

is a commemoration. Like all other educational institutions, it is for the living; it is of necessity also a remembrance of the dead. Like all others, it is full of the intense vitality of the young; it is also in itself a noble Mausoleum. Like all others, its daily voice is "Learn how to live," but from it arises in every pause of that living hum, "memento mori."

Are not such associations rich in power to bid you be like-minded; to rouse us all to self-sacrifice and devotion, to make us think it a duty to aim high, to seek fullest cultivation of our powers, "to scorn delights and live laborious days."

Every one of you entered on your training here with a really high ideal. Abandon not that guiding star—part not lightly with your ideal. Pursue it, knowing that in so doing you follow after Light, which Light is fixed in a sure place to guide you, shining in a broad clear track on the face of the sea, shining on your face and rejoicing your eyes with its beauty—not a Light only, but a Life, a Breath, a Spirit from on high.

M. S. D.

CONTRIBUTED ARTICLES.

INDIAN NURSING—ITS PAST AND ITS FUTURE.

By DR. BALFOUR, C.M.O., W.M.S.

WHEN I was asked to read a paper before the Nursing Association of India I had at first some difficulty in choosing a subject. I felt that others, more engaged in the practical work of the profession than myself, were far better qualified to speak of the many interesting medical problems which are exercising the world to-day; and there must be many here present far more experienced than myself in the administrative questions which affect the nursing profession. But it struck me that the present time, when Her Excellency Lady Reading is making a great effort to raise and improve the standard of Indian nursing, was a fit opportunity for us all to pause and review what has so far been done in the past and try to forecast what may be looked for in the future.

The Nursing Profession in India is of comparatively new growth, one of the benefits which western civilisation has introduced into this land. In early times there appears to have been no regular nursing other than that given by the hakims and vaidas and their disciples. The dais, who attended mostly for childbirth but visited or even treated other cases of illness, were usually under the orders of the hakims or vaidas. But there was never any organised effort to train women to attend to the sick or to put their services at the disposal of the community. Each well-to-do household had its dai who had been trained by her mother before her. Perhaps the lack of organisation

was due to the seclusion in which the women of the better classes lived and their lack of mixing in public affairs. And yet, until 70 years ago, little more was done in England as regards the organisation of nursing, although women from the earliest days have mixed freely with the world. Previous to 1850 there was a nursing profession in England, if it can be dignified by that name. There were women attendants in hospitals but they had no training and had picked up what knowledge they possessed as best they could. There were also plenty of nurses and handy women available for work in private houses who were equally untrained and perhaps not very different in their methods from the Indian dais of to-day. They came from the lowest classes, were uneducated and woefully lacking in any high ideals of nursing. I remember when I was a student in Edinburgh, now more than 30 years ago, being told by the Superintendent of the Fever Hospital, himself an elderly man, that when he was young the night nurses at the old Infirmary, after the doctors had been round, used to turn the patients out of bed on to the floor, enter the beds, and sleep comfortably till morning.

The earliest effort to improve matters in England was in 1840 when Mrs. Fry and Lady Inglis founded the first nursing institution in Osnaburgh Square, London.

In 1847 Sir Edward Parry published a request for nurses for the Haslar Naval Hospital. These were to be trained for 6 months, but there was not a single volunteer.

In 1851 Miss Nightingale entered the Deaconesses Institute which had been opened at Kaiserwerth in 1836 for training nurses. Her services during the Crimean War are too well known to need recapitulation, as a result she was presented with a sum of £ 40,000 by a grateful nation, which she used to open a Nursing School in connection with St. Thomas' Hospital.

It was no doubt largely the great part which Florence Nightingale played during the Crimean War which stirred the best feeling of the educated women of England and caused them to come forward in ever increasing numbers, not because the new profession offered a lucrative career or means of social advancement, but because of the ideal held up to them of helping suffering humanity and giving to the services of the nation the talents which they knew themselves to possess. Perhaps nothing in the history of the 19th Century is more striking than the complete revolution which took place in the nursing world.

