

devoting all her time to this work. One of her chief duties is to visit the Schools of Nursing and Conventions, to interest people in nursing work. Organize the Chinese graduate nurses into Auxiliaries for training for National responsibility, and to carry the business management of the "Journal of Nursing." A committee of Nursing Education has charge of all matters pertaining to the Schools of Nursing under the Association. Miss Gage of Changsha is the Chairman of this Committee. Miss Gregg, the President, is home for health reasons. Miss Gladys Stephenson of Anluifu Hupch is the acting President. She is a woman of the highest ideal and one of the most splendid nurses ever trained in Britain. Under her leadership the Association is making wonderful forward progress this year. Her motto for the Association for this year is "with God nothing shall be impossible."

The great need is for foreign nurses to come out as Matrons of Schools of Nursing to train the young people in nursing. Schools of Nursing registered under the Association have had to be closed and new ones cannot be opened for lack of a Matron to care for and train the nurses.

Surely some of the nurses in the home lands can be spared to come over and help us. Today is the day for the nurse in China, she is welcomed everywhere. She has a work no one else can do and a place no one else can fill.

When the final history of the Christianization of China is written and the record of the service of love made known, not a little part will belong to the nurses of China and the share they have had in the bringing of health and life to this great people.

NURSING, A PROFESSION FOR WELL EDUCATED GIRLS.*

(Read at the Conference of the South India Medical Association.)

Probably every High School principal finds as one of her most difficult and necessary duties, the giving of vocational guidance to the girls who are leaving school. She does not wish to see square pegs put into round holes, yet this is what often happens. The vocational opportunities now open to Indian girls are painfully few—practically they may all be summed up under matrimony, teaching and a medical course. My contention is that with these three, nursing should be made an important fourth. There are many girls who get into Sixth Form who have a real desire to do medical work—partly for their scientific interest and partly because of their desire for Christian service. Among these there are always a number whose capabilities are practical rather than theoretical. One doubts how they would stand the grind of the four years' medical course and yet feels that their intelligence would develop wonderfully along the lines of doing. Their powers of leadership have been trained by their High School life and studies and they have the power to develop into leaders of the nursing profession. It is for such girls that we crave the opportunities of a special course for nurses of a High School grade.

* Miss Van Doreen is the Principal of a Girls' High School and writes from the educationalist's point of view.—ED.

Before this can be achieved, the nursing profession must be presented to such girls upon a footing that will make it as attractive as the competing vocations of teaching and medicine. No one must have the idea that the girl who has not the intelligence and character to succeed in the former can be a success in the latter. This means that financially the stipends and salaries shall be put at least upon a par with those given to S. S. L. C. trained teachers. On the principle of subsidizing an unpopular profession, as nursing at present undoubtedly is, it would be better to make them a little higher than those who teach now receive. As to quarters, these also should be made sufficiently spacious and comfortable to make the educated girl feel at home. They should compare favourably with the accommodation provided for Secondary Training students and should be sufficiently free from crowding to allow for sleep for those on night duty. Thirdly, the course of study should be made attractive through the opportunity for co-operation and companionship with girls of like attainments and background. When one High School girl is plunged into a large class of girls of lower qualification, even special consideration as to salary and quarters does not keep her satisfied. I myself have seen this tried several times with unsatisfactory results. Call it class feeling, if you will, but we all have it, for we are all stimulated to do our best by working with those of similar ability with ourselves.

From the teaching standpoint, I would like to prove to you it is impossible for any teacher to do satisfactory work in a class composed of such different elements as Third Form and Sixth Form girls. I speak after a good many years of experience in teaching any and all subjects to any and all classes in a mofussil High School. First there is the difference in language. The Sixth Form girl can read and understand any English book of ordinary difficulty. Hence all the literature of nursing is at her disposal. The Third Form girl is restricted to the few available Tamil books and to the lectures of her nursing Superintendent. Besides this, there is the still more real difference of intellectual abilities. It may be objected that at home college and non-college girls study successfully in the same nursing classes, but there the difference is more often one of opportunity. Many of the non-college girls would have gone through college creditably if they had had a chance. In India, however, in nine cases out of ten, the girl who stops at Third Form does not stop voluntarily, but is stopped, because of complete inability to go further. Now the unfortunate teacher who attempts to instruct a mixture of these two will be obliged to do one of two things—either she will teach the higher grade girls in an adequate manner, while the Third Form girls look on dazed and uncomprehending; or she will make her teaching so elementary as to interest the latter, while the former are bored because they are wasting their time. If any one doubts the truth of this statement, I suggest their getting a temporary post in any South Indian High School and trying it out for a month or even a week.

Now how can this suggested class be brought about? Here I again can make suggestions only from the school standpoint. If the Medical Association succeeds in starting such a class, Principals and students of all the Girls' High Schools of South India will need to be educated as to its value. It will be successful only by the co-operation of all, for of the twelve or so such schools in existence, probably no one would send up more than one or two candidates in one year. I suggest that a prospectus giving all details of stipend, accommodation, course of study, and resultant openings be sent early in the year to all High Schools. But more than this I would like to see the members of this Association form themselves into a publicity committee paying visits to the near-by High Schools, giving one or two lectures on nursing as a vocation and holding personal interviews with girls who are interested. This will accomplish far more than any amount of writing. If nursing is to be put on its proper plane, as a worthy and admirable vocation, it must be by the united efforts of the medical and educational people.

ALICE B. VAN DOREEN.

THE TRAINING OF DAIS IN DELHI.

For the last eight years the training of indigenous dais has been carried on in Delhi. At present there are three classes, one in each of the Infant Welfare Centres. Nearly sixty dais are under training, but this does not represent half the dais who are practising in Delhi city.

The classes meet three times a week and are well attended. The dais are paid two annas for each attendance, this is intended to pay tram fare, as some of them come long distances.

As the dais are all illiterate the teaching is oral and practical. Each Centre has a dummy and mannequin and the dais take a keen interest in the 'Zacha.' Great care has to be taken by the teacher to prevent the dais learning the simple rules given, as a rhyme; they are very quick to do this and can remember pages of the text book. We insist on their being able to give a reason for each thing they do, and they soon take an intelligent interest in their lessons.

The classes are conducted on conversational lines and the dais *act* the case and with the aid of small mud chulas and vessels they are able to go through a case on the dummy in exactly the same way as they would conduct a case in the patient's house. The teacher answers the questions which the dai is supposed to ask the patient. If she forgets an important one, there is a protest from the rest of the class, who are very critical.

This practical teaching is varied by reading from the text books and many explanations.

The books we use are Dr. Brown's book for dais, Sir Pardey Lukis' and Dr. Balfour's First Lessons.

During the last few years forty dais have passed the examination of the Punjab Central Midwives Board, and the Examiners expressed their satisfaction at the intelligent way in which the dais answered questions and did the practical work.