

CONTRIBUTED ARTICLE.

WORKING OF A STATE HOSPITAL.

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THE subject of the working of a State Hospital should be more interesting to-day, when Indian States have, within the last few years, Indianised their administration to a remarkable degree.

I was unable to procure any satisfactory data on the history of the Hospital and the Medical Department of the States, though such a history does exist, but has unfortunately been mislaid. I gathered that in the year 1886 the Gaekwar established the original hospital. It then consisted of one oblong building of very ornate architecture, comprising two wards of 12 beds each for male medical cases, the outdoor and administrative offices between, and two wards of 12 beds each for male surgical cases with an operation theatre attached. The medical staff were Indian. The nursing was done by compounders, and the patients were mostly left to the care of ward boys and servants.

The women were cared for in a smaller building called The Countess of Dufferin Hospital, endowed by a public spirited citizen of the State.

This consisted of 24 beds, with a small room attached for gynaecological examinations, etc. Another building in the grounds, of very artistic Indian architecture, but unsuitable as a hospital, was devoted to the nursing of military patients. This has always remained under the Military Department and is run as a separate unit to this day.

About May 1910 H. H. the Gaekwar engaged his first European Chief Medical Officer, a graduate of Guy's Hospital. This young man possessed much administrative and surgical ability and above all infinite tact, which probably accounts for the progress of the hospital under him in the eleven years he held the appointment.

He did not rest till in December 1910 he had obtained the appointment of a European Sister in charge of the Nursing Staff, with two sisters to help her. These were all recruited from St. George's Hospital, Bombay.

They found the nursing of the most primitive. Nursing duties in the male wards were carried out by compounders and ward boys, in the women's ward by dais and ayahs.

The dais were trained locally under the Victoria Memorial Scholarship scheme, and one or two were of very questionable moral character and addicted to drink.

It was the practice for patients to be left entirely alone between the hours of 12 noon to 5 p.m. There was no provision then for the care of maternity cases, these being cared for in a dispensary in the city, but when an abnormal case did occasionally come in for assistance the staff were summoned by a clanging bell, and turned out to a man, even the cooks appearing to light the charcoal stoves for purposes of hot water and sterilisation. The compounder in charge of the theatre laid out his instruments on wooden cases on the floor, and as they were required, swooped down, seized the necessary one, popped it in the steriliser for a few seconds. Surgical dressings were done by ward boys who carried one bowl of lotion from case to case.

I joined the staff five months later and found the principles of asepsis already enforced. The more intelligent of the ward boys undergoing training as nurses, and the compounders thus being gradually replaced. The dais were, in time, replaced by trained Indian Christian nurses, graduates of Mission Hospitals, and by one or two Anglo-Indian probationer nurses locally recruited. The junior medical staff were most inferior and inefficient. After two years I severed my connection with the hospital. On rejoining it eleven years later, I found the organization of the hospital and nursing staff had progressed on modern lines. A new male block had been opened. The building consisted of three blocks. In the central one administration offices, medical duty rooms, Lecture and store rooms, flanked on each side by a block of four wards, each block containing 60 beds, for the nursing of male patients.

All the buildings have marble floors and dadoe throughout, and modern European fittings, the sanitary arrangements being modified to Indian requirements. The blocks are connected with each other and with the theatres and out-door departments, the kitchens and store rooms having covered passages, restfully paved with red tiles. The aseptic and septic theatres, the eye, the X-ray, radiology and electric departments, the male and female "Out-door" are all equipped with the most modern appliances, and only last year a new department for electric massage was opened. Detached buildings have been erected for laboratory research, for paying patients and eye patients, and for isolation cases. The detached wards are under the general supervision of the sisters, while a sister is in charge of the operation theatre, and has general supervision of the male blocks, with the help of three Anglo-Indian staff nurses. The old male wards have been converted into general wards for women, accommodating about 70 beds, with a sister in charge of the surgical unit, and a sister in charge of the medical unit. This sister has also charge of the maternity wards, where the labour cases however are mostly supervised by Lady Medical Officer in charge of the Women's Medical, and Maternity Wards.

The maternity cases are now housed in the original women's wards. This has 16 beds, and for the last few months there has been an average of 28 cases a month, so that extra beds had to be put in. The arrangements in the maternity ward are modern, and up to the requirements of recognised standards. The pupil nurses attend only the department for the time being, and get good practical training and lectures. Other lectures in general nursing are given in conformity with the requirements of the Bombay Presidency Nursing Association to which this hospital is affiliated.

There is no children's ward yet, but it is hoped to open one in the near future, in the meanwhile six spare cribs in the maternity ward accommodate motherless babies. The mothers being mostly the victims of village barber dais, who have come into hospital too late, or in some cases unmarried mothers.

These children give the nurses very good experience in the care of bottle fed babies, though advantage is taken of any generous nursing mother to foster one or other of these waifs for the time being, and to this breast milk a great deal of the well being of these babies is due.

