

International Association for the Prevention of Blindness cannot do much to help us till we in India start to help ourselves. Finance is the first and most important thing to be considered, and it is unfortunate that the present time should be unfavourable for any new financial project, but I feel certain that the necessary money would be forthcoming if national interest could be stimulated. It is regrettable, but nevertheless true, that up to now the support of propaganda has been unenthusiastic. Today the blind are innumerable all over India, they beg for alms at every street corner. How much of this is preventable, how much curable? We have not as yet statistics in which to have an answer, but the comparative figures for Great Britain and India assure us that the prevention of blindness is one of India's biggest public health problems.

THE WORLD MOVEMENT TOWARDS MORAL EQUALITY¹—(Concluded)

BY MISS MELISCENT SHEPHARD

In the centenary year of Mrs. Josephine Butler's work, 1928, a worker, representing the Association for Moral and Social Hygiene, was invited to Calcutta by the Calcutta Vigilance Association in order 'to investigate the segregated vice areas with a view to their abolition and to conduct an educational campaign on the whole subject.' By 'education' is not meant biological education only, but moral training, which shall ensure, not only physical, but mental discipline, in the choice of books, recreations, conversations, jokes and general behaviour. The first money towards the expense of this project was provided by Mrs. Human, of the Society of Friends, who had herself helped to secure the abolition of the segregated areas in Colombo and Ceylon.

The first eighteen months of the investigator's time have been spent in gathering information in India on legal, medical, social and administrative matters, and in seeing the actual conditions of brothel areas in larger towns. Visits to Bombay, Madras, Bangalore, Calcutta, Ceylon, Lahore, Karachi, and visits from workers from Burma have convinced this worker that there is still much need for effective propaganda against the various systems obtaining in India.

Prostitution under religious customs; whole castes involved in the trade; great districts where the proportion of female to male births is very disproportionate, and where the wives are bought by barter

¹ Paper read at T.N.A.I. Conference, 1931.

from other districts; melas and fairs where the chief attraction is the red light tent; segregated areas in most of the large cities from which, under the present industrial conditions in India, the men go back to their homes in the mofussil and carry infection with them; gross ignorance of maternity and child welfare, a medical curriculum which, in certain places, does not insist upon the inclusion of training in the treatment of venereal diseases; the curse of child-widowhood, and the outcasting of those who are ceremonially impure; together with such customs as Jalpani, the practice of Vaishnavism (especially in Bengal)—all these challenge the thoughtful woman. It is by the promotion of ante-natal and post-natal child welfare centres, by the adequate training of medical students, nurses and dhais, by the circulation of literature, films, and provision of travelling lecturers, that a better standard of relationships between the sexes should slowly grow up in India. With regard to literature, Dr. Choné B. Oliver, National Christian Council, Nelson Square, Nagpur, and Miss Pilledge, Shanti Sadan, Wesleyan Mission, Bangalore, have each been instrumental in providing translations of simple pamphlets as well as larger books. I would also be glad to suggest literature if desired.

From the *legal* point of view, Bombay, Colombo, Rangoon, and certain Native States have passed laws which aim at the abolition of segregated areas, and penalising of brothel keepers, and those who live on the immoral earnings of women. The initiative of the Bombay Vigilance Association, has promoted an *All India Vigilance Group* which aims at tightening up the laws where they are effective in India, and hopes to promote an *All India Bill* which shall close the gaps at present existing in the various Penal and Provincial Codes, through which the traffickers are able to continue their work.

It was inevitable that India, with her awakening womanhood, with her deep cultural heritage, and awareness of spiritual issues, should be swept into this World Movement for Moral Equality and social wholesomeness. It is good that so many women are already giving their thought and service to this greatest of all causes. It is fitting that, at the All-India and Pan-Asian Women's Conferences, the questions of moral welfare should find their place alongside problems of physical and mental welfare. Nurses, whether in hospital or in private practice, are in close association with family life and human problems. To the character of the nurse her patients and their relatives are bound to look for a presentation of all that is best in womanhood. Any nurse who has not herself faced up to the highest ideals which lie behind all good family life can really give to her patients all that they not only desire, but need. Nurses

