

post-hospital treatment, in short takes the place of an Out-patient department. But the two things are not synonymous.

Nursing Education is in its infancy in India, and for that reason has ALL before it.

Let us look to our contribution, in the name of the Great Physician.

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(Presented at the Christian Medical Conference at Mahableshwar, April 26th, 1930.)

THE NURSING CARE AND TREATMENT OF SUN OR HEAT-STROKE

BY MRS. J. MASTERS

SUN or heat-stroke, commonly spoken of as heat-apoplexy, is overwhelming prostration caused by exposure to excessive heat from the sun, either from the direct rays or from the endurance of prolonged high temperature.

It is due to nervous disturbance and the liability for an attack is increased by fatigue, mental excitement, depression of spirits, crowding and want of ventilation especially in sleeping apartments, constipation of bowels, shortage of water, and the abuse of alcoholic drink.

Warning symptoms are frequently present for hours or days before an attack, such as irritability, restlessness, headache, nausea, listlessness, constipation, giddiness, dry skin, repeated calls to pass small quantities of urine, loss of appetite, loquacity, crying or laughing, confusion of ideas, confusion of vision. They may pass away under proper treatment or an attack may occur in either of three ways i.e. (1) quite suddenly, (2) following the "warning symptoms", (3) the sequelae to syncope or heat-fainting.

Although the cause of each form of this illness is different, yet when heat-stroke develops symptoms like those of sun-stroke the treatment and nursing is alike, and prompt and resourceful methods are indicated.

In an attack of sun-stroke caused by the direct rays of the sun playing on the head, or the back of the neck or the spine, the patient falls down unconscious or nearly unconscious, there may be convulsions, but in most cases the patient lies perfectly still and the temperature may rise, even to hyperpyrexia: the face is flushed, eyes bloodshot, skin hot and dry, pulse is strong and quick, breathing puffing or stertorous snoring (showing that the brain is most affected) or breathing is noisy, irregular and incomplete (showing that the lungs are most affected) and according as the malady appears to expend itself on the head or chest, it has been termed heat-apoplexy or heat asphyxia.

Heat-stroke is caused by atmospheric heat or high fever and is often the sequelae of syncope; so, for this reason cases of syncope must be watched for symptoms that show that it is passing into the state of heat-apoplexy. Because the treatment for each of these states is different.

When syncope occurs either after the occurrence of some warning symptoms or suddenly, it commences with feelings of faintness, vomiting, giddiness, shivering, frequent desire to pass urine, and sometimes drowsiness; the face is pale, the body and extremities cold and often bathed in perspiration, the pulse weak and sometimes intermittent, the pupils of the eyes contracted and there may be more or less insensibility, the breathing is of a sighing or gasping character. Prompt attention usually brings recovery within a short time: The patient should be placed on his back in a shady place, loosen the clothing, rub the limbs and administer a stimulant, brandy and water, etc., and hold smelling salts (ammonia carb.) to nostrils; prevent friends from crowding around. After recovery advise rest in a quiet, cool place. But if untoward symptoms show that heat-stroke is setting in, withhold stimulants and treat the same as for sun-stroke.

Nursing care for a case of sun or heat-stroke includes the carrying out of the treatment ordered, the removal of superfluous clothing from the patient, the placing of the patient on a bed (prepared with a protecting mackintosh over it, the same as for an operation case), put the bed in a cool, quiet spot, shade patient from light, apply cold to head, rub the extremities, give a cold sponge bath, start fans to cool the surrounding atmosphere, see that there is free ventilation, if able to swallow, give plenty of water to drink and give nourishments cold. The treatment usually ordered by the doctor is absolute rest, cold to head, sometimes wet packs, castor-oil and soap enema; if oil and soap are not available injection of cold water, repeated if necessary, quick acting purgative such as croton-oil and subcutaneous injection of quinine. But if hyperpyrexia is present, immersion in a cold water bath and ice rubbed along the spine, ice on head also, if no bath is handy, place patient under a water-tap or Bhisties water bag and ensure a steady stream of cold water over the patient's body. Mustard poultice or turpentine stupes to nape of the neck. In cases where danger to lungs is apprehended a large mustard poultice to chest may be ordered.

