

those who possess and play some instrument instead of or at the close of the above programme.

Lest this thesis defeat its own end by being too long, let us very briefly review in a summary for those who seldom read much.

SUMMARY.

Nursing is an occupation that demands much of both mind and body.

Fatigue is the result of poisoning by the waste products of cellular activity, and all of the body is affected: physiological or natural fatigue results from muscular and cerebral cellular activity; pathological fatigue is a symptom of bacterial poisoning.

Rest of body and mind is the antidote indicated for natural fatigue. The intaking of bland fluids at the proper times and in goodly quantities will assist in the excretion of these poisons. During fatigue fasting is better than eating, and purgation far preferable to a hearty meal; but moderation at the table is a safe middle course.

Increased oxygen intake by deep breathing is an effective restorer.

Music is a splendid refreshing agent.

THE HEALTH VISITOR AND HER WORK

BY EDRIS GRIFFIN.

(A.) How can a greater number of Indian women for training as Health Visitors be obtained?

The problem of obtaining the right kind of women to train as health visitors has been a source of worry to the heads of training schools for some time. Age is the first thing to consider; it is a mistake to have quite young girls as they are inexperienced in the bigger things of life and make no impression on the mothers they wish to teach. If they are elderly they are set in their own ideas and do not take kindly to modern methods and teaching. If training schools do not take young girls, the better educated ones are lost to us as they choose their careers on leaving school or college.

With a view to obtaining students addresses might be given to the girls in the upper classes of High Schools and Colleges, setting out the aims of the Child Welfare movement and the prospects of health visitors after training. A good deal could be explained to the girls about the need for health visitors and the difference it would make in national life if babies could be born healthy and brought up to be strong and capable citizens. They should be given the idea that healthy mothers produce healthy babes and the need for ante-natal care impressed on them. It is not sufficient to just save the lives of infants to allow them to grow up into sickly men and women; such are a burden on the community. The girls could

be told of the harm done by untrained midwives and dais and the urgent need for training these women. Infant mortality and its causes could be put before them. It might also be pointed out that many of these causes are preventible. In this way girls of good family and education would realise the need for the work and probably many would take up health visiting as a career.

2. Arrangements could be made for girls in the upper classes of schools to visit Infant Welfare Centres where such exist. Here they can see the poorer children and find out for themselves the need for better conditions. In the Centre they can be shown the actual work of a health visitor and demonstrations can be given on bathing babies, washing eyes and doing simple dressings. The girls might be told the newer methods of infant feeding; shown how to make bottles and keep them clean and instructed in the needs of the babies. They could attend sewing classes and get thoroughly interested in the work.

Thus they would get a practical idea of the value of preventive work and even if they did not actually become health visitors it could not fail to be of benefit to the girls. I know some heads of schools consider this a dangerous scheme, as they think the girls might come in contact with cases of infectious disease—but the danger is not so great as they imagine and if reasonable care is taken no harm will follow much gain.

3. Extensive advertising, especially in the vernacular press. Short articles dealing with health visitors' work and the necessity for such work would arouse interest and help to educate Public Opinion. It should be clearly stated in these articles what kind of women are needed and what qualifications they should possess, otherwise it will result in a great number of useless letters to the Secretary. The pay and prospects might be mentioned.

4. Leaflets on the same lines but fuller should be written and circulated to the heads of high schools and colleges, also to training colleges for teachers all over India. Such leaflets could also be sent to the matrons of hospitals. Many nurses after completing their training could be induced to take up health visitors' work.

5. Meetings of school teachers should be arranged and the aims and objects of health visitors' work explained to them. After some years of teaching many women are glad to change their occupation and an out-door life appeals to them after the in-door school life. Teachers generally commence work young and after a few years are more experienced and of a better age to take up the midwifery training which is essential preliminary to the health visitors' training. Such women have had experience in teaching and this is a useful asset in dealing with mothers who are but grown-up children. Ex-school teachers, we find from experience, make good health visitors, being older they make a better impression on mothers and grannies who often make the work of a young health visitor very difficult,

6. Lectures might be given by doctors to men, the fathers, particularly Hindus with a view to getting Hindu widows to take up this profession. These women would be most suitable and it would give them an object in life; also they would be popular with the people in general.

