

THREE YEARS' TRAINING.

BY

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[Read at the Agra Conference.]

I EXCEEDINGLY regret that the distance at which the Conference is being held combines with work in preventing my coming to take part in and supporting the proceedings of the Meeting of this Association and to read the paper on the "Three Years' Training" which you have done me the honour of asking me to contribute.

I am afraid there will be nothing new to you in my remarks, and I must specially ask your kind indulgence for the crude and hasty manner in which they have been merely strung together. My only excuse for this apology is that I have had no time to give to the matter, and I feel it would have been better had I listened to the first promptings of nature, and declined the honour you have done me. But the Association is new, its members are scattered over one of the largest countries in the world, and we are all very busy people, some more some less, and I hoped for your indulgence in that by contributing a few thoughts on a subject very near my heart our Secretary and Committee would be saved further trouble in the matter. My views with regard to this most important subject are most decided and unalterable, however poorly I am obliged to state them to you to-day.

When I say three years' training, I, of course, mean a three years' consecutive course in one hospital. Is it essential in India? When we consider that in England, with the large majority of highly educated women who have entered the nursing profession, and the less cultured who have nevertheless received the teaching of at the very least our Board or Church schools, it is yet the universal opinion that nothing *less* than a three years' course is sufficient to turn out a "trained nurse" and that after that she must take Midwifery, Massage, Eyes or any other special branch that she prefers or that will the better fit her for the life she means to adopt; and that in Egypt where the conditions more nearly resemble those of India, the native nurses are trained *only* in the Midwifery and Gynæcological wards for *three* years, under English sisters, it is yet the common experience to find that such nurses, free from English supervision, diploma in hand, with permission to use instruments and give chloroform (for they go out into the districts where there is no medical help), quickly, almost immediately, forego the lessons and habits of surgical cleanliness which have been so laboriously instilled into them by their teachers, as well as the ordinary cleanliness of civilised people, I think you will agree with me that it is one of the most important things on which we must insist, that our

nurses in India, whether native or Eurasian, should have certainly no *less* than three years' preparation in a hospital for whatever branch of the profession they ultimately pursue.

In this country the pupils are drawn from Eurasian and native communities with a sprinkling of Anglo-Indians born and bred here; only a very few girls brought up and educated in England find their way into our schools. So that a large proportion being native girls, before they can begin to absorb any teaching as to their Nursing duties, have to learn British methods, habits and ways, strict obedience to orders, method in their work, at least some degree of accuracy, truthfulness, etc., all of which are essentially foreign to their nature and bringing up in a greater or less degree.

The almost impossibility of teaching them a professional *respect* for anything is one of my greatest difficulties. They have had sick children, sick husband, parent or friend, and have done the home nursing; how many bottlesful of medicine have they poured out, and why should they be forbidden to give any medicine in hospital under at *least* six months, unless under strict supervision? Surely any baby can pour out a dose of medicine! What matter that dressings have been sterilised—it is so much easier to hand them out instead of using those awkward forceps, and besides, doctor sahib or someone in authority is waiting, and they will be angry if kept!

Normal Saline for subcutaneous injections is always wanted in a hurry when the patient is collapsed, so the tubes and needles are put into the steriliser, but who will see if the water is not boiling?

It seems to be outside their nature to comprehend in the least degree that we would a thousand times rather be kept waiting (no one can do the impossible and boil tubes, etc., for 20 minutes, in 5) than inject the dread tetanus germs into the very patient we are so anxious to succour. All these appliances are so totally foreign to native girls, whose worldly goods consist of a few cooking pots; how is it possible they should learn to prepare them scientifically in a few months? Nursing nowadays does not consist in pouring in wine and oil by the wayside.

Is three years too long to alter the habits of childhood and early womanhood, and generations behind them, and graft new teaching on absolutely strange subjects, as are medicine, surgery and midwifery as practised in our hospitals, not to speak of training their moral nature in truthfulness, unselfishness and sympathy? With some, the great idea is to complete their training and gain a certificate that they may go out and begin to make the fortune that awaits them, for native nurses charge from Rs. 7 per day and Rs. 10 per night. How many candidates have written saying that as they wish to gain their certificate in much less time they are going elsewhere. "Elsewhere" is very welcome to them, for a woman who refuses to give three years to learning her profession, the most lucrative for women in the Bombay Presidency, is not the type I want at all.