Although recovery is often rapid and complete; in some cases it is followed by fever, dysentery, and oppressed breathing for some days or occasional headache and neuralgic complaints. Occasionally permanent injury of the brain is sustained causing insanity, softening of the brain or paralysis following an attack. Often when recovery seems complete, the patient cannot afterwards bear exposure to the sun. In other cases the person is quite himself again.

NURSING FOR INDIAN LADIES

(Editorial note.—The author of this timely article, who modestly signs herself "A Daughter of India," is none other than the gifted Editor of that charming Journal "The Indian Ladies Magazine" Mrs. K. Sathianadhan, M.A., of Cannanore.)

THE woman's movement is advancing rapidly in India. Not only is it being admitted everywhere by men that, unless women are raised, reform in India cannot really go forward; but also, and better still, the woman herself, at last realising the privileges due to her and awakening to her responsibilities, has understood that to herself belongs much of the initiative of advance, and so has begun to bestir herself in real earnest. But, India is in a state where many of the reforms advocated, especially those for women, are still more or less in the "preaching stage." A good deal of theory has been admitted, but has not been worked out yet into practice. It behoves, therefore, the daughters of India to see that the resolutions, firmly passed by them in Conferences and Councils, should as firmly be carried out into literal effect.

In doing so, an important factor should be recognised. Our Indian woman is not, and should not be, exactly the same in her progress as her sisters in Western countries. There are, as we all know, differences in temperament, tradition and thought, that must carefully be attended to. Therefore, we ought to find out ways for ourselves, in which we can specially work out the bent of our inclinations, and in which the most backward among us, as well as the foremost, can accomplish something useful. There will be no lack of scope for the activities of the educated and the well-placed woman, who has more or less the voice of India with her. But, what about a chance for the humbler individual, the more retiring sister, the more ignorant woman?

So far, the energies of most of our educated ladies have been directed into the teaching and the medical professions. Some pause must be made here, for there is no doubt that such walks are being overcrowded. We must look elsewhere for our chances, and I think that some of us cannot do better than turn to nursing. One is very pleased to see that notice is being taken now of this admirable vocation and of its special suitability for Indian ladies. We cannot do better than consider the question rather seriously. As Dr. Muthulakshmi said, there is a great need at the present moment for devoted women workers, who are ready to sacrifice themselves to relieve the sufferings of India. Foreign missionary ladies have worked hard for us and denied themselves for us; is it not time that we should lead now in this direction?

"We have no right to remain idle or indifferent, when the mothers and the children of India die in such large numbers, when many more

become incapacitated through sickness and disease, when millions of our men and women, even in the prime of their life, are carried away by epidemics every year, when the destitute, old and young, are crying for relief, when at every turn of our beautiful cities we come across crowds of beggars, old, young, and sick, who, clothed in rags, stretch out their deformed and diseased hands for a few pies, when the brothels in our cities contain so many young girls, children ranging from the ages, 8 to 16, undergoing agonies both physical and mental. So I need not point out to you, that India needs thousands and millions of devoted woman missionary workers to attend to her woes, but it pains me to note that this Presidency, which can boast of the greatest number of women's Colleges and largest number of Universities and of being the most advanced in education, possesses the fewest women honorary workers. I feel it is the system of women's education that is responsible for such a sorrowful state of affairs."

Especially should we, women of India, do our best for our own sisters, and, if we only look for them, many will be the opportunities we shall find for usefulness. As Mrs. Mirza said in the Mysore Ladies Conference: "The problem of improving the health generally of women and making them better fitted to bear the strain of modern conditions and the peculiar demands of our sex is one of the greatest importance at present. We should, therefore, leave no stone unturned to raise our living conditions and multiply the facilities and equipment for aiding suffering women. This is a subject which should receive equal attention from you with the development of the education of women."

