

proved a great boon to the people. During the time of their training very elementary lectures were given in Anatomy and Physiology, and sick nursing. Bandaging classes held, and a good deal of teaching done by demonstration in the District room of the training home. As the course was so short practically no off duty time was allowed, mornings were given up to visiting, afternoons to lectures, and evening visiting serious cases again. Surely, a staff of women trained on these lines would be better than nothing, especially with adequate supervision and opportunities for further study. In regard to male nurses I would advocate a three years' training for all. Nothing less, I feel, would give a man the standing he would need in village work.

In order that I shall not take up too much time I am keen that the subject shall be discussed fully, I would now like to mention some of the dangers that we must guard ourselves against. One is that great care must be taken especially in supervision of such a work to avoid the corrupt system of bribery. Some years ago I was called out to a village at the request of a Village Dispensary Nurse (one who must have trained many years ago and, to say the least, had forgotten a good deal of what she might ever have learned) because a woman was having difficulty in micturition after delivery, I did the needful, and advised the nurse what to do in future. Evidently, the woman had a good deal of difficulty and trouble after my visit with the dispensary nurse. About four days after the relatives came to me again and begged me to come, saying they had no more rupees to pay the nurse, and yet what could be done as the woman had still great difficulty. Of course, I called up the nurse, warned her I should report her to the D. M. O. and told her that it was her duty to do all she could for the woman without payment or fee, at the same time took steps to get the patient removed to the nearest hospital some 30 miles away. Here perhaps needs to be emphasised what I said at the beginning of my paper. It needs women or men to do this work who possess that spirit of vocation and are ready to serve the poor for whatever it is worth.

Another great danger is that the work of the village nurse must be supplementary and not competitive to the work of the Doctor. This is a great danger in the remote Indian village. It may be perfectly safe for the Village Nurse to prescribe quinine to the malarial-stricken women or some other well known and easily given drug to the sufferer from bowel and chest trouble, but for her to be allowed to even do this may open up the way for a dangerous practice of prescribing medicine when her work should only be the care of the sick according to medical instructions and the administering of medicines which have been prescribed by a medical practitioner. To say the least, in an out of the way district the problem is a great one, and our ideal again is to have a Village Nursing Service that is adequately backed with a Medical Service that can not only be called

upon to give instruction, but harmoniously work side by side with its Nursing Department.

I feel I have only touched the extreme fringe of my subject but perhaps to-day I have said sufficient once again to bring before you the need so that you may discuss just how that need can be met. The economic side I have not dared to go into and yet I suppose that perhaps is where we should have begun. But I leave it with you, even that problem someone here may shed light upon. May the day soon come when India will be proud of her Village Nurses and the work they are able to do.

CARE OF CHILDREN'S TEETH

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The main object of this article is to show to the young people how important sound teeth are for good, general health, and to educate them to adopt habits that can save their teeth from decay, other dental troubles, and from pyorrhoea later on in life.

Most people do not realise that their health and happiness depends in the first place on the condition of their mouth and teeth. Sound Health Depends on Good Teeth. The care of the mouth and the teeth is the one great duty that we owe to ourselves, that parents owe to their children, that teachers owe to their pupils, and that Public Societies owe to those for whose welfare they are responsible. It is the teeth that first receive, work upon, and prepare the food which is the nutrition of the body. Therefore, the first, and the greatest step to good health is to possess good teeth.

The mouth is very appropriately called the "Gateway" of the body. The inside of one's body cannot be clean and sanitary if its gateway is in a neglected and filthy condition. Cleanliness of the mouth is very desirable for the sake of general, good health. The mouth is the most favourite place for germs and especially so an unclean mouth. If the mouth is not kept clean each mouthful of food carries these germs to the stomach and thereby cause systemic ailments.

Many diseases of the body like stomach disorders, rheumatism, headaches, etc., are mostly due to bad teeth and that is why doctors nowadays judge a person's health by the condition of his mouth and teeth. It is the general medical opinion that 60 per cent. to 80 per cent. of the disease germs in the blood enter through the mouth. As long as the number of germs in our mouths are kept to a minimum our own blood