wondered if the fact that the rabbits were usually frozen solid when taken out of the snares, at all minimized the virulence of the organism, and therefore lessened the danger in skinning and cleaning. Of course they had to be thawed out before this could be done.

Much, I think, might be ascertained, concerning the earliest appearance of this disease, and of the cyclic epidemic, by questioning among the old Indians, whose accuracy of observation can be relied upon,—not so, that of the modern, young Indian, whose ‘book-larnin’ is dulling that faculty. The inroads of civilisation deprive Primitives of certain priceless features of their former heritage.

Last year when in Kashmir, I noticed lovely white fur coats hanging together with those of leopard, golden pine marten etc. in the furriers' shops in Srinagar. Of course the dealers called them ‘Ermine’ but admitted they were made of rabbit skin. I wondered then if the rabbits of Asia too, might be infected with bacterium tularense, and do they die off in cycles. It might be worth while making inquiry.

NURSING IN VARIOUS COUNTRIES

By Mrs. Chesney, R.R.C.

Matron of the Gouludas Hospital, Bombay.

On completion of my training in 1901 at the Seamen’s Hospital, Greenwich (the London School of Tropical Medicine,) I proceeded to nurse in France, where it was proposed to change the nursing from the hands of the Religious Orders to the Secular Nurses.

The honour of the first effort to introduce the Nightingale system of nursing into France must be ascribed to Dr. Anna Hamilton of Bordeaux, and her Matron, Miss Catherine Elston of the London Hospital. So devoted were these ladies, and so firmly backed, that in three years' time they had brought up the nursing at the Protestant Hospital at Bordeaux to a high standard of efficiency, and consequently the Matron was asked for, and lent to, another hospital in Bordeaux, the St. Andre, to organize the nursing on the same lines there.

The students, and medical staff of this large hospital of 1,000 beds were very indignant at the proposition, and the former wrote to the authorities that 'All that is needed in this Hospital is clean, and obedient nurses, and the rest is the doctor's province.' So
you will see that the classical fight between students and nurses has many prototypes. The matter was taken up to the Mayor of Bordeaux, who backed the nurses, stating ‘Je soutiendra L’Ecole envers, et contre tout’. This is now the motto of the Nursing School.


In 1908, the last of the St. Augustine Nuns left the Hotel Dieu, Paris, and non-sectarian nurses took over charge. There were weighty reasons for this transition in France, namely; (a) the system of nursing which had developed during the middle ages, had come down unchanged to this time in general outline, but had altered for the worse in certain details, namely the diminished number of Nuns, and the introduction of secular untrained attendants under the authority of the Civil Administration.

(b) Political changes, bringing the Civil Government more to the front in hospital management.

(c) Scientific advance, revolutionizing the study and practice of medicine and profoundly altering the relation of the Nuns to the hospital work. These were three deep-lying factors that influenced Monsieur Combes to make the drastic change from Religious to lay Sisters. As we all know, the ‘transition stage’ is uncomfortable, but the reforms were far-reaching, and year by year, nursing in France is approaching the accepted standards of the world.

The Augustine Nuns are now nursing at the beautiful Hospital, La Boucicaut, but every one of them a trained nurse, and the Irish Sisters of Mercy work at the Pasteur Institute.

The outstanding figure directing modern nursing in France to-day is Mlle. Chaptal, whose value as a nurse, and citizen in many branches of social reform has made her widely known, and respected. Mlle. Chaptal is President of ‘The International Council of Nurses’ and the next meeting of that historical body will be held in Paris in 1933.

I next worked in a Dioconisson Hospital, ‘Die Elizabeten Krankenhaus’ in Berlin. We must here remember that it was in a
Dioconisson Krankenhaus in Kaiserworth that Florence Nightingale learnt her first principles of nursing. The Deaconess Sisters were all ladies of good social position, their nursing was well organized, and I have never seen any one work so hard. We had chota hazri at 6-30 a.m. before which time we swept our bedrooms, washed the floor, raked the fire in the kamin stube, and generally left the room spotless. After which we went to the wards and washed more floors, lockers, patients, etc.