Nursing, I think, is peculiarly suited to our women. In the first place, it is one of the vocations, for which all women are naturally suited.

"Nursing is perhaps the best means, by which one set of women, either in a philanthropic or in a more tangible manner, can by actually joining the ranks of the profession bring help and solace to the general populace." In the second place, it is specially suitable for our Indian ladies. As everyone knows, there are many of the latter, who prefer to be in the background and not push themselves forward, and who do not crave for opportunities for claiming equality with men. There are again many, who do not wish to attend schools and colleges, and who have nothing to do except domestic work, and of that sometimes very little. To all such, nursing will form a gentle outlet for stored-up energies, a veritable God-send for wasted leisure.

Thirdly, it seems to me that it is very necessary that our ladies should learn nursing. It is a recognised fact that many of them are slaves to silly superstitions and harmful customs, especially during the time of sickness. Charms, spells, potions and quack cures are often

resorted to, leading to waste of precious time, which in severe cases may well spell loss of life. If some of our ladies take to nursing, if, for instance, there is one trained nurse in each family, it goes without saying that the trend of public opinion in India can be quietly and really changed. Lastly, nursing is a very good way of influencing others. When we are convalescent, no one seems such a benefactor to us as our efficient and kindly nurses. Naturally, gratitude flows from us in waves towards those, who cared for us in our weakness and pain, and we crave opportunities for the expression of that gratitude. Well then, here is an opportunity for our Indian ladies, who are trying to do social reform work. If, as a nurse, an Indian woman can get grateful patients among non-educated or old-fashioned ladies, she can slowly but surely change their stagnant views. No doubt, she will not gain much notoriety or fame thereby for herself; but she will surely procure good results for her cause.

Why should not then more of our ladies take to nursing? We need not all become *nurses*, but we can all learn *nursing*. It is not possible for many of us to become full-time nurses, for most of us are married and have our homes and our children to look after. Even among such, however, as I said before, there is much leisure to be profitably employed. Then, there is that unfortunate section of our community, the widows, for whom nursing can be made a special vocation. And those, who feel that nursing is the real work for them, need not get married, but can devote their lives to service. After all, though it is admitted that marriage should be one of the aims of womanhood, it should also be recognised that to many women marriage to the right man only is welcome. Happy marriage or no marriage at all, is their ideal. Hence, there will be many who do not wish to be married. Among these will be found many educated girls, for it is becoming the common complaint now among old-fashioned people that educated girls are finding it very difficult to secure husbands. All that one can answer to this problem is, not that education among women should be stopped, but that all educated women need not marry. There are other fields of useful work for them than the domestic one.

Somehow or other, the nursing profession has, in India at least, been relegated to the humbler walks of life. The point is that there is not much opportunity for show in it, and it also means very hard and sometime menial work. Therefore, many of our educated ladies think it beneath their dignity to take up the profession. Yet it is time that we recognised that nursing is as much a field for education, as the teaching profession is for instance. Efficiency pays here the most, and where can we get better efficiency than from the educated woman?

"The need for intelligently educated nurses is great; there is a great future for them in India. In other countries great strides are being made in the nursing profession, which stands at a very high level amongst the professions suitable for women. There is something needed in this presidency for setting free the mental and spiritual energies of our nurses, to admit them into new and wider channels of usefulness for human beings and for the better care of the sick. The best and most highly educated women in India should take up this profession, thereby making sure that in obtaining the best material we shall be maintaining the dignity and honour of the profession. It is by upholding such precepts that the profession will attract the class of women we required and at the same time secure its due recognition by the public at large. This can be greatly assisted, if women who are in authority in the various provinces in India will take an interest in the work of their sisters and see that they are recognised and given the proper status which is their due."