7. A few midwifery scholarships might be given to suitable women and the training taken in a hospital which has a fairly large outdoor practice. Some hospitals have nurses and dais who attend patients in their own homes. Such hospitals would be invaluable for teaching midwifery to prospective health visitors.

(B.) The present methods of training. Are they adequate? In what respects is improvement required?

At present the methods of training are many and varied, therefore the first great need is uniformity. The syllabus and period of training varies in different parts of India. In Delhi the time fixed is one year and that is not too long, if long enough. Indian girls at the end of the time are often found to have insufficient confidence in themselves to organise work in other places.

The next question is—Shall candidates be trained nurses or not?

In England the Ministry of Health have reorganised the examination for Public Health Workers. Memo. 101 M.C.W. says in Para. 2 and 3—“In place of the shortened courses specified in Articles 7 and 8 of the Regulations of 1919 it has been decided to approve for the payment of grant a whole-time course of training in Public Health work lasting for a minimum period of 6 months, and it will be observed from paragraphs 3 and 9 of the conditions of grant which are set out below, that grants will be payable *only* in respect of students admitted to these courses who are ‘*Trained Nurses*’ as defined in para. 1 of the conditions, and who have either obtained, or declared in writing their intention of obtaining, the certificate of the Central Midwives Board. It is recognised that 6 months is too short a period to enable a full training in health work to be given, but the course should suffice to enable a nurse to acquire a reasonable understanding of the theoretical and practical aspects of her future duties”.

Para. 3. “For students who are not ‘trained nurses’ the Minister will, for the time being, be prepared to approve for the payment of grant those courses of training of 2 years duration which have already been recognised by the Board of Education under Articles 5 and 6 of the Regulations of 1919, but as indicated in paras. 4 and 9 of the conditions of grant, grants will be payable *only* in respect of students who have obtained, or have declared in writing their intention to obtain, not less than 6 months training in a hospital, and also the certificate of the Central Midwives Board.”

The Authorities in England evidently consider that the best candidates are fully trained nurses and defines a trained nurse as—Para. 1, page 3 Memo. 101 M.C.W. “Trained Nurse” means a nurse who has completed

a three years course of training in a hospital which was during the period of her training, or has subsequently become, a training school approved by the General Nursing Council for England and Wales, or for Scotland, or the General Nursing Council for Northern Ireland, for the purpose of admission to the Register.—Under the provisions of Sec. (1 of the Nurses Registration Act, 1919.”

From this it would appear that a training as a nurse is a good foundation for a health visitor's work. During a nurse's training she is educated, among other things, in observation, a most necessary part of a health visitor's training. In her work she has to depend more on what she sees around her than on what the mothers tell her. Some girls will go into a house and see nothing, others will see from what is on the shelves and under the bed exactly what the grannies have been giving to the baby or mother. To quote Miss Viney in 'National Health' on the trained nurse as health visitor—"Great as is her value to the Department which employs her, the value of the nurse is yet greater to the public whom she serves. Adults come to her for advice on many subjects, mothers with their babies need her help and comfort; the school child demands her watchful attention familiar with disease she is quick to note the early signs of its appearance and to secure skilled care *in the preventible stages*. By her influence she inspires the parents to strive for health for their children and to co-operate with the doctor in the relief of early suffering, her training and experience enable her to teach with authority. As in her hospital days so in her life as a Public Health official, she comes in contact with all sorts and conditions of people and her training helps her in dealing with them."

Some people will say that a full training as a nurse is not necessary nor desirable, and that the health visitor should think and radiate health and know little or nothing of disease. This is partly true but the health visitor must be able to detect the earliest signs of deviation from the normal and this is only possible when the observation is trained and the worker has acquired the habit of seeing all there is to be seen and also when she knows by actual experience the signs and symptoms of disease. In India the three or four years of training are an additional advantage, as most hospitals take probationers young and by the time they have completed their training the girls are of a more suitable age to commence the midwifery and health training and they will have more influence with the mother with whom they have to deal later.

In Delhi the Syllabus of training corresponds very nearly to that laid down by the Ministry of Health in England. In the English syllabus a section is devoted to School Medical inspection work. It would be beneficial to Indian students to hear something about medical inspection of schools and if possible to be present at an inspection, preferably in a girls' school. Vaccination is included in the Delhi course and this

does seem of value. It does not appear to be included in the curriculum of other provinces; it is of great use to workers in country districts and should be more generally taught.