We were on duty from 7 a.m. until 8 p.m., and the only ‘off’ duty we had was from 1—2 p.m. during which time the principal meal of the day ‘mittagessen’, was eaten. The administration was divided between the different Deaconesses. Several were in charge of the various departments of nursing, one in charge of the laundry, one in charge of linen, one in charge of the dispensary, one in charge of the garden, and yet another in charge of the poultry, and pigs.

After this unique experience, and hard work, I joined a private nursing staff in Berlin. The difference in the class of Sisters was very marked, the German private nurses being then recruited totally from the servant class.

There was no provident fund, no organization, and no one at their back if trouble came, indeed the private nurses were overworked, undertaught, and exploited.

In 1902 a well-trained nurse, Sister Agness Karll, determined to fight officialdom and organise the private nurse, and she founded ‘The Beruforganisation der Krankenpflegerinnen Deutschlands’, and after a hard fight, and much opposition from the Hospitals, Sister Agness Karll succeeded in organising the private nurses, or the ‘free sisters’ as they were called, and ‘The Imperial Nursing Registration Act’ for Germany, came into effect on 1st June 1907. Sister Agness Karll wrote of the act ‘It will ever remain one of the most memorable days in German Nursing, because on that day the nurses’ calling was stamped and sealed as a profession’.

The National Association of Germany was then affiliated to the International Council of Nurses, and in 1912, the quadrennial meeting of the I.C.N. was held at Cologne. The year is remarkable for India, as it was then that two Nurse representatives went from India, and ‘The Trained Nurses’ Association of India’ was affiliated to the I.C.N. in the beautiful Stadthalle in Cologne.

After my German experience, I returned to London to take some special courses, and then came out to India.
Nursing in this country has progressed by leaps and bounds, we have now one hundred and twenty-five training schools for nurses, and in ten of these Male Nurses are also trained. It is well to remember, at this stage, the debt that Nursing in India owes to the Religious Orders of Nursing Sisters, and to the Missionaries. It is owing to Missionary enterprise that we have our National Nursing Association here to-day, and their Examination Boards have set the standard for Nursing Examinations in various Provinces. In 1881 the All Saints' Sisters took over nursing charge at St. George's Hospital, Bombay, and a year later went to the J. J. Hospital, and that large training school is a direct result of their efforts. The Wantage Sisters have worked wonders at Poona, and the Clewer Sisters, until lately at Calcutta. There are still devoted Roman Catholic Sisters working in several of the Mental Hospitals in India. There are Mental Hospitals in India at Ranchi, Agra, Berhampore, (Bengal), Lahore, Yeravada, (Poona), Nagpur, Madras and Calicut. We have various training schools for Health Visitors, as at Delhi, Lahore, Calcutta, Madras, Nagpur, etc. Some of these schools are under the Lady Chelmsford League, and others under the Indian Red Cross. Four Indian Students have been granted scholarships for the International Health Course, held at Bedford College, London, one is now in charge of the Maternity and Child Welfare in Gwalior State, one is Superintendent of the Lucknow Health School, another is training health visitors at the Poona Seva Sedan Society, and one is working in Sind.

Infant welfare work attracts an increasing number of Indian Nurses, and these nurses are invaluable, as they usually know the locality, and the dialect of the district. There are over two hundred infant Welfare Centres under the Indian Red Cross, and as many more under Municipal, and private committees. Nearly all the large cities of India now organise an annual Health, and Baby Week.

Nearly all the Child Welfare Centres have attacked the problem of training the indigenous 'Dai', or midwife, whose profession is hereditary; a frequent plan is to form a Dai's class, encouraging the local Dais to attend, and equipping them with a sterilized outfit, and in many places the success of this short training has exceeded all expectations.

