

position? Not all the training in the world will give them the character and love for their work which actuate most Christian nurses, and it has of late seemed to me a very great pity to push them on beyond the powers of the great majority, and try to force them to become the same as European nurses, an impossibility at the present stage of their evolution.

We may as well acknowledge once and for all that Indian nurses *at present* are not capable of what some of us want from them and have hoped of them. It will come if we are faithful in our day and generation, though not in our time very likely, and in the meantime it behoves us to make the best conditions we can for them until they are able to fight their own battles.

As a matter of fact, when the bye-laws were sent to me for perusal I wrote to the Secretary saying that I had understood that this point was to be referred to the Central Committee for discussion, but the papers were returned to me unaltered. If you think anything should be done in the matter there is still time for the Central Committee, of which I am a member, and as it has not yet met to consider these bye-laws, we could send them a request to specially consider the needs of our native nurses and not mete out this injustice to them. A clause could be inserted to the effect that for Indian nurses, the three years shall include midwifery *at present* and a certificate to that effect differing from the Eurasian or European full certificate should be given.

On motion, the discussion of this paper was deferred till Friday morning.

Miss Wilkinson then read a paper on recreation for Indian nurses.

RECREATION FOR INDIAN NURSES

THE importance of considering the social side of their life in training Indian girls as nurses is very great, and all who undertake this work are responsible not only for their training in the wards, in the strictly professional side of nursing, but for their social, moral and spiritual training as well. Few, if any, Indian girls take up nursing as a profession for real love of the work, for the desire to help their fellow country-women, but generally because they are obliged to earn their own living and are not considered clever or smart enough to train as teachers. So the head of the school or orphanage suggests to a girl that she should go in for nursing, certainly perhaps putting before her something of the ideal of what nursing should be, but I do not think Indian girls are taught sufficiently the great honour it is to be a nurse, to minister to others, and that in this work, perhaps more than any other, their lives most closely resemble our Saviour's.

instead of, in the case of a medical or surgical case, having to stay all day or all night.

But that does not materially concern us, we do know very well she makes a far better midwife for her years in the other wards, specially in the practice of surgical cleanliness in the theatre and adjoining wards.

What does concern us, we as far as my hospitals are specially concerned, under whatever rules may be finally sanctioned, you in as far as this is the pioneer Presidency Association and will throw out feelers that will touch, and I hope enfold all of you who are training School Superintendents in a fraternal and progressive embrace. What does concern us is this, will our native nurses consent to stay another six months in order to be recognised as competent to practice a department of the profession they don't want to follow? I suppose it is very seldom a native nurse goes to nurse a private surgical case unless she is attached to a hospital as are my Private Staff—but I believe I have started the first and only private institute for native nurses in connection with a hospital, or otherwise. *She* will say: "Why must I spend three years in learning what I don't want before I can learn the thing I do want?" Will they declare the game is not worth the candle, and shall we be trying to put too much upon them?

On the other hand, will it be advisable to try and get a separate status recognised by the Bombay Association for natives? Shall we ask for a distinct lower certificate for native nurses, for which they must work three years including midwifery, but that if they *wish* to get the full recognition and full diploma of trained nurse and midwife, they must stay the extra six months and pass the examinations included in that course? It seems to me it is rather hard that they should only be called "midwife" after three years' good training in all things appertaining to a general equipment.

For the European or Eurasian we must of course fall into line and insist on three years' general, and if they want midwife the extra six months. It is not fair to the other hospitals who do not include midwifery, and it is quite just.

But my training school and many of yours are for natives chiefly or entirely. What is the best attitude to adopt with regard to them and this question? By insisting on the prolonged course, are we not trying to force what is not there?

Although my nurses have the same courses of lectures and training we do not expect of them what we do of a *good* Eurasian nurse. Is it fair to insist on this extra time when we know it will not fit them for a higher

We know well enough that it *must* come, the thin edge of the wedge is already hammered in, after five or six years' work; and one large corner of India insists on proper training and registration, for each nurse holding the Association's certificates will be registered by Government.

Now, these bye-laws are not yet passed by the Central Committee, and as our own Association of Nursing Superintendents is already agitating for uniform training all over India, I want to ask your consideration and opinion and advice on a rule that affects many hospitals very closely, and will probably in time affect those of you who have native nurses in training.

There are to be three certificates:

- (a) for Nurses,
 - (b) „ Obstetric Nurses,
 - (c) „ Midwives.
- (a) Nurses must have completed the curriculum laid down for three years and pass the examinations.
 - (b) Obstetric Nurses must have the above certificate plus six months' Midwifery, according to all regulations laid down.
 - (c) Midwives must have six months' nursing of women and children, and six months' midwifery as above.

Now, I believe that most hospitals who train native nurses teach them midwifery in the three years' training.

Those of you who know either me or the paper I wrote for last year's Conference know very well that my firm convictions are with regard to the length of training for all nurses, most certainly for native nurses.

Our position at the Cama and Allbless hospitals is this:—In 1904, the training was raised to three years the first nurses with the full certificate passing out in 1907, but this *includes* midwifery. We have excellent surgical work, children's nursing, and ordinary medical cases of every kind, with the best of gynæcology.

We have no men, and consequently get a good type, caste, and class of native nurse. I also have about a dozen Eurasian pupils with very occasionally an English one.

The aim and object of the native nurses is to get to the midwifery wards, and as we often say, they swallow the rest of the work in all the other wards, that being the pill which has to be taken in order to get the jam. When they leave the hospital, if they go private nursing on their own account, it is chiefly midwifery cases they take. They get more money, charging the fee for delivery, and then only visiting daily