But the most striking change apparent has been in the nursing staff, and in the higher calibre of the medical staff—so evidently the State Medical Service is attracting medical students of a higher standard. To return to the nurses. There is to-day a large staff of Indian girls and women undergoing a very thorough training of three years in general nursing—with the addition of a further period for a training in midwifery. For the nursing of the male patients there is a staff of male nurses of a better educated class than the ward boys. The idea of male nurses for male patients in India seems on many grounds a sound one, yet male nurses are not entirely satisfactory. They have been found not so industrious as the women, are not so keen on study, are less sympathetic and less responsible. In this part of India women do not object to nurse men to the extent they would in provinces where the purdah system prevails, nor is there any strong feeling amongst the educated class against the nursing of men by women. Indeed some of the more progressive are anxious to enforce it, apparently as a tribute to the emancipation and progress of India's women, and also to the breaking down of conservative orthodoxy. Yet, the lack of equality between the sexes in matters of education and social usage, etc., makes it difficult for the ordinary Indian woman of limited education to emancipate herself and take her stand as a professional woman. In this hospital a small beginning has been made in the staffing of the eye wards with women nurses.

The four sisters on the staff and the four Anglo-Indian staff nurses (of whom one acts as Night Superintendent) have very comfortable quarters provided and there is one block for Indian nurses, occupied at one time by nurses from the Seva Sadan Society, Bombay. They were, on the whole, a very satisfactory batch of students, who graduated, and are now working in Bombay with their society. All the male nurses live out, and some of the senior women nurses. But the staff of women nurses engaged in recent years are accommodated in a hotel opposite the hospital, and are under the care of a Hindu widow lady, sister to the Dewan of the State. It is interesting to know that the funds for the maintenance of this hotel come from the annual marriage fines; an Act being in force in the State by which any person marrying a minor has to pay a fine of Rs. 25 to the State. The State derives an income of about Rs. 60,000 a year from this source, and devotes it to philanthropic and educational purposes. The Lady Superintendent of this hotel spends part of her time in travelling through the districts, lecturing for purposes of propaganda, and many an Indian widow has thus been recruited and given the opportunity of living a life of comparative independence and usefulness. The education of these hostel nurses in English and current social events is provided for in off duty hours by English classes, and lectures on various subjects outside nursing. They are also expected to take their share of domestic duties to a larger extent than is customary with Western nursing staff off duty, but as their social outlook is so much more limited, this is not the extreme hardship it may appear, and perhaps accounts for their discipline and manners being exemplary. These nurses are extremely keen on learning nursing, more perhaps on the theory than the practice, but any sign of interest is a healthy one. Of course we suffer

all the disadvantages of a naturally undisciplined class, who though emancipated from orthodoxy in many respects, still must conform to the religious facts and feasts, the marriage and death ceremonies and many other caste emergencies that *must* take precedence of any abstract principle of duty.

From 1910 to 1923 the hospital was under the administration of two European Principal Medical Officers (except for a short period during the War). They were allowed some latitude by the Council of the State, who settle all matters relating to hospital administration, and the progress was very satisfactory. From 1923 the charge of the Hospital Medical Department has been held by two Indian Medical Officers in succession, both able men. The uncertainty of the tenure of the appointment has been a handicap to any settled organised scheme of administration. Besides, during this period, there has been one disquieting feature from the point of view of efficient training and supervision of the nurses, and the proper nursing and care of hospital patients. Pressure has been brought to bear on the senior hospital authorities (which they are unable to resist as the form of Government in an Indian State is more or less autocracy) to deflect the sisters and Anglo-Indian staff nurses, as well as the senior trained Indian nurses, from their responsible hospital duties to private nursing. Sisters and staff nurses have been taken at the same time, and kept for protracted periods, at the palace, or in the houses of the highest officials. This state of things is likely to continue as long as the public and official bodies are so ill-educated in public spirit. The hospital was originally built by H. H. the Gaekwar for the benefit of the poor, but the term has become so elastic as to include even the well-to-do and highly paid officials. This class consider it their due as subjects of the State, to receive medical attendance, and nursing free. The maximum fee that is allowed to be charged for private nurses has been fixed by the Council of State at Re. 1 per day and Rs. 1-8-0 per night, and frequent applications for reduction are received. The status of nurses, and medical men in Indian States is not likely to improve till the public co-operate in raising the standard. No recognition is ever given by the public or official to trained nursing. No interest is shown in any department of hospital work. The interest shown by a visiting committee, the help of a service fund, a nurses fund, or entertainments to nurses are things unknown in an Indian State.

Those who work to raise the standard of nursing and nursing education have thus to contend with discouraging conditions. But signs are not wanting of an avenue of hope, which must come from within, *viz.*, the recruitment to nursing of a better educated class of women. Many of the nurses on the staff are of good family, though unfortunately of limited education. One young Brahmin widow, in her desire for a fuller freer life and of service, has undertaken the three years' training as an honorary worker. She hopes to take a post graduate course later in Europe. It is to women such as these, who go abroad and widen their interests and knowledge, who see and perhaps imbibe the spirit of nursing at its best, that we must look to to attract the higher educated Indian woman to nursing, and to educate the Indian public to the proper status of nurses.