The Health Schools in other Provinces differ from Delhi in the length of the period of training, Lahore and Nagpur each being 6 months. This is too short unless the candidates are trained nurses of marked intelligence. The syllabus is very good in both these schools but the time is too short for its absorption.

Improvement is needed in the length of training; more definite nursing training; some experience of School inspection and the Health visitor's part in the after visiting of parents with a view to getting defects remedied. During the midwifery training it would be greatly beneficial if a certain number of the cases conducted could be done in the homes of the patients. We find that health visitor students who have done midwifery only in hospital wards are handicapped when they go into the actual homes of the people.

Students in training should pay visits to industrial concerns, such as mills, factories, iron and coal works where such exist, bakeries, dairies, and other places where men and women are employed. Building operations should be pointed out to them so that a general idea of the conditions under which the parents or fathers work may be obtained. The health visitor must be taught to realise how the work of the father affects the home. A man doing heavy laboring work comes home tired and hungry; he is not interested in the cleanliness of his home or the welfare of his children, all he needs is food and rest. Such men make the work of a health visitor difficult, but if she is taught to see things from his point of view she will be more tolerant when her advice is not followed at once. The student must see the actual conditions of work to realise the apathy met with in her visits. The moods of the men affect the women even if they do not work themselves. Women who work in mills, after a day in the close atmosphere of the mill will not listen to a visitor who does not look at life from their standpoint, however much she may smile. Outdoor workers are more inclined to take a cheerful view and will listen more readily. The health visitor should be taught to remember that work conditions affect the home and home conditions affect the children. Students should see as many kinds of work as is possible in the neighbourhood of their training school.

Post Graduate courses should be arranged from time to time and assistance be given by employers for workers to attend such courses. Health Visitors are apt to get into a groove and this leads to deterioration in their work. One such course was held in London last April for a week. Lectures were given by specialists and visits to interesting places were arranged. Some of the lectures were as follows:—Extension of the State Insurance to include the new Pension Act. This was given by a Secretary of The Hearts of Oak Society; 'Pemphigus and other skin troubles of the

new-born' by Dr. Eric Pritchard; Housing problems; Modern methods of breast feeding. Two short conferences formed part of the programme and visits were paid to The Carnegie Centre, a Mothercraft Centre, and Hospitals to see light treatment. Demonstrations were given on remedial exercises and other things. Altogether there were 17 lectures, 4 demonstrations and 3 visits, 2 conferences and a cinema film. Perhaps this sounds too elaborate for India at present but courses on somewhat similar lines would be beneficial to all workers. An optional examination might conclude the week.

C. Should there be more than one standard of training for health visitors?

There should be one standard only. There ought to be facilities for teaching a Vernacular class up to the English standard, if well educated girls were forthcoming. Lectures and practical work could be given in the vernacular but there is one great difficulty; no suitable text books are available in the subjects taught. Then again very few books are available on general subjects and vernacular students are not able to read widely and their outlook is narrow and restricted; even story books can be educative. Then health visitors should keep abreast of the times and read the newspapers, and though there are vernacular papers, one would not always be able to see that the students made a wise choice. Technical papers and magazines are also necessary so that the student may see what is going on, what new methods are discovered and what progress is being made in other parts of the world in their branch of work. To do this a knowledge of English is essential; so the ideal Indian worker, trained in her own language, is a dream of the future.

The one standard with A and B grades would seem the best method. 'A' grade being simply an honours pass and would naturally be obtained by the most clever students. There is no reason to think that 'B' grade students would not be just as good *Practical* workers as 'A' grade girls. The most brilliant students at passing examinations are not always the best at practical work. Where there is more than one standard of training the danger is that employers, for the sake of economy, take the cheaper workers—but, they expect the same skilled work from her that would be given by the higher paid and better trained women. This the worker fails to give and the employer is disappointed and blames the training school. If there is a lower grade of training the student should be placed in a post as assistant to a senior worker; she should not be sent to a city to organise work. At present such students are not fitted for these posts and only failure and disappointment can be the result. Until employers realise that the best is not too good for the work and is more economical in the end it is better to keep to one standard of training and that the highest attainable.