her patients with such a feast of reason and a flow of soul! As Mr. Chesterton remarks—and with this I conclude. "To any one who appreciates her wonted and sumptuous conversation it is difficult not to feel that it would be almost better to be killed by Mrs. Gamp than to be saved by a better nurse."

NURSE DISTRICT VISITORS IN MADRAS CITY.

By P. L. Moore,
President, Corporation of Madras.

(Read at the All-India Sanitary Conference in Lucknow.)

In May 1913 owing to the prevalence of Malaria in an acute form in the northern portion of the city a grant of Rs. 1 lakh was made by the Madras Government to the Corporation to be spent in Malaria preventive measures. Among other measures it was decided to employ six nurses on house to house work on a maximum salary of Rs. 200. In May 1913 applications were called for but although the number of applications was very large I was only able to select three women, two lady doctors and one nurse, who appeared to me to be really suitable for the work. Later on I was able to make three more appointments and the staff of six nurses was completed on 1st July 1913. I mention this because I think it very important that the greatest care should be taken in the selection of nurses for this work.

The northern portions of the city were divided into six areas and a nurse was put in charge of each. Her instructions were to go round the district in the morning and evening, to make herself known to the people and advise them either to send fever cases to Hospital or to let her treat them. She was on no account to attempt to use compulsion of any kind and if the people did not wish to take her advice she was to leave them alone. With the exception of one lady doctor, who was already known in the District where she had to work, all the nurses had very much the same experience. The people were at first suspicious and averse to allowing themselves to be treated. After a very short time however they began to bring their children for treatment; later the women came to be treated themselves and finally the men either allowed themselves to be treated or consented to go to one of the Malaria Dispensaries.

From the beginning of their operations until the end of September the nurses and lady doctors treated 3,411 malarial cases and distributed 24 lbs. 2 oz. of quinine.*

Though these nurses were appointed primarily for Malaria work they are doing very useful work in other directions. They instruct mothers in home and personal hygiene and in the care and feeding of infants. One

* The statistical tables given in the paper are omitted for lack of space. Editor.
nurse who is working among fairly well-to-do people tells me that undoubtedly one of the main causes of the high infantile death rate is the ignorance of the mothers. There is nothing new in this but I mention it because I am convinced that no better agency could be employed for the removal of such ignorance than carefully selected district visiting nurses.

Again in removing ignorance as to the real causation of Malaria, invaluable work may be done. In the area just north of the city the popular belief was that Malaria was caused by the tanneries in the neighbourhood because of their offensive odour. In the northern part of the city, the area now being dealt with, the people believed that the Malaria was caused by the Sewage Farm because the Farm occasionally emits a smell. In both areas it was widely believed that quinine causes a diseased spleen. In such erroneous ideas again there is nothing new and again I only mention them because the nurses working in the North of Madras have been able very largely to dispel these ideas by getting right home to the people, instilling knowledge as to prevention of Malaria and giving practical demonstrations of the effects of quinine.

Another direction in which the nurses have done very useful work is that of cleanliness in and around the houses and in the streets. They are continually instructing the people in habits of cleanliness and their instruction has had an effect. They have also brought about an improvement in the work of the Municipal subordinates. When a woman of the right type makes up her mind to have a place cleaned up she generally gets her way and these women have had an electrifying effect on the subordinates in the Conservancy Department.

In another direction nurses doing house to house work may be of the very greatest service, I mean in the tracing out of diseases in the homes of the people. In the discovery of cases of Pithisis the Health Officer tells me that the work of these nurses may prove of considerable value.

When I read this paper through it strikes me as being mainly superfluous. It seems to amount to a statement that the nurses employed in Madras are doing just the work which one would expect nurses to do. But there is one point of vital importance on which our experience may be useful. From the experience of these nurses at the beginning I am convinced that if the right stamp of nurse were not available it would be infinitely wiser to employ none at all. Inexperience, want of tact, impatience at the start might easily have the effect of alienating the people and thus doing more harm than good. The women employed must be physically strong, not young, with considerable experience and of course with a really thorough knowledge of the vernacular. To employ younger or less efficient nurses on lower pay would in my opinion be a fatal error. I would prefer to employ women with medical qualifications if available and I would pay them well.