The establishment of hospitals in India took place soon after the British occupation, but for many years we hear nothing of a nursing staff. In 1844 we find the first mention of a matron at the Madras Maternity Hospital. The training of nurses (midwives only) began in 1854 and in the 68 years that have followed 2,373 European or Anglo-Indian midwives have passed out from it. Only 72 Indians have so far passed out.

In 1859 the Calcutta Hospital Nurses Institution was opened to provide nurses for the Presidency General, Medical College, and Eden Hospital. In

1874 this was amalgamated with the Lady Canning Memorial Home founded to provide nurses for private families. Nurses were brought out from England for both these institutions but the training of probationers began in 1859.

The General Hospital, Madras, first retained a nursing staff in 1870 and began the training of probationers the same year.

The Jamsetji Jeejeebhoy Hospital in Bombay first retained its nursing staff in 1890, and the training of probationers commenced the following year.

The training given in these hospitals and some others was for many years open to European and Anglo-Indians only, and up to the present, so far as can be learned, 1,246 women have passed out as trained nurses in addition to 2,483 midwives.

Nothing can be said as to the standard of the training which these nurses have undergone. During the greater part of the 70 years under review there was no common standard even in the different Provinces. Local Examinations were held (and often are still held) and nurses passed out after a two or three years' course of training. The Bombay Presidency was the first to establish a standard of training and to open an examining board to which hospitals with a properly constituted nursing staff were affiliated and allowed to send up nurses for examination. Others were established by missionary societies, as the United Board of Mission Nurses and other similar nursing boards have been established in the United Provinces, Madras, Bengal. In the Punjab, Central Provinces, and smaller provinces no arrangements yet exist for standardising the training of nurses.

Up to recent years the training of Indian nurses was almost entirely carried on in zenana hospitals. So far as our information goes it was begun in 1872 at St. Catherine's Hospital, Amritsar, at the American Hospital, Sialkot, in 1887, at the Charlotte Hospital, Ludhiana, in 1893, and thereafter other mission Hospitals took up the matter until now our information gives us 28 mission hospitals which have trained 428 Indian nurses and are now training 201 Indian nurses. These figures are only approximately correct as some hospitals have not sent returns and others have kept no record of past work.

As regards non-mission hospitals, the Dufferin Hospital, Calcutta, commenced training in 1885, the Cama Hospital, Bombay, in 1886, the Dufferin Hospital, Rangoon, (for midwives) in 1888, and thereafter other Dufferin Hospitals took up the work. At the present time 346 Anglo-Indian nurses and 834 Indian nurses have been trained, and 59 Anglo-Indian and 163 Indian are now under training in the Dufferin Hospitals.

It may be observed that in the training of Indian girls as nurses the Mission Hospitals have had a great advantage owing to the more advanced state of education in the Christian community and the schools and orphanages to which they have access for securing candidates for training. But now that education is spreading among the non-Christian communities Dufferin Hospitals are finding it more easy to get probationers,

Looking at these figures as a whole we find that 1,250 Anglo-Indian and 1,262 Indian nurses have been trained and 379 Anglo-Indian and 478 Indian Nurses are now under training.

How far does this meet the needs of the country?

2,500 have been trained in general nursing during a period of 70 years. Of these many must have died or given up practice. Larger numbers have been trained during the last 30 years, therefore we may guess about 1,200 will now be practising in India. The population in India is 350,000,000, and it is estimated in European countries that for every 1,000 of the population 4 beds of hospital accommodation would be provided and that 1 nurse should be supplied for every 3 beds if a gynæcological or maternity hospital and for every 5 beds if a general hospital. Let us strike an average and say we require a nurse for every 4 hospital beds, an ideal state of things. We ought to have 250,000 nurses in India for hospital work alone besides those required for private and other nursing.

By "other nursing" I mean posts as district nurses in factorise, nurses in schools, health visitors, midwife supervisors, etc. This is all work either not developed, in India at all yet, or very slightly developed, and no one acquainted with India can doubt the very great importance of developing it.

