

There are three examinations covering the following subjects—anatomy, physiology, hygiene, medical, surgical and obstetrical nursing and theatre work. These may be taken in either the vernacular, Roman Urdu or English. The training is for 3½ years. During the last six months nurses are prepared for the examination of the Punjab Midwives Board. Owing to the number of medical students as well as nurses, the hospital is unable to take pupils for maternity training only.

There is a three months' period of probation. All probationers receive—
1st year, Rs. 7-8-0 per mensem, with board, lodging, uniform and dhoby.

2nd year, Rs. 13-8-0 " " " " "

3rd year, Rs. 20 " " " " "

They all contribute to the Savings Bank Fund which proves a useful "nest egg" when they leave.

The nurses are housed in the Lady Reading Hostel, a beautiful building which was completed and opened by Her Excellency Lady Reading in March of this year.

There are separate bed rooms for staff nurses, dormitories for the probationers and adequate bathroom and lavatory blocks in which a flush system has been installed.

One wing constitutes the sisters' quarters. In the compound are tennis courts for staff and students, base ball and hockey grounds.

In the Spring of this year Her Excellency Lady Reading started a scheme for providing Indian nurses for Indian homes. Three of the senior staff nurses were commandeered for this Lady Reading Service.* They form the nucleus of what, it is hoped, will before long be a popular district nursing service among the Indian people. These nurses are available for daily visiting or for whole or part-time private work. Attendant ayahs are provided. The nurses receive half per cent. of the fees earned in addition to their fixed salary. Like all pioneer work, the progress is slow, but many appreciative letters have been received in connection with the nurse's work, and in May when plague was raging in Delhi, these nurses did some very good work in the temporary Plague Hospital, which was run by the Lady Hardinge Medical College Staff.

MATERNITY AND INFANT WELFARE.

(With a Note on the Progress of this work in Delhi City.)

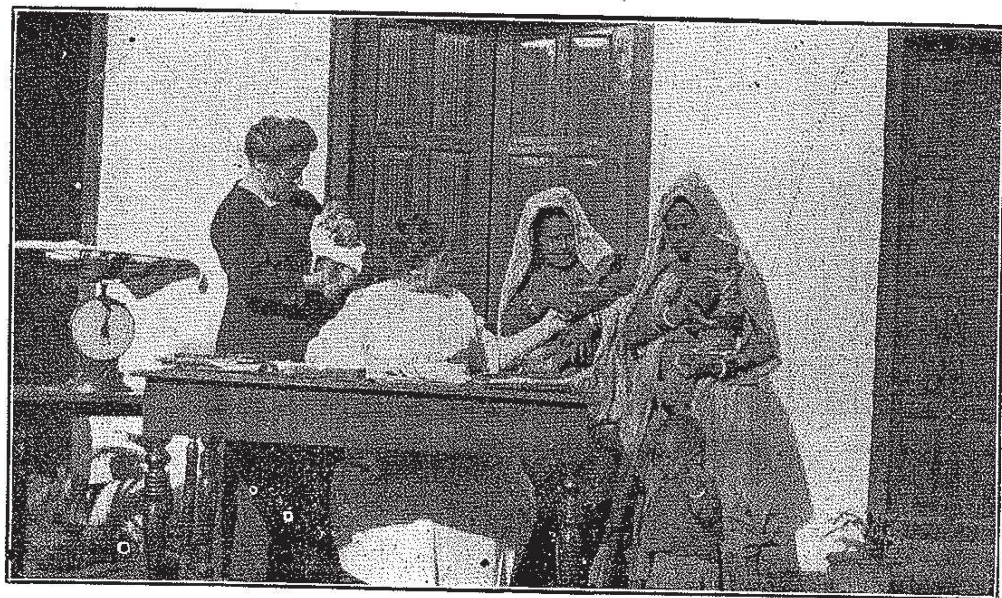
BY DR. K. S. SETHNA, B.Sc., B.Hy., D.P.H. (Lond.), D.T.M. & H. (Camb.),
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Maternity and Infant Welfare work is now receiving some attention in India. It is the work on which depends the existence of mother and infant life. No steps taken in this branch of work, no efforts exerted for the well-being of mothers and infants, and no money spent for this cause can be reckoned too great, when we consider how many poor mothers either lose their

* More fully qualified nurses are wanted for this service. Particulars can be obtained from the Nursing Superintendent, L.R.N.A., Lady Hardinge M. C. H., Delhi.



