

PRIVATE NURSING AND NURSES IN INDIA.

BY

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BEFORE alluding to the subject which has been allotted to me for consideration at this Conference, I must confess to a feeling of inability to deal adequately with this important question of Private Nursing in India, and yet I cannot but be sensible of the honour conferred on me by the request.

My ideas are based, I would remind those who are present, on a slender experience of this vast country, with its teeming needs and myriads of interests, a country intricate by reason of its numerous Provincial variations and peculiarities, each of which in its own special direction yet breathes a spirit of progress and harmony adapted to its immediate environment.

With diffidence, then, because conscious that there must be many, who could speak with a knowledge and wisdom born of longer practical experience, I venture to offer the following remarks:—

It may be claimed beyond a doubt that Private Nursing in India is fraught with numerous difficulties, and many are the discomforts that surround and follow those who devote their lives to such a career. In the first place climatic conditions are often exceedingly trying; the great heat has a tendency to superinduce an apathy and want of energy, coupled generally with some loss of nerve force. As a result, a spirit of impatience often gains an ascendancy, and much self-control in meeting the everyday trivialities of life is constantly demanded. Moreover, having become more or less accustomed to the heat, its counterpart, the cold, is a real trial which a nurse may also at any time be called upon to face in the discharge of her duties. The Indian cold is of a peculiarly penetrating character, and few Indian houses are so constructed as to withstand an occasional chilly blast, cracks and crevices of the most generous type being the usual concomitant of most bungalows.

Again, a vastly fatiguing element in the life of a private nurse is the enforced amount of travelling, an average journey often occupying a couple of days, which has often to be accomplished amidst a discomfort inconceivable in any other country.

Heat, dust, overcrowded compartments, irregularity and insufficiency of food are all met with at times, plus the possible invasions of the indigen-

element, whose alien (to us) habits of life come rather close to one in a railway carriage ! (the traveller is never secure from this, irrespective of the class in which she may be installed.)

In the third place, the limited accommodation of most Indian bungalows often brings in its train further privation, and the nurse, wearied out perhaps with long watching and interrupted nights, may even be unable to secure for herself the convenience of a private room.

Another trial is the language, and it requires no small courage to endure with equanimity the sense of helplessness born of an ignorance in this respect.

The native servant too, generally speaking, represents a daily vexation ; his obtuseness, his indifference to the value of time, irresponsibility, and remarkable capacity for sleep, coupled with his inability to hurry on any occasion whatsoever (unless the shadow of a "sahib" is upon him !) or to look ahead, his many imperfections in the matter of cleanliness, are all features of Indian life that have to be reckoned with.

It must be remembered also that a nurse may be posted to an outlying station, miles from other dwellings, where she is thrown upon her own resources, and has often to act in an emergency solely as her own common-sense and practical knowledge shall direct.

Thus it will be seen that nurses in this country must be ready to face responsibilities, heavy and many, and for this and other reasons only those of mature judgment and sound and varied experience are in any sense fitted to cope with duties and conditions of so arduous a character.

The greatest care should therefore be exercised in the matter of selection, since the need of sending to India only those possessed of a solidly equipped mind in every way conscientious and trustworthy character.

It will be acknowledged that private nursing in this country is yet in its infancy, and this being so, only the very best nurses obtainable should be employed, for on them depends largely, not only the future standard, but the public opinion of the Nursing profession as a whole. It is not a matter of gaining pure and simple. Women of education with a breadth of view and sterling moral qualities who deem it a privilege and an honour to tend the sick, who can accept the difficulties of their position with its daily pinpricks, who can put aside the defensive attitude, and can show an unfeigned sympathy for those they are called upon to nurse, are the material required for such a high vocation.

Experience shows that up to the present (as far as I am capable of judging) there is abroad a marked preference for the English trained nurse, and this preference can only disappear in proportion as the standard of nursing is raised in Indian Hospitals, and in this direction a very definite movement, I am glad to say, has already been inaugurated.

The main difference between the English and Indian trained nurse does not rest so much upon the latter's individual capacity and efficiency as a nurse,

but rather, it is said, upon her systematic want of attention to detail, coupled with an inability to fully apprehend the value of discipline, and a powerlessness to grasp the idea that no work done for a patient can be otherwise than uplifting when performed from a philanthropic spirit, if no higher incentive can be called into play. The whole may be consecrated by the motive, and should spring from a compassionate charity for one's neighbour.

The essential weapons that every nurse should possess are tact and adaptability, and without these features a private nurse is more or less doomed to failure. Day by day she is coming in contact with people of varying intellect and interests, and these factors should prove a source of education, tending to breadth of mind and tolerance.

There is one distinct drawback to private nursing as a whole, and this is more particularly marked in India. Progressive experience is extremely limited, and the chances of keeping abreast with the advances made in surgery and in medicine, with their corresponding new treatments, are few and far between. Half the time of a private nurse is spent with convalescents, and the number of cases she may be called upon to tend in a year can rarely, if ever, exceed 12.

There is one regrettable feature to be noticed regarding some nurses after their arrival in this country. At home they have proved themselves beyond doubt satisfactory from every point of view, and have appeared to show a well-appreciation of judicious discipline. But, alas! there is something in the Indian climate that tends to dispel all sense of proportion; a mode of life in accordance with rules becomes distasteful; a wish only to undertake desirable cases is evinced; supervision of a most limited kind is deemed objectionable and, with the enforcement of obedience, comes the determination to throw off the yoke, and to break the agreement made in England, honour and high principles counting for naught in the desire to secure freedom from *all* constraint irrespective of promises.

The spirit of unrest is by no means confined to the native. Two main reasons, I venture to think, are responsible for this very unfortunate attitude: the wish to travel and see something of the big world beyond the limited shores of England, and the hope that a life partner may perchance spring into existence over here to brighten the often dull outlook of the female horizon. The love of enterprise is inherent in most human beings, and this may be also amongst the initial causes for leaving the home land, and, up to a certain point, this is laudable, as well as the wish to be "settled in life," which carries with it a certain status denied to the "bachelor" lady. But when the desire becomes the ruling principle of existence, it certainly militates against a conscientious and conscientious performance of duty.

To sum up, the conditions to be faced in India include:—

Discomfort of climatic conditions.

Fatigue resulting from long railway journeys.

Lack of normal energy.
Limited accommodation in Indian houses.
Language difficulties.
Trials of native servants.
Responsibility of nursing serious cases in isolated districts.

And to meet these a nurse must possess :—

Thorough training,
Endurance,
Zeal and energy,
Adaptability,
Patience,
Experience and, above all, tact,

for her equipment if it is her ambition to be a successful nurse in this country.

She must also possess the courage to face the world in all its grimness. and, in order to achieve progress in her self-chosen career, she must accept it as it is, and not beat her wings in the void, for she *can* if she will make its alienness at least a little more friendly and transform its harshness in some degree by her charity and sympathy.