I wonder how many of the present audience have paid an unexpected visit to a municipal hospital in a small town. In such a hospital the assistant surgeon is in charge and visits the patients and prescribes daily, the compounder administers the medicines and takes temperatures, the dresser does the dressings. The cook serves round the food, the sweeper gives the bedpan, the ward coolie dusts at intervals. But no one represents the nurses. The wards are close and bad smelling, sometimes very cold, sometimes very hot. Scraps of food lie about the floor, where the patients and menial staff expectorate freely. The beds are black with flies which the patients only escape by muffling their faces in their bedding. Unconscious or weak patients have their mouths and faces covered with them. The bedding is dirty and stained. Bedpans which have been used lie about. Pariah dogs often covered with mange occupy vacant beds. By order of the Government one subordinate has to be on duty always, that is within call so that he can be summoned in case of emergency, but it is left to the patients to recognise the emergency. Patients who are accompanied by friends are as well off as at home except for the big fact that they are surrounded by disease. But patients who are unaccompanied by friends and who are helpless are miserable indeed. I remember seeing a woman in such a hospital partially paralysed and covered with ulcers. There was no female attendant other than the woman sub-assistant surgeon who was too grand to do any nursing. A female sweeper came twice a day. But this was a high caste woman. I asked her how she was, but she could not speak for weeping, and I could do nothing but leave her so.

In the larger Civil Hospital the employment of matrons and nurses has commenced. This is a great step in advance and we may hope that in 50

years time hospitals such as I have described will be unknown,—always provided the supply of nurses holds good.

District nursing is almost unknown in India at least outside the largest towns. If it could be established what an immense saving of life and husbanding of health would follow! Every year we have epidemics of ophthalmia from the result of which many children become totally blind. Perhaps one mother in twenty brings her children regularly to the dispensary for treatment. If a district nurse went round with her remedies many could be saved. Numbers of serious cases of disease refuse admission to hospital and are given a bottle of medicine to take at home although the doctor realises mere medicine can do little good. A visit twice a day from the District nurse to give injections or apply poultices and supervise the feeding would help us to save many a difficult case. In passing through an Indian village how often one is struck by the feeble and emaciated appearance of the children in spite of the fresh air and sunshine by which they are surrounded. This is due to malaria looked upon by the inhabitants as natural and inevitable so that they seldom trouble to go to the dispensary for treatment. A district nurse who would dose the children regularly and measure their spleens would not only lead to a normally strong healthy generation, but would probably lead to malaria dying out in that village.

Considerable interest is being taken at present in the maternity relief of women industrial workers. A Labour Conference was held some years ago at Washington in connection with the League of Nations. And all the Nations who are signatories to that League undertook to effect certain ameliorations in the conditions of their women workers. India was specially exempted from the full programme but undertook to do what was possible. The Countess of Dufferin's Fund placed at the disposal of the Government of India two women doctors to carry out an enquiry, Dr. Dagmar Curjel in Bengal and Dr. Dissent Barnes in Bombay. The report of the former will shortly be published and shews that in the industrial field alone there is likely to be a great demand for women nurses. Briefly, there are about 50,000 women factory workers in Bengal who have many children. Most of the women are unmarried and there is no family life. They work in the mills 9-12 hours daily and by law the children are not allowed inside the mill. You can imagine what need there is for creches under qualified nurses, also for maternity homes, midwives, etc.

When travelling in Berar I was once told of the great need for creches there. The women pick cotton with their babies beside them and as they do so pile it up in great stacks. Now and then unnoticed a stack falls over burying the baby beneath it and when not discovered for some time the baby is suffocated.

Leaving the question of industrial workers we turn to the general question of child-births and our heads may well become dizzy. Even in Europe where midwives are trained and educated it has become an established fact that they must be supervised and work according to rule. How much more

necessary in India where the dais are illiterate and the opportunities of training them few and far between. In India we have 10 millions births a year. How many midwife supervisors would be needed?

