SCRIPT OF TAPE-RECORDING

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I have recently returned from a trip which has taken me around the world and up and down on the map, from Jesselton in North Borneo, just about 6° north of the Equator, to the Aleutians, about 12° south of the Arctic Circle. It is true that the latter stop was just to refuel the aircraft on a cold, blustery night, and not to see what kind of nursing is provided for those interesting people, the Aleuts.

My starting point was Geneva, the headquarters of the World Health Organization, and my first visit was to Delhi, the South-East Asian headquarters for WHO. Delhi, as you know, is the capital of the great sub-continent of India which has nearly 400,000,000 people, a country rich in human interest, with high mountains and great flat dry plains. India has a plan for the development of improved health services for her people. Now there are more doctors than nurses. There are two schools of nursing which grant a degree and thus attract the young women, and there are increasing numbers of them who are seeking to enter a university. There are 10 nurses employed by the World Health Organization helping the nurses of India in their great task of preparing others who can serve their country in public-health services, in clinics, and in hospitals.

Then I went to Dacca, at the head of the Bay of Bengal. Dacca, not to be confused with Dakar in Africa, is the capital of East Pakistan. East Pakistan has 43,000,000 people and there are less than 300 nurses. That is, not one nurse for every 14,000,000 people. Just in comparison, in the United States, there is one for less than 500. In East Pakistan most of the women are in purdah, which means they do not go outside their homes unless they are covered from head to foot with a burkah or long veil. The burkah may be black or white. You can imagine how difficult it is to persuade parents to allow their daughters to become nurses when they will have to leave the home, live in a residence with

necessarily less supervision than can be given at home, and work side by side with male medical students and doctors. WHO nurses are in Dacca helping the Pakistan leaders develop the kind of school which will be acceptable to parents of young Pakistani women who really want to play their part in the development of their newly independent country.

Rangoon, the capital of Burma, once known as the most beautiful city of the East, is now recovering fromwar ravages and is fast regaining its former status. It was a thrill to see the graduates of the first public-health nursing class at work and to see the enthusiasm on the faces of the 10 students, including one male, just starting on their course. All of these public-health nursing students were graduate nurses and also graduate midwives. Yes, even the man had his certificate in midwifery. A WHO nurse is helping the Burmese nurse in charge of this programme. In a neat little village just outside the city I saw the health centre where these students would have their field experience also assisted by WHO nurses. Public-health nurses in Rangoon wear a uniform but not like the uniform of the western nurse. The native Burmese dress is a blouse with a long wrap-around skirt, called a loungi. The Burmese nurse is in "uniform" when her loungi is of the colour selected by her hospital or her public-health service.

Then to Bangkok, the Venice of the East. It happened to be a holiday and everybody and everything was gay and colourful. I went with six of the WHO nurses stationed in Thailand, and along with some of their Thai counterparts, on a boat trip up the klongs or canals which traverse the city. We saw the floating food market - individual merchants with their boats full of all kinds of vegetables and fruits. And of course, rice, because Thailand is one of the few rice-surplus countries of the world. Even though it was a holiday I had time to learn from the WHO nurses how they are working with their Thai colleagues, preparing more midwives and public-health nurses, teaching teams how to

give BCG vaccine and other teams how to control yaws which affects 13 per cent of their people.

How many of you have ever been to Cambodia, the smallest and most southerly of the three countries of Indo-China? Many tourists go to see the ancient ruins of Ankor-Vat, but few go to its delightful capital, Pnom-Penh. Will you stop a little longer in Cambodia with me while I tell you about their exciting nursing project? Cambodia has about 4,000,000 people and it has never had a real school of nursing. The government wanted one and asked WHO to help. Two years ago, two international nursing teachers went to Pnom-Penh. They found a great need for nurses. They found also young men and women willing to be nurses but handicapped in their basic education. And there was no one to really teach them how to nurse. True, they could, and did, attend lectures given by busy French doctors, but there was no one to help them apply this knowledge in the giving of nursing care. So, with the assistance of two young Cambodians, a man and a woman, the WHO nurses began making plans for a nursing school. This meant helping to improve the present nursing services which we call the clinical field, so that students could have a better opportunity to carry out the principles they would be taught. It meant planning a teaching programme, that is a complete curriculum, so that a nurse would be prepared who would be able to meet the needs of Cambodia and not necessarily those of another country. It meant also drawing up plans for a school building which right now is under construction and very soon will be open to the first students of the first school of nursing in that country. And now the young Cambodian man and woman who have been working on this project from the start, are taking a correspondence course from Paris in order to fill in some of the gaps in their education. They have realized that a nurse is not someone who blindly carries out orders. He, or she, must know, and understand, the why, and the how.

