

their joint services for the sum of seventy-five rupees a month. By the multiplication of training schools which give a very meagre training and accept as probationers girls of such an education and outlook on life as will prepare them to marry a man who will attend to the garden and heating and "make himself generally useful," the supply for demands of this kind is forthcoming. The governors of the hospital are to blame for abusing their trust as employers and guardians of nursing, by creating such an opening; the press is to blame to a certain extent for printing such an advertisement, but the chief blame lies with the schools which produce the type of nurse who will accept such posts, and with the doctors and qualified nurses who fail to put the lay governors right on those vital points, the class of candidate to train and the dignity and standing of the profession.

NURSING IN ENGLAND AND IN INDIA. A CONTRAST.

By MISS MURIEL SMITH, CHARING CROSS HOSPITAL, LONDON.

IT may be of interest to many of the nursing sisterhood in India who have never had an opportunity of visiting the great free Hospitals of London, to hear some account of the training of a nurse in these vast institutions.

On general lines the training in London and in India is somewhat similar. In a large London Hospital the nurses not on night duty rise before six (winter and summer). Prayers at 6 o'clock and breakfast at 6-30 a.m. This meal consists of bacon or fish or eggs, with bread and butter and jam, and tea or coffee.

After breakfast the probationers are set to work cleaning up the wards and performing many duties which fall on the ward boys and scavengers in India. This class of servant is wholly wanting in England and hence it is that probationers dislike this task above all others. But it has its advantages, as an English trained nurse can meet any emergency whether in Army nursing or in the care of the sick poor in their own homes.

When the wards are cleaned and the patients made as comfortable as circumstances will permit, the House Surgeon pays his visit and his orders are noted down by the Ward Sister or Staff Nurse. When the Honoraries, of whom are a number eminent as specialists, pay their visits with the students, cases requiring special surgical or medical treatment are observed.

As in ancient Rome all roads were said to lead to that city, so to London are brought all the latest discoveries in the world of

science and medicine, and there they undergo a complete test by men best qualified for that purpose. In this way the English trained nurse has a great advantage over the nurse who has never left India, for even in the best Hospitals in India they are several years behind London now-a-day practice. I will give one or two illustrations later on. For the present I will confine myself to the routine work of the twenty-four hours.

At 12-30 p.m. we dine on a slice of meat, two vegetables and a milk pudding. Water or lemonade is the only drink. Beer and something stronger of which the Sairey Camps speak with such unction, have long since departed with the type that Dickens has made so famous.

After dinner, work is resumed till 9 p.m., when the relieving staff for night duty comes on. I should mention half an hour at 4 p.m., for tea and bread and butter, and supper at 9 p.m., somewhat similar to dinner. It is a common joke in London, and indeed throughout England, that Hospital nurses, when dining out have large appetites since they seem to enjoy the variety of dishes placed before them. I myself think that "bacon and beans versus beans and bacon" is not a menu to pique the appetite. The quantity of food is adequate, but there might be a little more variety. Contrast this with the piquant curries, the luscious chutneys, molees and fritters of our Indian cooks and here you will see that in the matter of variety the Indian trained nurse has the advantage.

I have said that the night staff come on duty at 9 p.m., and work on uninterruptedly till 9-30 a.m., The hours I consider excessive and the number of nurses inadequate, but the system on which the great free Hospitals of London run—voluntary contributions and no Government grant—prevents the Committee from employing a larger staff of nurses, but everything is done to keep them at the high water mark of efficiency.

At most of the leading London Hospitals a four years' course of training is insisted on, and in the best managed institutions in India a similar rule is enforced, but I know of one remarkable exception in India where after a twelve months' course a probationer is allowed to go forth to the world as a duly qualified, certificated nurse, willing to take up even the most difficult cases. Surely a certificate of efficiency after a twelve months' course is utterly absurd, and the sooner this rule is altered the better for the good name of nurses in India. I believe in a four years' course and I think it none too much, as that great authority Sir Frederick Treves said when asked what he considered the best

treatment for a difficult case, "Good nursing". When nurses are registered as medical men now are, the lists should be divided into four classes—those with four years' training, those with three years' training, those with two, and those with one. All things being equal, the nurse with four years' training is certainly better than one trained for a less period. But in all professions there are geniuses and these can be allowed for. The register should be "the vellum of the pedigree she claims," as much to the nurse as to the medical practitioner.

Everything in the training of a nurse depends on the quality of the matron. In addition to administrative ability the matron must be tactful, kind, and have a hand of steel behind the velvet glove, and thus only can she hope to keep in check one hundred or more young women in robust health. I have heard of a case in which the ward sister said of a probationer that "she was as conceited as a pig, as stupid as an ass, and as clumsy as a crab," yet under the tactful management of a kindly matron this ugly duckling matured into a really skilful nurse, and now holds a position of trust in one of the big London Hospitals. The great London Hospitals are indeed fortunate in the gifted women who organize and rule the nursing staff.

The matrons of the chief London Hospitals have a far higher position and wield more authority than the matrons of our big Indian Hospitals, although these latter receive more than double the salary of their London sisters. In the question of salary there is very little difference between the stipend of a London nurse and one in India of the same standing. The ward sisters and the matron are certainly better paid in India, but the juniors get little more and have easier work in the East than in London.

In London, theatrical managers, impresarios, and musical directors are liberal in their donations of free tickets to the better parts of the house to the great "Frees," so that the nurses have opportunities of seeing all that is worth seeing in the artistic world. Again, money goes a great deal further in London than in Bombay or Calcutta, so that even on £26 a year a nurse can make a more presentable show than her sister can in India.

The curriculum of study for a nurse at a London Hospital is as follows:—

First year:—

1. Elementary Practical Nursing.
2. Invalid Cookery.
3. Elementary Anatomy and Physiology.

Second year:—

1. Medical and Surgical treatment and nursing.
2. Advanced Anatomy and Physiology.

Third year:—

1. Medical and Surgical Nursing.
2. Theatre work.

Final Examination.

Fourth year:—

Staff-nursing in Hospital.

I promised to give one or two methods of surgical practice in England which have not as yet extended to the East. For instance in abdominal operations the practice in London is to prop the patient up in bed for a few hours after completion of operation. In India several days must elapse before the patient is similarly treated. Again in the matter of diet, after abdominal operations solids are not given in India for a week ; in London on the contrary an aperient is administered 48 hours after the operation and then the patient gets solid food. As to medical treatment in dropsical cases in India, after the adjustment of the cradle and surroundings, vapour is admitted by means of an ordinary bronchitis kettle until the requisite temperature is obtained. In London practice, the radiant light bath is given in this way—within the cradle are fixed four electric tantalums and when the electrical current is turned on a dry heat as high as 116° Fahrenheit can be created within the cradle so that the body of the patient instead of being treated with watery vapour, is surrounded by a radiant light as well as dry heated air. The tantalums are so arranged that one or more can be removed when the requisite amount of heat has been obtained.

In some of the Hospitals, massage is still a part of the course. The Indian trained nurse has but little to learn even from the best systems in vogue at home in this respect. Even the vaunted Swedish system in the hands of an expert, cannot be compared with the shampooers of your Indian *hum-hums* (Turkish baths.) India is the home of the masseuse. In all the great zenanas are attendants whose daily business it is to soothe their mistresses to slumber under the manipulation of their deft fingers. Even an Indian ayah is so skilful in the art of shampoo that many a lady has had occasion to be grateful to the soothing touch of her Indian nurse when she returns wearied after a night of continuous dancing at a ball.

Perhaps in another letter I may give a few more instances of difference in the practice in London and Indian Hospitals.