Health Visitors differ from District Nurses inasmuch as they are not intended to carry out the treatment of any disease. They are intended to watch healthy children and to instruct mothers in the care of children, and the care of themselves in the ante-natal period. Therefore as we are now approaching the question of supply and the means of training nurses in India, it is with a sense of relief that we realise Health Visitors are not required to have the full 3 or 4 years general training needed by those who tend the sick.

Taking into consideration all these nursing activities required in an enlightened country we should probably not be far wrong if we say India requires half a million to a million nurses.

Suppose for simplicity's sake we look at the supply of a single Province, and that the one we are in at present, namely the United Provinces. Calculating the supply of nurses needed in the United Provinces on the above data we find we should require 750,000. Allowing for marriage, illness, death and other causes we may guess a nurse's average working life at about 15 years. We should therefore require 6,600 new recruits every year, and we have only an educated class of 1,239 to draw them from,—that is the number of school-girls in the United Provinces who have advanced beyond the primary stage of education. Indeed, less than that for the 1,239 girls do not represent a single year of schooling. Most of these girls will not work, and of those who do many will prefer teaching and medicine.

We may check these figures by examining the actual numbers of Indian girls, so far as we know, now training and already trained as nurses in the United Provinces. We find this number is 172. Of these 86 at the most are likely to be practising now. There are no doubt imported nurses in the United Provinces, but these cannot be looked on as a constant source of supply.

These figures, of course, are very rough and inaccurate, but they give us an idea of how inadequate the source of supply for Indian nurses is.

These facts shew us that raising salaries, building more comfortable quarters, etc., will not produce more candidates. The only thing which will produce more candidates is to render primary education compulsory and to increase greatly the number of secondary schools in India.

Suppose this is done and we have a much larger number of educated women, are our difficulties surmounted? No, because we find from the Census returns that per cent. of Indian women marry. Except for Hindu widows there is no class of single women from which workers can be drawn, as is the case in England.

It is clear that the only thing to do is to dislocate our point of view and cease to try and mould the nursing profession in India on the same lines as the nursing profession of England. We must adapt ourselves to the conditions of the country and encourage a profession of married nurses.

We must allow them to marry before their training, during, or after. We must provide married quarters where they can live with their husbands and children. We must give them maternity leave, and provide a creche for their children. We must arrange their hours of work conveniently.

I was inspecting a hospital lately in another part of India. There was a married matron and 8 married nurses. Most had husbands and children, and in every case the wife and children lived inside the hospital and the husband outside in the city. The nurses were given leave once a week to go and see their husbands.

It seemed to me a most extraordinary arrangement and one can imagine its adoption would not make nursing a popular profession among Indian women or their husbands.

I have no doubt matrons will point out many difficulties in the employment of married nurses in hospitals, but perhaps not more than at present exist owing to shortness of supply. But even if we employ the married nurses our difficulties are not yet over. Some men do not like their women to work, other women do not themselves wish to. So that even if we draw on this source of supply we shall for a long time be very short of our ideal number.

Let us again dislocate our point of view, adapt ourselves to our surroundings and give up the idea that nursing can only be done by women. Let us do our utmost to form a men's nursing profession, in order that trained male attendants may be provided for male patients and so set the small supply of women nurses free for women's hospitals, women patients, and activities connected with childbirth, infancy, etc.

People who are closely acquainted with India realise that neither Indian men nor Indian women appreciate the freedom which European women possess. Many who accept it as a fact that European women can be independent and keep their good character would not admit it for their own countrywomen. It is largely this feeling on the part of the public which makes it difficult for Indian nurses to preserve a character for morality. If it could be established as a fact that Indian women nurses should undertake the nursing of women and children only, and if vigorous plans could be made for the training of male nurses the reproach now levelled against the profession of Indian nursing would soon tend to disappear, and the respectable public would be more willing to allow their daughters to become nurses.