A GROUP OF WOMEN AND BABIES



ADVISING MOTHERS

lives or remain crippled and deformed from the ministrations of untrained and illiterate indigenous dais; and how a large number of infants die at the very beginning of their lives.

This branch of work has a direct effect on the well-being of the mothers and their infants, and indirectly it should stimulate expectant mothers to desire and rear healthy babies under as sanitary conditions as possible.

It is by the loving care of the baby from the moment of its birth that its health should be preserved; but neither love nor care can take the place of the knowledge and experience that are needed by the mother. The right way to deal with the difficulties which threaten the baby's health must be learned; as the promptings of maternal instinct and affection alone are vague and uncertain. But where love and knowledge go hand in hand the management of the baby rests on a surer foundation.

Maternity and Infant Welfare are in a way two different subjects, and one may ask where to begin. Is the child the father of the man, or is the man the father of the child? Shall we concentrate upon the babies to ensure the future healthy parents, or shall we begin with the mothers that their children may be healthy and useful citizens? I think there cannot be any difference of opinion about this matter. The aim of infant welfare methods should be to rear healthy infants by healthy mothers. So there must be a harmonious working in both these branches of work—Maternity and Infant Welfare. A healthy mother transmits a legacy of health to her offspring and a healthy child repays it by comfort and happiness to its mother.

Delhi has now become an important centre in India for propagating Maternity and Infant Welfare work. It was started in the beginning of 1915 by obtaining two European Lady Health Visitors from England. These Health Visitors were given a small staff of qualified Indian dais and others. At first houses were visited by these Lady Health Visitors, and they advised and helped the women in confinement and followed up some of the midwifery cases. Soon afterwards the birth notifications were sent to them from the Health Office and the work of visiting the homes of newly-born babies was added to the work. The Health Visitors rendered very useful help to the mothers. Practical lectures and demonstrations on Maternity and Infant Welfare work then followed and the poor women took a great interest in them as they had never heard persons preaching on the advantages of maintaining good health, a clean house, and the benefit and pleasure of healthy children.

The dais class came into existence in May in which 46 indigenous and illiterate dais were taught. All the lectures were given in Urdu and were illustrated by pictures, sketches and lantern slides. Being illiterate they had to be taught very carefully and the subject of the lectures made as practical as possible. To encourage their attendance at these classes, each dai at the end of each lecture was given an "inam" of two annas. The Health Visitors attended labour cases with the city dais, and each dai who called them in time to witness the birth of the baby was given a rupee.

In the beginning of 1918 I put up a scheme before the Chief Commissioner, Delhi Province, stating the great desirability of opening a Baby Welcome and Clinic in this city. The Chief Commissioner fully approved of the scheme and allotted grants for the initial and recurring expenses. A suitable house was taken on rent in Kundewalan near Ajmere Gate Road, and the first Baby Welcome and Clinic came into existence in the month of May of that year. It may be clearly pointed out here that the clinic is not a substitute for a dispensary or hospital, but its object is to educate women in the care of themselves and their babies, and supply simple nursing treatment, milk and other minor necessities.

Within a very short period of its existence, the need for this institution was proved, and a large number of women and children took advantage of it. A bathing class and children's washing class was then opened in the clinic. The women bathe their babies in the morning and then are allowed to come for baths themselves during the afternoon hours. The young girls being taught to bathe their younger sisters and brothers.