Largely on account of the extortionate charges made by private nurses I have started a Private Nursing Institute, and send Indian nurses trained in these hospitals (Cama and Allbless) to Indian families at a reasonable scale of fees, by the visit, day or night, or for taking a normal midwifery case. This is much appreciated and has flourished since it began on June 1st.

Again, under three years how is it possible to give the necessary lectures, on, at the very least such subjects as Elementary Anatomy and Physiology, Nursing, Medical and Surgical and Midwifery, to women who are not accustomed to the rapid taking down of instruction, specially on subjects whose terms are as unfamiliar to them as would be to us the technical phrases and names of instruments and apparatus of advanced Engineering, or some such science of which we have no knowledge whatsoever?

Once more, we have to bear in mind that Scientific Nursing is in its infancy in India as a profession for women, and one of the main points is the putting of things on a proper basis from the very commencement, and profit by the lessons already taught by experience in our own land whose nursing profession is recognised the world over as the most advanced and perfect, although it still has many lessons to learn and wrongs to right.

I believe the Nursing Superintendents of India have the making of the Indian profession in their own hands, as, in so far as they are true to the highest standard of nursing principles and the best professional methods, just so rapid will be the advance of the profession in the next few decades, and public recognition of its proper status as a profession which has to be reckoned with, and given its rights as a calling whose members have served a full apprenticeship, and are duly qualified to practise. There is one thing which has greatly surprised me, and which I am sure each one who has the training of nurses entrusted to her can help to alter. It is that our nurses are so completely satisfied with their one and only certificate of three years' training! In my hospitals that includes Midwifery, and a most thorough training and splendid experience it is with an average of about 60 cases a month, last month we had 80, many normal, but with every kind of abnormality known, but in many hospitals that is not included, and the pupils are mostly satisfied to go without, rather than go to another hospital for a few months and gain the additional diploma.

As for gaining extra experience in the treatment of Eyes or Surgery, if their hospital has not done much in that line, or massage which would be so immensely useful to them they never dream of and put it from them as something utterly out of the question.

Doubtless with all branches except Midwifery there are difficulties to be overcome; we have not got special hospitals for Ears and Throat, or Eyes, etc., and in districts where there may be a specially large number of cases of any given disease the hospitals train their own Nurses and those diseases are included in their term of training.

But is it not always the case that if there is a real need, ways will be found to meet it, and just as I sometimes take nurses for six months' Midwifery course and examination, who are duly certified (three years) from a recognised hospital, because the need *has* arisen so would facilities be afforded in other branches of the work *if* our nurses wanted them.

Can we not instil into our pupils that having gained their general certificate they have built themselves a complete, substantial house, but plain, unadorned and but barely furnished? Experience will bring many decorations, but in order to make it a structure of beauty and of the highest order a dome here, or a turret there, is wanted which they can add by a few months' extra study and practice, and not only will it benefit themselves professionally and their own characters by not being satisfied with anything but the most and the best to be obtained, but it will influence the whole rank and file, and set them the example so that presently the study of any subjects that have been all lacking in their own school will be as much the order of the day as the three years' general training is now.

(To be concluded.)

PROPOSED MEMORIAL TO THE LATE MISS THORPE.

The following subscriptions have been received towards a memorial fund for the late Miss Thorpe :—

Miss Hewson	...	...	...	...	Rs.	5
Miss Ghose	...	...	...	...	„	20
Miss Tippetts	...	...	...	...	„	5
Mrs. Klosz	...	...	...	...	„	5

Further particulars will be announced next month.

A HAPPY man or woman is a better thing to find than a five-pound note. He or she is a radiating focus of goodwill; and their entrance into a room is as though another candle had been lighted. We need not care whether they could prove the forty-seventh proposition; they do a better thing than that, they practically demonstrate the great Theorem of the Livableness of Life.—R. L. S.