We will now just glance at some of the nursing problems that have engaged the attention of the leaders in the profession, for the
last few years, in England. We all know that after Miss Nightingale's work, in the Military Hospitals in Scutari 1854 to 1856, she created, and organised nursing in England. Her great point was that nurses must be under the control of a Matron, or Lady Superintendent of Nursing, who must herself be a trained nurse. Before this time nurses had been recruited from the lowest classes, had been badly housed, and poorly fed, and were merely the Doctor's servants. Miss Nightingale was great as a nurse, and even greater as a teacher, her writings, and ethics are classical, taking classical to mean 'universal, and perpetual', but although she laid the firm foundation for modern nursing, she could not possibly foresee the time when there would be thousands of nurses 'on their own,' for if a Hospital has to train its probationers it is obvious that it must get rid of the 'trained', or only keep a few for supervision.

At the end of the 19th century another great woman, Mrs. Bedford Fenwick, saw that the nurses needed organising after they had left their training school. She stood for organization of trained nurses by themselves, and the idea of self-government in mutual, voluntary, and democratic union. In 1887, she founded an Association of trained nurses, and the Royal British Nurses Association is the result. From the first the R.N.B.A. fought for State Registration, which became an accomplished fact in 1909. Mrs. Bedford Fenwick was the life and soul of this movement, and it was she also, who founded the International Council of Nurses in 1899, this Body has now 40 National Associations affiliated, and at the meeting held every four years in various capitals, thousands of nurses from all over the world attend.

Before closing I must say a word as to the shining cleanliness and order of the Hospitals in Scandinavia.

In 1925 I attended the International Council of Nurses at Helsingfors (Finland), as India's Delegate, and was thus given an opportunity of visiting the principal hospitals there.

Baroness Mannerheim was head of the National Association of Nurses in Finland, and her charming personality was well known to the English visitors, as she had taken her training at St. Thomas' Hospital, London.

Finland, as you know, is a young republic, breaking away from Russia only in 1918, and every one seemed full of enthusiasm. I don't believe there existed a lazy woman in Finland, even the Finnish Army Supply and Transport Corps is entirely run by women.
In Sweden we were struck by the splendid physique of the Nurses, and many of the Hospitals had a recreation room attached, so that the convalescent patients could ride on an electric horse, row an electric boat, or take other suitable exercise. This seemed a great innovation, and counteracted the rather dull life of a convalescent patient. It was in Sweden also that we met a trained nurse, who was also a member of Parliament.

In Denmark we visited the Municipal Hospital in Copenhagen. A beautiful building, the Authorities of which believe strongly in 'Centralization'. The appetising food came up in a lift from the kitchens with no delay, and was ably distributed by means of trolleys to the different wards. I notice that all the dressings for Wards and Theatres were cut and packed centrally. I was told this obviates waste, and that all the scraps of wool, lint etc. were made into small cushions for ill, or dirty patients. In fact nothing was wasted in that co-ordinated hospital.

I feel we could learn a lot from Scandinavia, and I was much amused on admiring a statue of an old warrior near the Hospital when my Danish friend remarked 'Yes, he was great, and that is the costume our warriors wore, when they conquered England' and with that I think I must conclude.

I have to acknowledge with thanks the help as to dates, facts etc. I have received from the T. N. A. I. Hand Book, and Miss Dock's 'History of Nursing' from the latter I have quoted at length.

THE HONORABLE FLORENCE M. MACNAGHTEN.

'The History of Nursing as an Organisation (in India) dates from 1905, when in Lucknow the Association of Nursing Superintendents was founded, with the following officers:

President:—The Honorable Florence Macnaghten.'

So the record in the T. N. A. I. Handbook runs.

On Wednesday May 11th we said goodbye to Miss Macnaghten, Vice-President of the Trained Nurses' Association of India, as she sailed from Bombay on her retirement from active service in India. Miss Macnaghten has been associated with the Association of Nursing Superintendents, and the Trained Nurses' Association since their inception, and is thus our senior member. For twenty-seven years she has stood by the conviction that in associating themselves together