

country, but many of the discussions would have as keen an interest for nurses in Calcutta and the Punjab as for those in Dublin and Chicago. In both countries a great deal of attention was given to State Registration, though the matter discussed differed largely, as England is working for Registration, and America chiefly to improve and amend what it already has. A glance at some of the subjects presented at the Conferences will give an idea of the present scope of nurses' work in the West:—"Nursing Education" and "The Nurse as an Educator", "Status of the Nurse in the Working World", "The Nurse and the Public Health." In the Public Health Nursing Department were Sectional Meetings, taking up Rural Nursing, School and Infant Welfare Nursing, Tuberculosis Nursing, Hospital Social Service and Factory Welfare Work, etc. The Preliminary Training of Probationers was also taken up, and in this connection we would call the attention of our readers to an article on this subject by one of our own Superintendents, in the present number. "A Just Midwives Act for Ireland," and "The Legal Status of Midwives" were also ably discussed in the Dublin Conference.

THE EDUCATIVE VALUE OF MEDICAL WORK

AMONG THE

ILLITERATE PEOPLE OF INDIA.

BY F. V. THOMAS, M.B., Ch. B.

"THE common problem, yours, mine, everyone's, is not to fancy what were fair in life. Provided it could be,—but, finding first what may be, then find how to make it fair up to our means—a very different thing! No abstract intellectual plan of life quite irrespective of life's plainest laws, but one, a man, who is man and nothing more, may lead within a world which (by your leave) is Rome or London—not Fool's-paradise. Embellish Rome, idealise away, make Paradise of London if you can, you're welcome, nay, you are wise."

And so Browning might have said to us "make Paradise of India, if you can"—finding how to make it fair. Now, medical work brings us into more or less close contact with the every-day mind of the common folk of India, as regards their ideas of Health and Disease. We have often been amazed at the stupidity, the "topsy-turviness," and the superstitiousness of what they believe or think about the causes and the cure of illness. We must have noted scores of times how their ignorance, their obstinate conservatism, their readiness to believe the worst, and to prefer lies to truth, baffle all the efforts of a paternal Government to stamp out plague. The way they scrupulously avoid clean water, in fact, cleanliness of any kind—

when a boil or ulcer or wound has to be treated, plastering on the filthiest messes and rags they can think of—this must be an almost daily incident in our out-patient work. Their treatment of simple conjunctivitis in children, resulting so often in total loss of sight, and even of the eye, has moved our righteous indignation, and we have probably given the silly parents a piece of our mind on the subject. All of which goes to prove the need, and the wide scope there is, for some effort to educate these people in such matters; not in a theoretical, bookish, "preachy" fashion—the "abstract intellectual," but in a simple, practical way that will come home to them, and help them to think and act differently. It is a great opportunity that we medicals have; and however slow the process, handicapped as the people are by their fears and fancies, the work we do really does tell sooner or later. The best chance is given to us in the Hospital Ward, but not only there. Everywhere sympathy, patience, tact, and persistence win a hearing and confidence. Truth finds some entrance, and will not be denied.

1. *Cleanliness*, as the indispensable condition of Healing and of Health is one most obvious and all-important lesson to be insisted upon in season and out of season. Not ceremonial nor surgical cleanliness; the one is irrelevant, the other unattainable; but ordinary commonplace cleanliness of body, clothing, home, and habits. Half the skin-disease (*all* the scabies); all the Plague, and a great deal of Malaria, Dysentery, Cholera, and even Small-pox, would be cleared away as by the rising of a sun of righteousness with healing in his wings. You say, the thing is hopeless, impossible, and the most patient and enthusiastic of us have been baffled and disappointed over the tide of dirt that flows all around the lives of the people. We have washed and cleansed and dressed hundreds of "wounds, and bruises, and putrefying sores." We have healed and sent home happy scores of grateful patients. But probably we have not sharpened and driven home to them the main point after all. They have thought that all our manipulations and manœuvres were something so special to ourselves that it has never entered their mind that they might do much the same for themselves next time, instead of reverting to their old, dirty, silly ways of treating such things. We have failed in our great opportunity, with an open door before us into their understanding and confidence, not having enforced the gospel of cleanliness as being of effective application in their own hands, if they would only believe it, and act upon it. This ought we to have done, while not leaving all the rest undone, and one more ray of light would have penetrated the darkness of their minds.

