

into Eastern countries. We wish that the article could have been even more complete. It would have been interesting and helpful to read our contributor's remarks on the hospitals in Australasia and also Great Britain. Possibly at some future date we may have the pleasure of reading something concerning these.

Miss Brown comments upon the style of uniform worn by nurses in our Indian hospitals. According to her report North India is ahead of South India in regard to having introduced a more suitable style of dress. It must be admitted that the sarree seems awkward, but it is the usual dress of the Indian woman and she is certainly not awkward in it, and the wearing of it does not retard her work. It would be interesting to have the opinion of Nursing Superintendents on this matter. We should be glad to publish such opinions in the Journal.

Will readers keep before them the request of the Acting President for an early submission of matters for discussion at the Annual Conference to the Secretary. Also the badge competition, for which it is believed no entries have been made up to the present.

### TRAINING SCHOOL FOR NURSES AS I SAW THEM IN A WORLD TOUR

BY ADELAIDE BROWN, M.D.

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THE first training school that I saw was in Tokyo at St. Luke's Hospital. This hospital is in temporary buildings with about 300 beds. It has been burned twice in five years, but is actively at work. The nurses wear uniforms, caps and aprons, similar to those worn in England and America and records, service rooms, drug trays etc., seemed most modern. They showed me a paper ice cap, which they suspend over the site where it is needed, thus relieving the patient of the weight. These caps are balloon shaped, the opening cut when inflated and put to use and tied with a heavy thread after filling. In the Maternity wards, each baby is handled and sleeps in its own crib in the nursery, which is furnished for bath, dressing table and scales. The babies dressed in colored kimonos looked like dolls. The Mission hospitals in Japan have the only training-schools of the type recognized in England or America.

My medical experience in China was limited to Peking. There trained nursing is developed, as in all else, in the highest terms at the Peking Union Medical School. Forty-five nurses are foreigners, English and American predominate. The training-school has about twenty-five Chinese pupil nurses. They are taught in English and have to be High School graduates, to have attained this use of English.

I saw bed-side teaching of a class of nurses by the gynaecologist. She discussed the nursing and symptoms to be observed and expected in post-operative care, at the patients' bedside. Several cases were demonstrated and quizzed on. This idea was a new one to me, but is of real value in teaching.

These pupil nurses wear a uniform, skirt and Chinese blouse opening on the shoulder and under the arm, and aprons and caps. Many of them have bobbed hair. The course is three years.

A Public Health nursing course of one year is offered in addition and is elective. The health centre where this course is centralized is in a district of 55,000 people, many families living in one room. The nurses study statistics, sanitation, communicable disease control, and do much bedside nursing in obstetrical cases, and clinic (out door) work. They wear a dark blue uniform of cotton skirt and Chinese blouse and carry the visiting nurse's bag in which is a white apron, for use at visits.

At Tientsin, the Isabella Fisher Hospital and its able Executive Miss Gregg entertained me. This is a small (25-bed hospital), with a *large* out-patient service. Miss Gregg has been there fifteen years and knows the past and present of her corner of Tientsin. The Training School is American in standards and far beyond the experimental stage.

In Manila, I saw two training-schools and here the standard type of uniform was in use. I met one of the heroines of the nursing profession there, in a Catholic sister who had been six years at the Leper Settlement, in charge of the hospital.

Entering India, at the South, in Madura I visited the Woman's Hospital of the American Board of Foreign Missions and was greatly interested in the new customs. The family accompanying the patient to the hospital seems full of difficulties to us, to whom it is a new idea. Visiting hours are taxing to patient and nurse, but the presence of a family group constantly must be complicating.

Madura is a very conservative city, more essentially Indian or Hindu than any city I saw afterwards. There the nurses and Indian women physicians, and compounders wore the Indian costume with the sari and long flowing skirt. It seemed best to the heads of the hospital to follow the conventional woman's dress. They are the best judges of this, but the flowing robes must be hard to work in and can it be safe and clean, in going from case to case. Madura is probably a difficult place to introduce ideas too much at variance with local customs. The Hospital was thoroughly modern, airy, with lovely porches, excellent equipment and a Johns Hopkins graduate as superintendent of nurses.

At Calcutta, at the Lady Dufferin Maternity Hospital, I was shown about by a nurse from the Calcutta General Hospital who was taking the maternity work. Certainly in a land, where the infant and maternal death rate are so high too much training in obstetrics cannot be given.

