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

the Commissioner for the States, with a touring programme carefully thought out, and transport mules for baggage and exhibition paraphernalia, and riding ponies for ourselves, we set out on May 23rd.

In all we visited 14 capitals, spending our nights at the wayside bungalows or rest houses. On arrival we would find dinner and baths ready (the mules and servants having preceded us) and a deputation of state officials to welcome us.

Arrangements had previously been made for a lantern lecture on the care of mother and baby which was generally given first in the palace, and the following night to the public in the palace courtyard, the market place or caravansari—as being the only places large enough to seat more than a handful of people. A little moral story in pictures generally followed the main part of the lectures, for we found our audiences were never very willing, or able to take in much undigested instruction. The day's halt was generally a busy one. We would set up the exhibition and pictures early and then, tom-toms having announced that we were ready for visitors, the men would come in and we would explain to each batch the meaning of the exhibit (few could read the placards explaining them), sending them off with strict injunctions to send along their wives. We always had men and women separately, even though the peasants do not keep purdah, for women's minds are almost blanks and they need quite different teaching, of a kind which the menfolk would have found boring.

Later in the day came visits to the palace ladies, wherever these were not engaged in quarrelling, and therefore unable to see outsiders. It is a fact that in some places we were told that no two ladies could meet in the same room. Visits also we paid to other purdah ladies, unable to come and see us, and numbers of poor folk would come to our bungalow hoping for the medicine that would cure their diseases in a day—how few Indians have patience with any treatment or medicine unable to do that.

Much interesting information was gathered from informal chats with these people whose lives and customs are so unlike ours, and yet who in some ways are so like our good old "District Mothers" at home.

Morality in the hills is strangely lax—girls are usually wives by the time they are 11, and mothers at 12, but their marriage is by no means their first experience of the sort. Polyandry exists in many of the state, women may have eight or ten husbands. As a rule there are few children resulting from these alliances, those there are remain the property of the mother. Some villages are so cut off from the world that the inhabitants never leave them, inter-marrying with members of their own families until the race, in the course of a few generations, dies out.

Venereal disease is rife, there is a certain sinister herb grown, said to be a cure for all forms, but after administration the victims lie in a dead stupor for two or three months, after which time he is said to arise cured; but on closer interrogation of a Vizier I gathered that death is not uncommonly the cure.

We were told many interesting stories of customs, mostly connected with feuds between local gods (over the settlement of which the Legislative Assembly itself must sit in solemn conclave). In one of our halting places, that furthest north from Simla, on the high road to Tibet, we heard that a human sacrifice was to be made in that wild region this year. A track is cleared in the forest, and a ropeway constructed to the edge of a precipitous cliff overhanging the fierce Sutlej River. The victim, bound to a plank, is sent hurtling down 3,000 feet to the boiling water below.

These are the people to whose women we are trying to teach the gentle art of mothercraft, whose men we are urging to secure education for their children—boys and girls alike—men indeed, several of them have university degrees and a veneer of western civilization.

One of the chief objects of our tour, one which seemed likely to be achieved, was to secure the interest of the ruling princes to select a young woman of good caste and send her to Simla to the Dufferin Hospital, there to be trained as a nurse dai. Thus, it is to be hoped, a good deal of unnecessary suffering may be avoided, and by the time the people have learnt to appreciate the services of a trained woman in their confinements, they may be ready for further developments. Our tour came to an end on July 8th, the day the monsoon broke in Simla. Would that its torrents could wash away prejudice, ignorance, and fatalism from the minds of India. Meanwhile we travel along the same uphill road that other countries have travelled and are travelling, the road of education and enlightenment of the masses, which must surely lead towards the knowledge that gives health and happiness and will be the best of all rewards to our efforts.

BOMBAY PRESIDENCY NURSING ASSOCIATION.

Extract from the minutes of the meeting of the Central Committee held on the 22nd August 1923.

Letter from the Lady Superintendent, St. George's Hospital, Bombay, forwarding a copy of the Resolution passed at the meeting held by nurses in Bombay, urging that there should be *State Registration of all India.*

Resolved (Resolution No. 71) that the committee is in general sympathy with the proposal for a more formal registration of nurses in this presidency. It is understood the question is already under the consideration of Government, but the committee thinks it will be impossible to have all the nurses on the Register eligible for registration in *Great Britain.* To begin with, many of them are not trained in English.

As regards *Indian Imperial Registration*, there are reasons for believing that this is not likely to be taken up in the near future. The most likely development seems to be Provincial Registration which might be arranged for in two sections—(*a*) eligible for registration in Great Britain ; (*b*) not eligible for registration in Great Britain.