

TROPICAL NURSING.

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*BRITISH civilisation is insular and local, and takes small account of how the world goes
on out of its own island. "How people may live and not die in India,"
by Florence Nightingale."*

This remark, taken from an epoch-making paper read by the Lady of the Lamp many years ago, is hardly applicable in this year of all years, and if proof were wanting, we may find it in the decision of the organisers of this Conference that its deliberations would be incomplete unless some effort was made to remind the members that all important as is the work of the nursing profession in the Home Territory and Great Dominions beyond the seas, you should not separate without considering the work and difficulties of less fortunate sisters who labour in the tropical and sub-tropical zones.

The tropics are really worth considering if it be remembered that nearly half of the earth's surface lies within the tropical zone. Such a vast area embraces many shades of climate, but the dominant characteristic of all is the regularity in the occurrence of the ordinary weather phenomena. They lack the proverbial changeableness which characterizes the weather of higher latitudes. In special regions only and at special seasons the regular sequence of weather is temporarily interrupted by an occasional cyclone. The devastation produced by one of these tropical storms often affects the economic life of the people in the district of its occurrence for years.

My remarks will apply mostly to work in India, where I have spent most of my life; and surely the Great Dependency is large enough to call for special consideration, as I may remind you that the Indian Empire is as large as Europe excluding Russia, and its peoples, numbering three hundred and sixteen millions, represent one-sixth of the population of the globe.

Many people think of India as a land of waving palm trees, fertile fields and blazing sunshine, where sunshades are always in demand and cotton or silk clothing are the only garments necessary. They forget that it is a vast continent rather than a country, and presents as great a variety of climates as it does of peoples.

In Madras it is true that the great difference between the seasons is that at Xmas it is hot and at midsummer it is hotter; but in the Punjab the winter climate is as good as that of the south of France, and usually better. At Lahore the sun is often hidden for days together, and for two or three months at least a fire is welcome all day long, and in the evenings a fur coat is a sheer necessity, and is worn even by the native—when he can afford it. Just now in the same place the night temperature may be 110°, and even the natives are glad to escape from it to the hill stations, where the summer climate, except in the rainy season, can only be described as delightful.

There are a number of bodies in India having for their object the provision and training of nurses and midwives. Foremost amongst them is the National Association for supplying medical aid by women in India, which was inaugurated by the Countess of Dufferin at the suggestion of Queen Victoria as far back as 1886. This Association, which is better known as the Countess of Dufferin's Fund, has for its objects the founding of women's hospitals, the opening of women's wards in existing hospitals, and the training of women doctors, nurses and midwives. It has an endowment fund of about £40,000, obtained by public subscription, and has formed branches in each province, which each have affiliated to them a number of local committees and zenana hospitals.

The fund receives a substantive subsidy from the Government of India, and this State help enables the Council to carry on a service of medical women who are lent to local committees to take charge of zenana hospitals in all parts of the country. These zenana hospitals form centres for the training of Indian women in nursing and midwifery, and the English nurses in them, together with those employed at mission hospitals, have done fine work in establishing a standard of nursing efficiency.

In 1907 an Association of Nursing Superintendents was formed to promote a Trained Nurses' Association which would include Indian women as they completed their training. The Association was duly formed, and the Association of Superintendents amalgamated with it. A Nursing Journal was founded and considerable progress made until the war temporarily suspended activities. The Association is now again in full swing and its Journal is an interesting publication. India cannot yet show a complete chain of efficiently nursed hospitals such as exist in this country and the Great Dominions. There has been much development of trained nurses in recent years. Activity has naturally centred in the great towns where not only are the patients in the chief hospitals well nursed, but large private staffs are maintained which are available for the general public on the payment of reasonable fees. The hospitals, of course, act as training centres and turn out a yearly supply of trained nurses to meet the needs of outside institutions and private agencies. Bombay was among the first of the great Indian cities to realise the importance of a regular system of training nurses and the initiative was taken at St. George's hospital, which is the local institution for the treatment of Europeans and Anglo-Indians. This was followed by a similar effort at the Jamsetjee Jejeebhoy Hospital, the teaching hospital for the Medical School of the Bombay University, and the movement spread to the other hospitals of the Presidency. Nursing Associations were formed, not only in connection with the four Bombay hospitals but at the Civil Hospitals at Poona, Karachi, and five other large towns in the province. Government aid was not lacking, but the Government laid down the principle that they would contribute to the Association an equal sum to that obtained from private sources. As the associations developed the Government required them to have definite constitutions, and to be registered under an Indian Act. They gradually built up substantial endowments, and by degrees the importance of their work became so well recognised that it was felt undesirable to have a number of detached and independent bodies

training and certifying nurses without any common standard of entrance examination or certification. It was therefore decided to establish the Bombay Presidency Nursing Association, formed from representatives of the various nursing bodies, under the chairmanship of the Surgeon-General with the Government, who is the recognised head of the Civil Medical Profession in the Presidency.