Where could one spend a more delightful weekend than in Hong Kong with its beautiful city of Victoria, its famous harbour and the lovely

things to buy. Since 1945 Victoria has grown from a city of half a million to nearly two and a half million people. One of its great health problems is a high infant mortality, and very shortly two WHO nurses will be assisting in a demonstration health centre and helping to give public-health training to the student doctors and nurses of Hong Kong so that they will be better able to control this problem.

I was fortunate in having the Christmas season in the Philippines. Manila, the capital, is the headquarters for the Western Pacific Region of the World Health Organization. We left the city for a few days and drove north into the mountains of Luzon to see the famous rice terraces, some of which were being built over 2,000 years ago. Seeing this rugged mountain country with its stocky people who plant, tend, and harvest the rice, and with great toil and effort maintain the stone walls of the terraces, gave me a realization of the problems of providing health services to such an area. There are fewhospitals. Most babies are born at home, in houses with thatched roof and walls. In the Philippines there are barely enough midwives to staff the hospitals, and training in domiciliary midwifery has had little part in the programme. They have asked WHO to send a nurse-midwife who can teach this aspect and who can help prepare Filippino nurse-midwives as teachers. Gradually, services will be established for the mothers, even in the beautiful and remote mountain areas.

To fly south from Manila to North Borneo is a delightful experience. Down below one sees the beautiful blue-green Atolls. An Atoll is, as you know, a ring-shaped coral island surrounding a lagoon and, in my ignorance, I thought the colour would be like red coral. It is really much more beautiful. The island of North Borneo was ravaged by war and all services had to be gradually re-established. The first school of nursing started in January and I wish you could have seen with me the eager faces of the 10 men and women students when they proudly told us their names and racial origin, which incidentally included

Malayan, Chinese, Ceylonese, Duson and Murut. The latter are two native North Borneo tribes. A WHO nurse is teaching them - and the language used - English.

From North Borneo and its lovely tropical climate to Taiwan or Formosa, where the weather was cold and damp. But it was only the weather that was cold. The warmth of hospitality was overwhelming and the eagerness to show the many interesting developments in nursing and to discuss the plans for the future left me breathless. There are 11,000,000 people on this island and so few nurses. Here also, WHO is assisting the Taiwanese nurses with their teaching programmes.

And how many of you have experienced the delightful hospitality of the Japanese in their own beautiful country? You take your shoes off when you enter a Japanese home or restaurant. You sit on a mat and you eat with chopsticks their famous dishes of sukaiki and tampuri. Japanese nurses are enthusiastic and progressive - the difficulty is there are just not enough hands to go round. Their great shortage is for nurses trained as teachers. They are making plans to establish courses and some lucky international nurse will have the opportunity of planning and working with them to meet this need. They have asked WHO to find this international nurse for them.

After nearly three months packed full of interest and learning, I crossed the broad expanse of Canada, my home country. There I visited a few hospitals and gradually realized what was missing in contrast to those many hospitals I had recently observed. Two things in particular. The children's wards seemed to be for children only. There are notices telling when the parents might visit - usually for an hour or so on each of two days a week. In my mind I saw those other hospitals, sadly lacking in equipment and staff it is true, but the mother was there with the child providing that close link which we in the West are beginning to realize is such an important factor inrecovery and which I suspect the people of the East have always instinctively known. And maternity wards

in my country seemed to be for mothers only. The babies were to be found, except at feeding time, in a separate nursery. And in my mind's eye again I saw the wards with mothers, and the little cots beside or at the foot of the beds. So much more natural and satisfying for both mother and baby. Then I realized more than ever how much the countries of the East have to offer the West, if only the West will learn.