There was again an epidemic of Dongre fever in October but of a much milder character than that of the previous year.

Several cases of smallpox were sent to Hospital (Taxali Gate) from the Railway Quarters but there was no necessity for opening a temporary Hospital by the Railway this year.

Dispensary Work.

Lahore.—There is again an increase in the number of dressings performed, viz., 24,190 against 20,625 in 1912. Several minor operations have taken place and the work in this department continues to be very satisfactory.

Dispensary Work Car :-

Moghaliyana.—In this dispensary the number increased so rapidly that an extra probationer was sanctioned and appointed in September.

The number of dressings performed was 15,335 against 8,050 in 1912. Here also several minor operations have been performed and the work continues to be as satisfactory as it can be under existing circumstances. The accommodation is however most inadequate and the dressings continue to be done on the verandah.

Convalescent Home.—During the hot weather months (May to October) a Convalescent or Holiday Home was opened in Murree to provide a place where Railway employees might obtain a holiday in a good climate at a cost within their means. The inmates paid a nominal fee for board on a sliding scale in accordance with their salaries. The money for rent, part furnishing, servants and also for the Sister in Charge, was largely provided by Lady Burt and also by voluntary subscriptions. Sister Hedvig who at one time acted for 3 months as a Sister on the Railway was appointed to the charge of the Home. Twenty nine people took advantage of the Home and the accommodation provided was almost continuously taken up. The enterprise was so successful that an effort is being made to provide an institution of this nature on a larger scale as a permanency and for the benefit of the whole of the North-Western Line.

Suggestions.—In the report of 1912 two wants were mentioned:—

One, the Holiday Home has been put in hand.

The second, a maternity loan box is still badly needed and an indent for it will be submitted as it is an urgent need.

THE WORK OF THE BOMBAY MUNICIPAL NURSES.

BY MRS. MICHAEL.

(Read at the 1913 Conference).

BEFORE speaking about the work of the Bombay Municipal Nurses I would like to say a word or two about infant mortality in the East. We have to face the fact that there is a tremendous infant mortality in India. In the year 1912 the number of births registered in Bombay was 21,518. Of these, 1,668 were still-born and 2,337 died within one month. The proportion of still births was the lowest since 1909. This decline is probably due to the increasing number of births with skilled attendance.

There is also a great mortality amongst mothers during their accouchement and during the puerperium particularly amongst the women of the poorer classes, last year in Bombay 427.
What can we do to help the expecting mother during the time of her urgent need and what measures shall we take to preserve the lives of both mother and child? This is one of the most important questions in India to-day, if only from an economic point of view.

The obstetric hospitals in Bombay such as the Bai Motibai Hospital, Cama Hospital, etc., are doing splendid work for the poor women of Bombay. They have done much to solve the problem. But there is still a large number of women, not only in Bombay but all over India, who on account of home ties, such as a sick husband or very young children cannot go to Hospital; others again full of a superstitions dread would sooner die undelivered in their wretched homes than go to hospital. It is to help these unfortunate that Dr. Turner, the Executive Health Officer instituted, more than ten years ago, a new branch of the Health Department, viz., The Bombay Municipal District Nurses.

There are only ten Municipal nurses. This number is insufficient to help all who need their care.

1. We need more qualified nurses for district work.
2. The more intelligent dai and their daughters should have a course of training, particularly in what not to do.
3. The criminal and careless dai should be put down with a strong hand in the same way that unqualified midwives are dealt with by the C. M. R. London.

The Municipal nurse not only attends confinement cases amongst the poor women of her district but she also visits every mother in her particular district shortly after the confinement, and instructs the relatives in a simple practical manner, as to the care of both mother and child. In 1912 the nurses visited 14,417 mothers.

Before concluding I should like to say a word about the work done by the Anti-Tuberculosis League, for which I have been working since December last. Soon after the Coronation Durbar and the visit to India of Their Majesties, various projects were discussed to commemorate these events. Mr. Ratan Tata suggested a campaign against Tuberculosis. With this view, he offered to contribute the insufficient sum of Rs. 1,50,000 under certain conditions, and spread over a period of ten years. Dr. Turner was approached on the subject and it is due to his untiring zeal that the scheme ultimately crystallized. Dr. Turner and Dr. Chosky are the Joint Honorary Secretaries of the League.

The Tuberculosis Dispensary which is called by the name of King George V, is the first charitable dispensary of its kind in Bombay, and is part of the first organized fight against tuberculosis here. We started work unofficially in December 1912. On December 2nd we had our first patient, and now in November 1913, we have over 1,900 patients entered in our books. A good percentage are sufferers from tuberculosis. At
BOOK REVIEWS.

FLORENCE NIGHTINGALE'S WORK FOR INDIA *

A perusal of the chapters of Sir Edward Cook's "Life of Florence Nightingale" dealing with her heroic and indefatigable labours for the inhabitants of India, European and Native, quickly dispels any lingering conception one may still have of this great woman as some angel of goodness and mercy, the picturesque "Lady of the Lamp" whose methods were those only of gentleness and devotion. Even in the Crimea such qualities by themselves would have been of little value; administrative skill, and an intellectual grasp of the work to be done combined with the resolution and vigilance required to carry it through were of much greater importance than the commoner and more womanly virtues. In her work for India even more the intellectual qualities were paramount. Doubtless the inspiration for it is to be found in her all embracing compassion and in the imaginative power which enabled her to realize the misery of India from the arid pages of official statistics; but in the performance the chief requirements were a clear brain, a capacity for prolonged mental toil, and the ability to influence and control a long succession of ministers and officials. The extent of this influence was truly amazing and the wonder of it is increased by our knowledge that for many years it was exerted by a bedridden invalid.

*A general review of Sir Edward Cook's Life of Florence Nightingale appeared in the March number of the Journal—Ed.