In the North of India various modifications to mark the different hospitals were shown in the nurses' uniform but in general, short sleeves, cap and apron were used.

At the Lady Hardinge Medical School and Hospital, it was my good fortune to discuss nursing problems with the superintendent of nurses. Many of the same conditions face your students and ours in America. Many other employments for women rival nursing. There is the social question involved in private nursing, caste and difference in religion affecting Indian trained nurses, while long hours, poor opportunity to sleep, and a desire to limit work to twelve hours and go home when the day's work is done have diminished the number of graduate nurses willing to nurse outside of hospitals with us.

In Beirut, Syria, I visited the American University and in connection with their medical school and hospital they have a training school for nurses which has some 26 girls in a three years' course. They have a charming nurses' home, looking out through French doors from their reception hall in a formal garden and the Hills of Lebanon, beyond and at the entrance you turn to look through the pines over the Mediterranean. Last year, the superintendent of nurses was sent back to America to look up all the points she could for her school, a sabbatical year for her, and a most stimulating one for the school on her return.

In Athens, I found two training schools, one in the Red Cross Hospital and one at the American Woman's Hospital. The latter has about thirteen girls, refugees from Smyrna, and teachers in English. Many of the girls come from highly educated people, and their note-books and charts were most creditable. This hospital, in a suburb of 60,000 refugees, crowded together, had all the problems of public health, prenatal care and baby clinics actively before the nurses. The nurses showed their own hardships and their sympathy for others in their faces. They wore the usual type of uniform and were taking a three-year course. The problem of compensation for a nurse is unsettled in Greece; but many of these graduates will be absorbed in community or public health nursing.

In my State, California, we have had standardized nursing for the last twelve years, we have 3,000 nurses in our training schools. The State Board of Health sets the standards of training schools and we license and register nurses for general work. A special examination and certificate is given to public health nurses.

In closing this brief review, I want to put my emphasis on this newer group of nurses. The Public Health nurse in America is a graduate, trained nurse, who has taken a course in public health nursing. In California, we have registered over 600 who have passed our State examination. These nurses do tuberculosis nursing, child and infant welfare work, prenatal instruction and school nursing. They enter homes as teachers, and tend steadily to see that sanitary laws are enforced, contagious diseases

isolated or quarantined, and the value of health guidance shown parents and children. They do bedside nursing in nursing-visits, but many times this is delegated to a special group, called *visiting nurses*.

In India, splendid work has been done in the education of women as the universities, colleges and secondary schools attest. Now the return of this great opportunity into service to the people is the call of the world to-day. What are you giving for what you receive? No country, so much as India and China, demands the work of trained women in medicine and nursing. The field is yours. Your education as nurses demands the same excellent standards that the scholastic branches have. The nurse learns in the laboratory *i.e.* the hospital, and is deserving of the best equipment and best teaching for her training, not to get hospital work done, but to *educate* nurses for the sick is the ideal of a training school. Your alumnae associations can help to keep this ideal clearly before the various schools of nursing.

## RECTAL ANAESTHESIA

BY MYRA L. SAWYER, R. N. *in the Quarterly Journal*  
*for Chinese Nurses.*

THIS method of anaesthesia is of particular value in those cases where the oral method is inconvenient, as operations on face, eye enucleation, mouth, neck, ear, and where one has not the apparatus for giving vapor direct into the respiratory tract. Also it may be used where the patient has a chronic respiratory trouble, as asthma, or in pulmonary tuberculosis if not too advanced. It should not be used on the aged or small children or for exceedingly weak patients where an oral anaesthesia would be a doubtful venture.

### PREPARATION OF PATIENT:

On the afternoon of the day before operation, two hours before the evening meal, give Castor Oil, two ounces. Two hours later the patient may have two bowls, sixteen ounces of strained cereal. If operation is likely to cause loss of blood or if patient is already anaemic, unless there are contraindicating conditions patient should have eight ounces of water to drink hourly from noon till 9 P.M. (half hourly if especially in need of fluids), and whenever awake during night till 3 A.M. Four hours from the time the Castor Oil was given administer a 2 qt. Soapsuds enema.

If the operation is set for 8-45 or 9 A.M., at 4 A.M. give another S. S. enema, repeat at five and at six give 1 qt. of Saline Solution. If the operation is set earlier start the enemata that much earlier, if later, *vice versa*. After the saline enema patient should rest quietly at least an hour before giving the first dose of anaesthetic,