The Association is financed partly from endowments and partly from contributions from the Government of India, and it works on the principle of a central system of examination, certification, and registration. It controls the whole of the nursing profession in the Presidency, and is not only the sole examining body, but the only authority for the issue of certificates and for registration.

The local associations retain control of their own funds and of the nurses in their employ.

A Provident Fund for the whole Presidency has been formed and provision for pensions has been made.

A Nursing Reserve has been established for employment in the event of war, pestilence, or any great public calamity.

Bengal has no organisation exactly similar to the Bombay body, but there is a Calcutta Nursing Association and a Calcutta Nurses' Institution which was established to provide nurses. This institution has been in receipt of a grant from Government, which rose from Rs. 400 (£200) in 1859 to 1½ lakhs (£9,000) in 1921.

A Government committee has been considering the increasing cost of nursing arrangements in this great city, and ways and means of placing the nurses' institution on a sound footing.

Recently the State Medical Faculty of Bengal has established a complete system of examination, registration and certification of nurses and midwives.

At the new capital of India the Lady Hardinge Medical College, Hospital and Training School for nurses and compounders is intended to commemorate the visit of Queen Mary to India in 1911.

It was opened in 1917, and besides medical teaching, is designed to give a full training in all branches of nursing and midwifery. It is an Imperial, and not a provincial institution, and is at present suffering from lack of funds. The report at the last Founder's Day, March 17th, stated that owing to the deficit in the annual income "buildings are falling into a serious state of disrepair, several of the wards are closed down, and apparatus for starting the X-ray department has had to lie unused for eighteen months."

In Madras there are a number of hospitals where a complete training is given, but I am unable to get particulars of any organisation on the Bombay model. The Government Maternity Hospital at Madras is next to the Rotunda Hospital at Dublin, the largest maternity hospital in the world. It is one of the finest and best equipped hospitals I have visited anywhere, and medical students are sent to it from the northern provinces, as complete obstetrical training is not obtainable at the northern schools of medicine.

Two nursing services in India require special mention, *viz.*, the Lady Minto Nursing Service and the Lady Ampthill Nursing Services, now amalgamated with the South Indian Nursing Association. These institutions were designed to provide efficient nursing in Indian homes, and their work consisted at first in making suitable arrangements for the selection of trained nurses in England, and their transfer to India.

This was a very important duty, and thanks to the efforts of the ladies whose names are associated with the services, endowment funds have been established which enable the duty to be efficiently carried out. The scope of the Lady Minto Nursing Association included the supply of nurses and midwives, not only to private residences but to public and private hospitals throughout the Empire. This line of work has developed, and Minto nurses are now employed in a large number of institutions and the organisation of the Association covers the whole of India and Burma, with the exception of the Madras Presidency. During the war a number of ladies trained in India were taken on the staff and there are still a number of these ladies employed ; but about 75 per cent. consists of ladies recruited in this country.

Nursing in India as well as European (homes) is undertaken, and the nurses are very popular with their Indian patients.

The United Provinces of Agra and Oudh is next to the older established Presidencies of Bengal, Bombay and Madras in point of view of population, and second to none in importance, as it is one of the most populous and fertile of the Indian provinces. The provinces have a complete scheme for the examination and registration of nurses and midwives, which may be stated in some detail as typical of the general scheme in India for training nurses and midwives.

There are three different examinations for the following certificates :—

- A. Certificate in elementary nursing.
- B. Certificate in nursing.
- C. Certificate in midwifery.

A. Certificate in elementary nursing.

Candidates must, before admission to the examination, submit to the President of the State Board of Medical Examinations, through the head of their institution, evidence of—

- 1. At least two years' training at a recognised institution.
- 2. Having attended a course of instruction in anatomy, physiology, hygiene, and elementary nursing and bandaging.
- 3. Good character, conduct and health.
- 4. Satisfactory work and general capacity.
- 5. Good general education (corresponding to 4th standard).

The fees are Rs. 5 for entrance to examination, and Rs. 5 for certificate, which includes registration on a Provincial Register of Nurses of Elementary Grade.