With the increasing popularity of this institution, meetings of women were held and lantern demonstrations were given on Maternity and Infant Welfare subjects. To make these lectures more interesting, a few popular slides of historical places and scenes were put in.

The need for giving clothes to poor infants was soon felt and a sewing class was opened. Some 40 mothers attended this class and were given materials from which they made little garments for their infants. As soon as a new garment was ready for use it was given free to the mother who had sewed it for her baby.

The scheme further developed and two Indian Lady Health Visitors were employed who were entrusted with the carrying out of Infant Welfare work in certain poor *bastis*.

A second dais class was then opened in the Kundewalan centre, which was conducted by the Indian Lady Health Visitor, who resides at the centre. This class is now attended by 23 dais.

The success attained by this institution was remarkable and gave encouragement to open a second Baby Welcome and Clinic, which was done in 1919 in the Sadar locality on the Jandewala Road. The usefulness of this institution was proved within a month of its opening. The sewing and dais classes were also started in this clinic.

A third centre on similar lines was opened in 1921 at Nicholson Road. Dais classes are held at all three clinics and 32 dais have up to now qualified themselves and obtained certificates from the Punjab Central Midwives Board. The total number of dais under training at present is 68.

The above note shows the advancement and progress of the Maternity and Infant Welfare work in its successive stages, and I cannot conclude this subject without recording my great appreciation of the work done by the two European Lady Health Visitors, Misses Graham and Griffin. Their tact

in carrying out this new branch of work amongst the very ignorant and poor women, the confidence they have gained by their sympathetic behaviour among the poor; and the beneficial results produced by their advice and work have been the main contributing factors to the success that the scheme has now achieved.

"PREACHING HEALTH IN THE WILDS."

By MURIEL SIMON.

Beyond Simla, where official India spends her hot weather, lie range upon range of the massive Himalayas, rising to snowy heights of 20,000 feet and over, and dropping 18,000 feet to deep tropical valleys through which roaring mountain torrents rush, swollen in the summer with melted snow, and carrying on their swift downward way to the plains below, thousands of logs, committed to their care high up in the mountains by the Forestry Department.

This vast mountain country, with its great highways of trade—often mere forest tracts—to Tibet, Kashmere and Kulu, with its wealth of forests, and fertile river-basins where rice and other grain crops are grown in rapid succession, is parcelled out among a number of Rajput princes, who were restored by the British Government which deposed the invading Gurkhas but a century ago, and these princes—their powers and limitations clearly defined—look after the interests of some few thousand subjects, mostly land workers or simple peasants, leading a hard life of toil, insensible to the beauty all round them, fearful alike of wild beasts, malevolent gods and evil spirits, and the extortion of their over-lords.

The Rajahs themselves, though many of them now send their sons to good schools, are for the most part simple people, seldom, if ever leaving their territory except perhaps to make a marriage with some neighbouring chief's daughter, who poor girl (they are generally wives by the age of 11) leaves her parent's roof to be shut away from the outer world till she dies in some gloomy "palace"—semi-lighted, unventilated and full of women of various generations whose chief interests in life are intrigue, vice and child-bearing.

It is in these surroundings that numbers of babies are born and numbers die, the latter fate too often shared by their girl-mothers, who, weakened by their unhealthy surroundings, and lacking skilled care of doctor or midwife, fall an easy victim to the horrible customs and prejudices of the local dais, for they are considered quite good enough even for princesses.

Along the beautiful forest ways English travellers bent on holiday making, often pass admiring the picturesque palaces, built in the style of Buddhist temples, but little thinking what tragedies are enacted within them nor how lives come and go almost unregarded. It was therefore with keen interest my fellow-worker and I accepted the invitation of the Lady Chelmsford League to undertake a lecturing tour and to conduct a travelling Health Exhibition through some of the Native States. Armed with introductions from