NURSING MAGAZINE PAGE.

BY MISS ROUND.

(Recopied from The British Journal of Nursing, February.)

MISS M. Snively, writing in The Canadian Nurse on "Her Heritage," says:—

By 'heritage' we understand something of which we have become possessed, for which we have not laboured; something on which those who have preceded us have expended time and energy and thought, or for which they have toiled or endured, or sacrificed. . . . Because they were true to the light which was theirs. The nurse of to-day is able to do her work amid conditions of greater comfort and advantage; she has entered into their labours; she receives her training in hospitals and schools provided with everything which science and invention can suggest and is surrounded with everything which conduces to comfort and convenience, as well as to social and educational uplift. And not only so, but when she bids adieu to the comfortable home, and congenial companions which have been hers for so long (if among the number of those who have made the most of their opportunities she becomes aware of the fact that she is possessed of a training so varied and an equipment so complete, that she is in a position to specialise, should she so determine. Opportunities for service in many directions await her choice—private, public, social, administrative, educational or literary. Then, too, she may find in any or all of the now existing fraternal organisations exercise for her latent talents. Her own alumnæ extends to her a welcoming hand, as do also the Provincial, National and International Associations of Nurses. All of these and much more the nurse of to-day inherits. What will she do with her patrimony? What is she doing with it? It is a talent entrusted to her to be used not only for herself but for others who will follow her. Will she multiply it—ten, twenty, an hundred fold? Life is not a diamond, but a seed with possibilities of endless growth.

"DEATH IN THE POT."

(From The Nursing Mirror and Midwives' Journal, March 14.)

Long ages ago appeal was made to a famous prophet for something that should counteract the effects of a poisonous broth. "O, thou man of God," the unfortunate eaters cried, "there is death in the pot." On that occasion the trouble lay in certain poisonous herbs that had inadvertently been added to the contents of the cooking vessel, but now, though the same cry is raised, it is against the composition of the vessel itself. In a recent report issued by the Ministry of Health, attention is called to certain dangers that may arise from the use of glazed earthenware, as in casseroles, and it is pointed out that such glaze may give off lead, arsenic, and other toxic substances during ordinary cooking processes. We have long known that enameled ware may prove harmful if
used in a chipped condition, and that the swallowing of tiny dislodged pieces has been suspected of causing appendicitis, and we have also been warned against the use of nickel-lined utensils for acid foods, and against the possible rusting of iron and steel vessels. We have, however, hitherto considered ourselves safe in using earthenware, but now we are warned at least to be quite sure that our casserole is of first class quality, and not of foreign manufacture. Beyond that it seems we can do no more at present.

(From The Journal of Medical Missions in India, March.)

It is a long article, so only a few brief extracts can be given. It is called the Inadequacy of Medical relief on the Indo-Tibetan Nepalese Frontier by Sarah Vrooman, M.D.

Mount Everest glistening heights have been attracting the world of men who care to know more about the realm of nature. It is the beacon to-day for us also who care to know more about Christ’s reign upon Earth. With General Bruce and Dr. Somervell we too will stand upon this loftiest of mountains and note what the landscape reveals from Nepal and Tibet to Kashmir. Its interpretation is not to be by exact science alone. God’s mind, the Eternal Father’s heart, the Wonderful Saviour’s love, the Holy Spirit’s Living Power—is to quicken vision, give understanding and correlate deductions. The Creator in His creation we will see, and Him we will adore. He says: “Look upon these heights and valleys. They are fair, but it is for your brother men there that I care—with the love with which I care for you.” You know He gave His life to ransom thee from sin, to ransom you, and them: They do not know it. Seek them. Take this good gift of healing from my Hand. It is in the likeness of the earthly ministry of My Son. He healed the sick as He taught of My Kingdom. Go and do likewise.

The Districts and States mentioned above represent more than 10 million people, besides which the Himalayan areas are not included, plus Tibet’s unnumbered myriads and Nepal’s 4 million. Tibet has no Government hospital. Nepal has only three Government hospitals, and optional vaccination. Kashmir and other States and Provinces bordering on Nepal and Tibet have, roughly, 100 Government, and 40 Mission institutions, including hospitals, dispensaries, sanatoria, leper asylums, and homes for untainted children of lepers. Should the total be placed at 160, the proportion would be one institution to one hundred thousand people! Excluding Tibet and Nepal, consider a few borderland examples: Kashmir stands as an exception in beneficent ministries. The Maharajah in 1904 expended the comparatively munificent sum of Rs. 1,50,000 on the medical work of the whole province. Yet with a population of nearly 5 million, the cost per head for a year’s care was less than one anna. If the amount be divided among the 401,000 patients, the ratio would rise to six annas. At the present time more is being done, yet quite insufficient for the field as will be seen. It is impossible in a limited article to deal in detail with the nooks and corners where men live their hard lives, and raise their poor crops in the face of extraordinary difficulties. In travel they must go along the haphazard
paths which skirt the river banks till the sheer cliff bars the way, and the trail is forced thousands of feet above the river. For worldly purposes, Indian and Russian traders will contest even such roads in keen rivalry. My fellow Christian soldiers, I bid you proceed up the Jhelum to bestow spiritual benefits. I bid you travel the trade routes between India, China, Turkestan and Tibet. The villagers cannot leave their home affairs; cannot usually convey their sick over long hard distances; cannot bear the expense of travel and then of living idle for some time. Well equipped central hospitals are required for specialized medical and surgical work. Then people will make great sacrifices to attend one that commands their confidence; but to really help them it will be necessary to go to them, to live near them and to make prolonged tours with a camp dispensary allowing at least some days at a place for general operative and ophthalmic work. Opportunity! That is the cry I hear, far and near. Heed it my fellow soldiers. ‘Come from India’s increasing medical corps, come both men and women. A missionary nurse in India cries, “Oh how I wish many more nurses would be stirred up to come to the mission field. The demand is so great; every hospital is understaffed, and nurses do their own work, and the doctors too.” Another reflects “In a woman’s hospital a sister soon realizes that her main work lies in training the Indian nurses.” A woman of gentle refinement, whose life and work bore witness, “Not I but Christ!” traversed the Tibetan boundary. She was, as Yates Percival says, one of the souls

Who shine along the path of centuries
In full and perfect brightness standing forth
In their own loftiness, the beacon lights
By which the world is guided and upborne.

1,700 doctors and nurses were quick to respond to the call of the Great War.

1,700 and more are needed for the Himalayan Frontier.

How sweet it would be at evening
If you and I could say
Good shepherd, we’ve been seeking
The sheep that went astray.

Heart sore and faint with hunger, we heard them making moan
And, lo, we come at nightfall, and bear them safely home.