As Col. Hingston said, there are three ways in which nurses can work. There are the Hospitals first to be attached to.

"No modern hospital can exist without a highly organised nursing staff. Nurses are necessary to supervise the nursing of every department of the hospital day and night, in the operating rooms, clinics and laboratories.

It is a well-recognised fact that if good medical and surgical work is to be done nurses are an essential adjunct to the medical staff. Therefore, we hope to see at no great future date in all our hospitals a staff of nurses sufficient in number to meet the necessary requirements of each hospital." And here is a useful suggestion for educating nurses:

"If educated Indian ladies are coming forward, would it not be as well to adopt in this country a system which is now being developed in England, America, France, and Italy, in which schools of nursing are run on the same basis as other professional schools, and recognised by the universities, which have created a special degree in nursing for graduates; these nurses to receive their training in hospitals. They should be supplementary to the Nursing staff of the hospital. This co-operation of the University, nursing school, and the hospital will naturally have a most profound influence on the educational status of nurses. Highly qualified Indian ladies will, without doubt, enter the schools for nursing. The whole status of the nursing profession will be at once raised to a very high level."

Then there is the Health Welfare work of the city to be seen to, and first among these comes Maternity and Child-welfare work. "If but one-tenth of the fervour hitherto manifested in securing the raising

of the age of marriage could now be diverted to ensuring the success of these ante-natal clinics, motherhood would indeed cease to be a period of suffering, a too frequent cause of premature death. It is not enough that we should work to secure that motherhood is postponed to a later age; we must continue our efforts until motherhood at any age is less dangerous, less painful, and more honoured than at present."

There is also Health-visiting to be done. Here is a schedule of work for the Health Visitor :

"At these Ante-Natal Centres, the most important thing is to have Health Visitors attached. We cannot work the Centres without them. I propose to address the Government to let us have at the Government Hospital for Women and Children some Health Visitors attached to the Ante-Natal Centre here. The duties of the Health Visitors should be clearly defined. She should visit the wards in the hospitals and get to know her patients and should take them to the doctors, if necessary, and visit the patients in their own homes afterwards. She should encourage the pregnant mothers to come to the Ante-Natal Centre at regular intervals, and she should take students along with her to the houses of patients and instruct them how to examine the cases and what advice to give as regards their pregnancy. She could also attend to children at their houses, or advise them to be sent either to the Infant Welfare Centre or to the hospital, if necessary. So that you will see that, through the Health Visitor, we shall have a connecting link between the patient in her house, the out-patient department, and the wards of the hospital : and if we have a number of these Health Visitors working on a systematised basis, I feel sure that we should have considerably improved the health of the mothers and children by early diagnosis, prophylactic advice, and care." Lastly, there is plenty of work for the private nurse, in the streets among the houses of friends, and in one's own family. And, even here, associations of workers can be formed for mutual benefit.

But, for everything, training is very necessary : and schemes must be thought out for the encouragement of educated women to be taught the nursing profession, whether they wish to join Hospitals or not. Col. Hingston says,

"Let us for a moment consider the personnel of the nursing profession in this Presidency. There are hundreds of nurses working, nurses from England, nuns from France, Belgium, Italy, American nurses in Mission Hospitals and elsewhere and we have had nurses from Australia and other parts of the Empire. We have a large number of Anglo-Indian nurses and a still larger body of Indian nurses. We are glad to say that in the last few years we have had a very important and useful body of educated Indian women coming forward to join in the art

of nursing. It is with this body of educated Indian ladies that the future of nursing in this Presidency depends.

The Government and members of the Legislative Council realise the importance of an organised body of nurses, but it is still necessary to educate the employers of labour, governors of schools and colleges, directors of large factories and shops, in the necessity for employing Health Visitors and specially-qualified nurses.