in hospitals, in districts, or in private work can bring that dignity and reverence for human personality which their training should give them into touch with those who may perhaps have had a very different previous upbringing. It is therefore particularly fitting that at this Nurses' Conference in Calcutta the whole question of the World Movement towards Moral Equality should be considered, for behind physical diseases and mental diseases often lies the moral problem, sometimes the initial cause of both physical and mental ills. At bottom, the problems of all life, physical, mental, moral, are spiritual problems. What solutions do the great religions of India offer? Islam seeks to provide for male indulgence in excess of normal need: Hinduism would appear in some forms to encourage perverted sensuality under religious sanctions: Buddhism would ignore or repress the physical: Stoicism and Confucianism would despise the physical part of human nature. Only Christ calls to CONSECRATION: a consecration of the physical and mental to the service of God and man. India will slowly grow into this knowledge of the truth which frees men from fear, when her men and women of all races kneel together in worship at the Feet of Incarnate Truth, Invisible Love and Holiness and Peace, made visible in Time. Our high calling is—not the taking of earthly beauty into the heavenly places, but the bringing of the Heavenly Beauty, which is Love, to earth.

The fundamental need, in India, as elsewhere, is a revolution of thought in regard to the creative instinct, and a deliberate attempt to understand what is meant by love. The current blasphemies against real love, in films, plays, books, jokes, pictures, have become so common that awe and reverence in the face of this greatest mystery are conspicuously rare. But, as the Archbishop of York said at Oxford University, 'After the age-long process which has preceded the human developments of sex, we ought to be as reverent in the face of this mystery of creative power as we are in the face of other mysteries of the Divine life, of science, or nature: we should feel that we would as soon laugh at sex as at the Holy Communion.'

The supreme beauty of life is love: indeed love is life, or should be, and life should be all loving. Very simple folk and little children have a sense of trust and wonder and reverence. But, as Constance Bradley points out in an article on 'Worship', this wonder may develop into fear or into worship. It is the privilege of the medical man or woman, with wider knowledge than that possessed by layfolk, to guide that sense of wonder into channels which shall cast out fear, and release into freedom the creative joys of love. For it is true that 'he that wondereth shall reign and he that reigns shall rest.'

We do attain 'rest' when we realise that an all-creating Love upholds the universe, that 'what is morally wrong can never be medically right, and that what is right is ever upheld by the infinite resources of Divine Omnipotence.' So wrote that prophet-like soul, Josephine Butler, years ago, when starting her crusade against medically inspected women in segregated areas. In India that crusade is hardly begun: yet there is already a stirring of disquieted minds. Let us fight this battle, first in our own minds and lives, and then ally ourselves with those who represent the 'imperishableness of principles, one of the many assurances of immortality.'

'Dreamers of dreams! We take the taunt with gladness,
Knowing that God, behind the years we see,
Has woven the dreams, which count with some for madness,
Into the fabric of His world to be.'

And, for ourselves, it is true to say that every right choice, however apparently insignificant, every attempted correspondence with man's real Environment, advances the boundaries of the Kingdom of Light. 'A single candle puts to flight a whole world of darkness' . . . 'From one lamp, a thousand can be lit'.

OUR INDIAN HOSPITALS, No. 6.

The Bible Churchmen's Missionary Society's Hospital, Kachhwa.

A village of 5,000 inhabitants only, is not the ideal place to choose in which to build a hospital; especially when that village is fifteen to twenty miles from the nearest town; but such is the situation of the B.C.M.S. hospital at Kachhwa, a village fifteen miles from Mirzapur, twenty from Benares, forty from Allahabad; it is also three and a half miles from the Grand Trunk road and two and a half from the station, so not at all easy to get at from anywhere.

The original buildings were built and used for an indigo factory and in many ways are excellent for hospital work. These were purchased by a missionary society and used as an eye hospital for about thirty years during which time it became well known especially for successful operations for cataracts. A few additions were made to buildings but very little general work was done. In 1928 the B.C.M.S. took it over and commenced general work for men, women and children, in addition to the eye work which was and is maintained. At that time, Oct. 1928, the staff consisted of one Indian doctor, one male dresser, both of whom had worked most of the previous thirty years, two English trained nurses (one just from England) and one sweeper. The buildings then in use were one block suitably divided for men and women in-patients, a 'kucha' building for both sexes, an admirable block for out-patients and dispensary, six to eight