2. The importance of *Early Treatment*, so that it be also skilled, to get the best results, is an almost equally obvious lesson. "Too late" is one of the saddest phrases in human speech, and how sad it may be is only too often illustrated in our work in India. Serious illness or accident is left—improperly treated—till past remedy. Slight and trivial causes, which ought not to lead to grave disorders, have been fruitful of disaster through sheer neglect and delay. The cruelty of it too spoils one's sleep of nights; little children suffering for months from stone, or a scalp full of maggots. The obviousness of all this evil result of delay makes one wonder why the people don't see for themselves that "a stitch in time" saves the whole situation. The most ingenious excuse preferred is that they try hakims and dais, etc., first as "lower courts" of treatment, and when these fail they appeal to the "High Court" of medicine represented by the Western Doctor. It is flattering, but, like all flattery, exceedingly foolish.

However, on this point, one has the satisfaction of knowing that by degrees, and not so very slowly, the people, when once they know and trust the doctor, do bring at least serious cases more promptly than at first. For instance, here in Palwal, after eight years of steady hospital work, it is now more the rule than the exception for cases of fracture or dislocation, of intestinal obstruction, of serious wounds, and of acute joint trouble, to be brought with the least possible delay. It is only for us to keep pegging away at the point and before long we may hope that *no* case, serious or slight, will be allowed to go unattended, or be subjected to the preliminary ordeal of a hakim's humbug, if at all within reach of proper treatment in Palwal.

3. The value of *Nursing*, as contrasted with drugging, must come to the front also, before any real progress can be made. By this one does not mean the impossible ideal of skilled western nursing, far out of reach of these poor folk; but the simple methods, adaptable to the intelligence and the home-conditions of the people, whereby much might be done to mitigate the sufferings of patients and to reduce the death-roll. The withholding of all food, and even of water (one of the most disastrous fallacies the hakims have instilled into the minds of the people); placing patients in the darkest corner available in the house or hut, shutting off every whiff of fresh air; the crowding in of neighbours, and any idle idiot who happens along; men or women sitting on the patient's bed, getting on and off; the constant worrying with questions and lamentations, and the relentless rousing up of a poor wretch who only wants to be left alone and allowed to sleep; the nauseous drugging by hakims or dais, the violent purging, the

blistering, and the bleeding, and goodness knows what they don't invent to kill the patient. When one recalls what one has actually seen and known of so-called treatment, the wonder is that any survive such handling. The whole thing is so senseless, and so cruel. But protest and instruction seem to produce very little effect *at the time*. Minds are too harassed and distracted by the fear of impending death. We need to wait for the quieter conditions of normal life, and then to utilise the text writ large in the recent experience of an afflicted household. They might not take it from a total stranger; but sympathy (even though it be shown by indignant protest) and a manifestly sincere outspokenness win acceptance for one's plea for common sense in treating (*i.e.*, nursing) the sick.

Other lines of work will readily suggest themselves to all who have to fight this battle. The care of infants, the management of the puerperium, the general questions of diet, clothing, disinfection, etc., give us plenty to do in the way of "Making Paradise of India."

CENTRAL PRELIMINARY TRAINING SCHOOLS.

IN the effort which is being made to raise the standard of Nursing, by the United Board of Examiners of Mission hospitals in the North of India I do not think the suggestion of a central preliminary training school has even been brought forward.

The establishment of preliminary training schools in many British and American Hospitals has been attended with so much success that I think the establishment of similar ones in India would be of incalculable benefit to the raising of the standard of nursing in India, and because very few hospitals are large enough or have a sufficient staff to have their own, I venture to suggest that a central school be established in Delhi or some other city where all girls, selected for training by the Nursing Superintendents of the various hospitals, could go for a preliminary course, paying a small fee, the length of the course to be two months, that time not to be included in the three years' training in hospital. I suggest the course consist of lectures on elementary hygiene, anatomy and physiology, house-work, sweeping, dusting, scrubbing, brass-cleaning, bed-making, etc., temperature taking and charting, padding of splints, bandaging and a course of invalid cookery, and at the end of the two months a written, oral and practical examination be held.

At present our Indian nurses are expected to learn all this during their three years in hospital in addition to nursing and midwifery. The subjects of hygiene, anatomy and physiology are quite foreign to the ordinary Indian girl and she finds them very difficult to learn, and