There is still another reason which must render nursing unpopular in the India of to-day,—that is, that Indian nurses never seem to rise to the higher appointments in the profession. We see the numbers of Indian probationers and a few staff nurses, but no Sisters or Matrons. This is not the case in the other professions open to women. In medicine Indian women have taken the highest qualifications. Many are in charge of large hospitals and are shewing great ability both administrative and professional. In education also they have risen to hold the highest appointments, both teaching and administrative. It is difficult to see why nursing, which appears so peculiarly women's work, should not have proved equally attractive to the best of India's

women. Possibly it may have been hindered by the fact that all the most important nursing appointments have been held in mixed hospitals where Matrons and Sisters work under male doctors and nurse male patients while in the medical and educational profession the work is among women only. It is only recently that non-mission Zenana hospitals have begun to engage matrons and train nurses.

The offer of H. E. Lady Reading to give scholarships for Indian nurses to proceed to Europe for further training is specially intended to provide a class of nurses from which Matrons of hospitals and Sisters can be drawn. It is believed that the nurses so sent home will gain knowledge of the world and social understanding and so become better fitted to take up posts which require responsibility and administrative power.

Of course, everything depends on the selection of the women especially those who are first selected. It is most important that they should be women of a strong moral sense. No one will be chosen without a warm recommendation from the Nursing Superintendent under whom she trained and therefore I welcome this opportunity of explaining the purpose of the scheme to so many nurses as are here present to-day. In conclusion, I must apologise for what I am afraid is a rather discursive paper and I may recapitulate the chief points I would press on our attention:—

- (1) The need for greatly increasing the number of nurses trained in India.
- (2) The advisability of restricting their work to the care of women and children.
- (3) The wisdom of altering conditions of service to allow of married nurses.
- (4) The importance of helping Indian nurses to take up superior posts in the nursing profession.

SEPTIC PRIVY FOR INDIAN VILLAGES, SCHOOLS OR DWELLINGS.

BY REV. J. CURTIS, D.D.

If intestinal parasites and especially the hook-worm are ever to be conquered in India, some simple way must be adopted for caring for night-soil, capable of introduction into villages. The following plans were invented and were put into successful operations at Donakonda in December 1919. Superior septic tanks ranging in cost from Rs. 500 to Rs. 3,000 can be installed where funds permit and the numbers of controlled population warrant. But where many units are needed this simple installation costing within Rs. 10 per unit, made of materials available in almost any village, can be built for a small factory or farm or boarding school or mission station. Through schools from which village teachers come, they can be introduced into village schools under the care of the teacher used to them during their training. A grant of half the price or the sending of a workman taught to build them would

be a wise stimulus to introduce these into village schools. Through the village schools enterprising individuals might be induced to instal one of these privies on their own premises, and so gradually a revolution of most hygienic possibility might be worked in the habits of the village people. It is worth trying.

The materials required are three moderate sized earthenware tubs 24" across by 18" deep, one large earthenware tub 42" across by 26" deep, such as are used for tanning skins; stone slabs 1" thick sufficient to cover the top and make a partition; some stone or brick and some mortar. Cost of one installation at Donakonda is about as follows :—

Three tubs at As. 8	Rs. 1 8 0
One tanning tub	2 8 0
Slabs to cover 4" X 10"	1 8 0
Mortar and stones	1 0 0
Mason labour 4 days with cooly	3 0 0
	Rs. 9 8 0

These four or five tubs are sunk into the earth till the top rims are 6" above the surface. Where rims touch they are carefully chipped only three inches deep. Next to the first or the seat tub comes the deep tanning tub. In the last or discharge tub, a carefully trimmed slab must be fitted perpendicularly into the tub, so that there is an opening of 4" at the bottom while the top extends up to meet the covering slabs. The edges of this slab must be fastened tight to the sides of the tub with cement or rubbed mortar so that the liquid can pass only through the opening at the bottom. Little retaining walls of stone-in-mud are now built around the tubs, little connecting channels are built carefully with masonry under the chipped out places in the rims and the edges of these and of the rims of the tubs are extended upward 2" or 3" with small stone or brick in line. From the top the tubs will appear as shown on diagram 1.