One of the most important problems for consideration is the system of training nurses in this Presidency. We have in Madras highly educated Matron Superintendents in charge of both Government and Missionary Hospitals, assisted by competent and highly trained Tutors and Sisters and we look to their educated minds to help to forward proposals. We hope that the medical profession will give every possible assistance, and the educated Indian ladies and gentlemen of Madras, and educationalists, will come forward to assist in supporting and developing the nursing profession of this Presidency."

"The evolution of the sick-nurse," says the *Encyclopaedia Britannica*, "is mainly due to three very diverse influences—religion, war and science—to name them in chronological order." It is interesting to note that so long ago as 380 A.D., we find the earliest nurse. She was Fabiola, a Roman lady of means, who founded a hospital and a home for convalescents. About the same time, the Empress Flacilla took much interest in the sick. We hear that after the 4th century A.D., there were six hundred women engaged in the hospitals at Alexandria, which were usually managed by religious bodies. After that organised nursing developed rapidly. But, in Protestant countries, a secular nursing system came into use after the Reformation, and nurses were taken in who engaged in inferior domestic occupations, when off duty. Thus, nursing for a while became a menial office, in which women worked without any special training. However, in the middle of the 19th century, a new movement was started which introduced the systematic training of nurses. The credit of it belonged to German religious bodies. The beginning was made at Kaiserslautern and was said to be "the mother of the modern system." In 1838, a nursing organization was founded in Philadelphia by the Society of Friends; and in 1840 the Institution of nursing sisters was started in London by Mrs. Fry.

The great work undertaken by Florence Nightingale during the Crimean war did much for the profession of nursing. The fact that she was the first to apply correctly the principles of Hygiene to the reform of hospital work, naturally raised the status of the nurse. Several nursing societies were formed, and in 1860 the modern hospital school was definitely started with the money subscribed by the British public

in commemoration of Miss Nightingale's grand services. Since then, England has taken the lead in nursing work, and other countries have followed. Finally, the development of systematic nursing has been steadily improved, and sometimes even nearly revolutionised, by the advance of science, by "scientific cleanliness" in fact. "The outcome has been to raise the dignity of the calling, to induce persons of superior class to adopt it in increasing numbers, to enlarge the demand for their services, and to multiply the means of educating them." There is indeed a great future in store for nurses and nursing.

"A DAUGHTER OF INDIA."

HEALTH VISITORS' LEAGUE SECTION

MARY WILSON SANATORIUM,
TILANUA, via KISHANGAR P.O.,
September 15th, 1930.

MY DEAR H. V. LEAGUERS,

Last month I told you I was going to talk to the Bible Readers Conference in Cawnpore. Well, I did, after a fashion.

There were forty-five women in attendance. They said, "Miss Sahib, please talk slowly so we can take notes and remember everything to tell our women in the zananas. They need such instruction very much." They showed great interest during the whole time, and were good about helping me with verb forms, which are the bane of my life!

I took a good sized trunk full of demonstration things—posters, charts, cord and cloth to show them how to sterilize at home, sheets, newspaper pads for the bed, baby clothes, mosquito net, big doll, Hygeia Nursing Bottle, etc.

We began with the very beginning of life in the uterus, talking about pre-natal influence—what the mother should eat and wear, exercise and food. After taking her through confinement we talked about food for babies and children, food properties, why we need a variety of foods just as a carpenter needs various materials for constructing a building, habit formation, etc.

I'm afraid I didn't give the women much time to talk. However, here are a few Indian ideas they gave me—perhaps you all know them. The idea that staggered me was that if a baby under one year of age be given water to drink its eyes will burst! If a pregnant woman sews the baby's ears will be torn (supposedly with the needle). If a woman wants ear-rings and doesn't get them the babe's ears will be lobeless, and in talking of older children and grown-ups—if an eye-tooth is pulled the eye will sink back into the head.

Here I intended to tell you first about the letters from Miss Singh, H. V. in Quetta, and from Miss Olliver, Titaghur, but instead have told you about my own work again!