The examinations are held twice yearly and consist of two groups :

- (1) The rudiments of anatomy, physiology and hygiene.
- (2) Elementary general nursing and bandaging.

The examination in group (1) is oral and in group (2) oral and practical. The examiners are appointed by the State Board of Medical Examinations, and one of them is the matron of one of the recognised training schools.

B. Certificate in nursing.

For this examination there are two examinations, *viz.*, the first and the final. Similar evidence as to character, conduct, work and health are required as for the elementary certificate, but a higher standard of education, *viz.*, the Cambridge Junior Local or the 7th standard, are required.

The first examination consists of—

- (1) Elementary anatomy, physiology and hygiene.
- (2) Elementary general nursing, and bandaging.

There are both written and oral tests.

Before entering for the first examination the nurse must have had one year's training and be at least 19 years old.

The final examination consists of—

- (1) Medical nursing (written, oral and practical tests) and
- (2) Surgical nursing (written, oral and practical tests).

Before entering for the final examination the nurse must have completed 2½ years' training in some places, and three years in others.

Midwives can proceed to the final examination in nursing one year after the first examination, so that a woman may obtain the nursing and midwifery certificates after three years' training.

The fee for admission to the final examination is Rs. 5 and another Rs. 10 are paid for the certificate and registration.

There are two forms for the certificate in nursing; one for those who have been trained in a general hospital for men, women and children, and a modified certificate for those who have only been trained in nursing of women and children. The examination is the same for both, but candidates for the certificate for nursing women and children are not required to answer questions which relate specially to the nursing of men.

Nurses who have only obtained the modified certificate must do six months' training in a recognised institution where men are treated, before they can obtain the full certificate.

C. Midwives' certificate.

Before admission to the examination for the diploma in midwifery a candidate must produce a certificate from the head of the institution in which she has been trained that she is fitted by education, character, conduct, and training to do the work of a midwife.

She must have completed a course of training in the following subjects:

- (1) Theoretical instruction in elementary midwifery and gynaecology.
- (2) Practical nursing of women and children (six months).
- (3) Obstetrical nursing (six months), including actual attendance on twenty labours and personal delivery of patients.

She must also have nursed twenty patients during the lying-in period. She must have recorded her own notes of the twenty cases of labour and the twenty lying-in cases—and these notes, verified by the head of her institution, must be handed in by her to the examiners at the practical examination.

The examination is written, oral and practical, and to pass she must obtain half the total marks in the whole examination.

The fee payable for the examination is Rs. 5 and another Rs. 5 for registration. It will be seen that there are two, or indeed, three grades of general nurses, but that the midwifery regulations compare favourably with our own.

No account of nursing in India would be complete without reference to the work of the St. John Ambulance Brigade which before the war undertook the training of voluntary hospital workers. These men and women rendered splendid service in the Indian hospitals during the war. The work still continues and is especially active in Calcutta, where the St. John's Ambulance sisters not only run one of the best baby clinics I have seen anywhere, but are also in charge of the O. P. Department of one of the hospitals which is a recognised training school for nurses.

Difficulty was experienced in obtaining a handbook adapted to tropical conditions and the writer was obliged to prepare one which has been the text book for more than a decade, and has been translated into all the Indian vernacular languages. He was very interested to learn from the Librarian of the College of Nursing that his book finds favour with trained nurses, as there appears to be no professional manual on tropical nursing.

(To be continued.)

SOME EXPERIENCES IN A CASTE-BOUND LAND.

By D. M. R.

In recent numbers of our Journal there have been several interesting articles on infant feeding. As there may be many others who are situated as I am, in a very conservative and caste-bound corner of this land, and who are trying their best to alleviate the sufferings of women and children, a recent experience of mine may be an encouragement to such. In a family we have known for many years the youngest child, a girl, was much petted and allowed her own way in everything. She elected to go to boarding school, so the family sent her, and she spent from her twelfth year till she was married, either at school or working under the mission ladies. From the time she was eighteen a suitable husband was being anxiously looked for. Many suitors came, but none were accepted, till finally an eligible teacher was considered, and when the girl was about 22 years old she was married. In due course the first baby was expected, and the young wife returned to her mother's house, according to custom. She was very anxious to come to our little hospital for the confinement, as she knew the comforts and attention given at such times, but her people would not hear of such a thing. She pleaded in vain. All her sisters were married, and all had carried out the time-honoured custom of coming home to the parents' house for the first child to be born there. She was the