The tubs are then covered with the slabs laid in mortar tightly on to the extended rims and the top of the perpendicular slab. Two slabs are joined in the middle of this seat tub so chipped out as to make an opening 12" X 5". The dotted lines show the slabs and the opening. Cross slabs beneath the ends of the opening are necessary where the thin slabs are used. A plastered enclosure 2" X 2" is built around the opening on the seat tub. The rest of the slab covering is covered with three inches of alkaline earth. The discharge channel, 3" above the level of the connecting channels will usually be through the wall of an enclosure, and such an enclosure 12" X 12" will contain three independent installations. Or the seat tub of a single installation can be put in a narrow corner of a yard by a village dwelling and the rest of the installation can extend through the wall and the discharge outside. The weight of the wall should not, of course rest on the edge of the tubs in any way.

Operation.—The operation depends on the fact that night soil left to stand without being allowed to dry up, undergoes a fermentation in which a thick black scum covers the surface, and underneath which all life is destroyed.

The scum largely prevents odors. In starting the septic privy, enough water is poured into the seat tub to cause it to overflow, fill all the tubs and run out of the discharge a little. About fifteen people can use a single installation as described above. On account of evaporation one or more pots of water should be used daily to wash down the seat, enough being used so that liquid runs out of the discharge. The perpendicular partition slab arrest the black scum, and what runs from the discharge through the opening at the bottom of the perpendicular slab, will have offensive odour or live germs only when too many persons use the privy, giving too little time for complete fermentation within the tubs. If evaporation is not compensated for, or if stones, earth or similar things fall into the seat tub, pretty soon it will have to be cleaned by hand. If care is used, the privy ought to work for a year or more without any cleaning. There is very little solid residue.

Use as Manure.—The liquid at the discharge may be collected in an open tub and carried directly to the land, care being taken not to use too much. This being often objectionable, the liquid can be received alternately in two shallow pits, in which there is loose soil to absorb it. After drying, this soil will be about as valuable as commercial fertilizer.

HEALTH VISITORS' LEAGUE.

DEAR FELLOW MEMBERS,

I wish you all a very happy New Year. I hope this year will see a great increase in our numbers, and also in contributions to the Journal. These contributions last year were far too few. If members would only realise that small matters of seemingly no interest to them, are keenly read by members in other parts where methods and customs are different, they would not be so diffident about sending them.

Please remember *all* contributions are welcome.

The following will interest all Health Visitors :—

"The combined travelling exhibition of the Lady Chelmsford League and the Victoria Memorial Scholarships Fund was shewn for the first time at Etawah in the 3rd week of November. This was the occasion of the annual District Fair, during which time a general exhibition of industries carried on in the district is held.

The Collector and his wife Mr. and Mrs. Waugh thought a baby show would add to the interest and instructiveness of the occasion and asked the Lady Chelmsford League if it could assist with exhibits. As the exhibits are now under the charge of a trained Health Visitor, Mrs. Bellew (one of our members), the Committee agreed to lend them for the ten days of the Fair.

The Fair was held on a large piece of ground surrounded by rough booths containing specimens of the local industries.

Our section was housed in a large tent near the entrance. The walls were lined with our posters shewing ideal conditions during the pre-natal, natal, and post-natal periods of life. In the centre of the tent were our models and publications. Down one side was the baby's bath where the Health Visitor gave frequent demonstrations with a life-sized doll, baby's clothing shewing different varieties of suitable articles, baby's cot with its clean bedding and mosquito net, baby's food shewing suitable feeding bottles, articles of diet, etc.

A special section shewing anatomical models dealing with the pre-natal period was reserved for women. Men who desired information on these points were also admitted and shewn round.

The Fair was opened by the Collector, Mr. Waugh, at 9 a. m. on Monday, the 13th November. He and Mrs. Waugh made a tour of inspection of the booths, accompanied by the leading men of the district, and we had the pleasure of giving our first demonstration to a large and select party. During the morning visitors kept dropping in, and by the afternoon interest had increased and we were besieged by crowds of men of all classes. Many of them were big powerful countrymen armed with lathis. Some were students from the College and schoolboys, and mingled with these were babus, bunniahs, servants, etc. All were orderly, polite and listened with interest to our talks. A few women came in but were abashed by the numbers of men. They took refuge in their own special section, from whence behind the purdah they held a colloquy with the men, all in the most friendly spirit, and an agreement was reached that the men should come in the mornings only and that the League Exhibition should be reserved for women in the afternoons.

The work was carried on these lines during the week, the number of visitors constantly increasing. On Wednesday a Baby Show was held. Large numbers of babies were presented by their proud mothers, and the judging was carried on by Mrs. Waugh, Mrs. Bellew, the Civil Surgeon and the women doctors. Six received first prizes of Rs. 10 each, 26 received second prizes of Rs. 4 each, five received third prizes of Rs. 3 each, and the rest were given Re. 1 and a toy. The attendants were given sweets, while judges and visitors were served with tea under the shamianas which had been erected. The cost of the show was met by Thakur Una Singh, but the prizes were given by the Amin Sabha (Agricultural Association).

On Friday the 17th, the League Exhibition was moved to a hall for the benefit of the purdah ladies of Etawah. Invitations were issued by Mrs. Waugh to 60 guests, but quite three times that number attended. Refreshments were served at tables according to caste. The exhibits were visited and carefully explained and the proceedings ended with a magic lantern lecture shewing specially selected slides of the Lady Chelmsford League and the Victoria Memorial Scholarship Fund.

At the conclusion of the lecture a desire was unanimously expressed for the appointment of a Health Visitor to Etawah who would carry on permanently the lessons received with so much interest during the week.

On the 18th the Exhibition was visited by the Commissioner of Allahabad, Mr. Pym and his wife.

On the 22nd the League exhibits were moved to the Municipal Office in the City that they might be more readily available for the general public and they remained there until their return to Delhi on 25th November.

Mrs. Bellew gives a most encouraging account of the interest and even enthusiasm which was aroused by the Exhibition; she tells of various individuals who came again and again and ended by sending their wives; she speaks of the strong demand for Hindi literature, practically all she had was sold; she gave a magic lantern lecture at the Boys' Intermediate College at the close of her visit and the greatest interest was manifested.

Mrs. Waugh, the Collector's wife, has expressed her intention of calling a meeting and endeavouring to organise an Infant Welfare Centre at Etawah, with a trained Health Visitor in charge."

Yours sincerely,
EDRIS GRIFFIN,
Secretary, H. V. League.

This very interesting letter should have appeared in the January number of the Nursing Journal—EDITOR, *N.J. of I.*

NURSING MAGAZINE PAGE.

THE FOLLOWING PEEP INTO HOSPITAL LIFE IN THE OLDEN TIMES FROM "THE NURSING MIRROR" IS SENT US BY ONE OF OUR MEMBERS.

IN these days when hospitals and nurses are so continually before the public eye it is sometimes interesting to us as members of the profession to look back over the old days, and picture the hospitals of our predecessors, many generations ago. The other day I came across some ancient records of old London and provincial hospitals, which form very quaint and amusing reading in this enlightened age.

In 1749 the governors of the Middlesex Hospital objected to the neglect of the maternity hospital at the expense of the "sick and lame" work, and opened a new "Lying-in" Home of twenty beds. In 1752 the number had increased to forty-six, and a matron was appointed "well skilled in all midwifery to deliver women in labour, to take care of ye linnen, to superintend ye nurses, to send for ye Physician or Surgeon whose week of attendance it is at ye approach of any labour that he may judge whether ye case requires his assistance or may be left to ye matron." The salary of this useful official was £25 per annum, an unusually large sum for those days. The nurses were "hired at £10 a year," the cooks and laundry maids received £6.