Having torn these up in readiness I was able to dress baby very comfortably and return to hospital. The natives consider it very wrong to prepare clothing for either the baby or the mother beforehand, and this to me is naturally a constant source of distress.

NURSING IN KANGRA.

By The Honorable Florence M. MacNaghten.

The editor has asked me for an account of the medical work in Kangra. May I first introduce myself to the readers of the Nursing Journal as one of the earliest members of the A. N. S. L., having been present at the very first Conference, which was held in Lucknow, January, 1905.* At that time I was Nursing Superintendent of St. Catherine’s Hospital, Amritsar, and for the last five years I have been Nursing Superintendent of the Maple Leaf Hospital, Kangra. Perhaps Kangra is a name unfamiliar to many, except as the centre of the terrible earthquake of April, 1905, when 10,000 are said to have been killed in Kangra town, and 20,000 throughout the Kangra District. The C. M. S. missionary in charge and two ladies and many Indian Christians were killed and the whole mission plant was absolutely destroyed. The work in those days was principally evangelistic and educational, but from December, 1906 when the Rev. R. H. A. Haslam and his wife (M.B. of Toronto) were sent from Amritsar to carry on the work, Zemana Medical has been a large feature of the mission, and since January, 1911 when the Missionary Society of the Church of Canada took over the work from the C. M. S., it has spread still more. I joined Mrs Haslam in March, 1909 when the work was mostly dispensary.

Gradually the little hospital has become known and appreciated and this last Autumn we enlarged our building and can now take in about 15 patients. We are also building two “family” wards a little apart from the Zemana hospital, where we shall be able to accommodate a male relative with the patient, as we find that patients often come in from distant villages, and will not stay unless they can have either father, husband, or brother with them. It has often been difficult to know what to do in our Zemana building, though here in a Hindu district there is much less of the pardaah system than down country, and in towns like Amritsar and Lahore. As an example of our forced laxity I will amuse you, I think, by mentioning a few of our patients and relatives this last June.

* Miss MacNaghten was the first President of the Association of Nursing Superintendents. Editor.
In maternity Ward—Christian mother and infant. In other wards,
1. Hindu infant (fever and convulsions) brought six miles
   by father and mother—grandfather also occasionally came for a night
   or two.
2. Brahmian woman (tubercular ulcers) from 16 miles away with
   grown up niece and nephew.
3. Rajput woman (fever and spleen) from 30 miles away with her
   husband.
4. Mahomedian woman (pelvic abscess) from 7 miles away with hus-
   band and three children. A brother with a sheep arrived one day, but I
   firmly declined to accommodate them also.
5. Hindu woman (cellulitis of foot) from 4 miles away with husband.
6. Brahmian woman (calculus of bladder) from 15 miles with
   husband.
7. Mahomedian woman (cancer) from 35 miles away with husband.

So far I have only had one Indian Christian woman to help in
dispensary and hospital, but a fully trained Indian nurse and dai is
coming to us in October and I am hoping soon to be able to start
training young Christian girls as nurses.

Our maternity work is interesting, and has fallen mostly to my
share, as Mrs. Haslam has young babies, and has often been obliged to
keep from this work, and also for five months each year she has to be
away in the Hills. I feel thankful for the training in this line that
I got in Amritsar where our city work reached to over 2,000 cases a
year and where I generally accompanied our doctors to difficult cases,
little thinking then that I should ever be called to attend such cases
alone. I had seen a good deal of the evil treatment by untrained dai
in Amritsar, but that was nothing compared to the ignorance, supersti-
tion and evil treatment of the dai of this district. At first we were not
called till the dai had done their “worst” and the patient was thought
to be dying, perhaps on the 5th, or even 10th day of labour.

One case to which I was called on the 10th day of labour was a
young girl of 18 with some pelvic deformity. All pains had ceased for
four days and on my arrival (after a drive of ten miles and a walk of
two miles) I found her with a temperature of 104.6 and pulse of 148.
Forceps quickly delivered the already decomposing infant and, wonderful
to relate, the mother made a good recovery, with the result that I have
had several calls to villages in that part of our district.

Another interesting case was that of a shoulder presentation. I
was only called after the dai had been pulling on the arm for a long
time, and on arrival I found the arm terribly swollen and absolutely
black. However I managed version and the mother was safely
delivered,
NEW MEMBERS.

We are very anxious to start a training class for dais and are expecting three or four women in from different parts of our district next October for a six months' course to be followed by examination. Our Deputy Commissioner has been very much interested in our maternity work as he often heard favourably of it from the people while out on tour, and he has got the different Municipalities to offer scholarships to the women who come for training. If the women consent to continue to work for two years we shall send them up for the Government examination in Lahore.

Mandi State is in our district and the English Resident and the leading Indian men there are begging us to start medical work for women in Mandi City (85 miles distant), whose condition they say is fifty years behind that of women in other parts of India. Mandi hopes to send us a woman to train as a dais this Autumn.

We are looking forward in October to the arrival of Dr. Archer (Canadian) late of the C. M. S. Hospital, Ramgath, Bengal, who is joining our mission and will open a men's hospital with a women's ward in Palampur, 22 miles from here. At present he has no trained nurse coming out, so I have promised him to go over and give nursing help when I can. He will help us at operations here in return, but we badly need another lady doctor permanently stationed here, and that would free me for more distinct nursing work, and for the training of Indian girls which we nurses all feel to be such a very important work.

If any of the members of the A. N. S. I. and T. N. A. I., ever come for a trip into the Kangra or Kulu valleys they must call and see the Maple Leaf Hospital in Kangra, where they will be sure of an Irish welcome from the Nursing Superintendent, the writer of this paper.

NEW MEMBERS.

TRAINED NURSES' ASSOCIATION OF INDIA.

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<thead>
<tr>
<th>Name</th>
<th>Training</th>
<th>Present Appointment</th>
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<tbody>
<tr>
<td>Constance Emily Nicholson</td>
<td>Austin Hospital, Women's Hospital, Infectious Diseases Hospital, Victoria, Australia</td>
<td>C. M. S. Medical Mission, Ramgath, Bengal.</td>
</tr>
<tr>
<td>Mary Culverhouse</td>
<td>Civil Hospital, Karachi, Infectious Diseases Hospital, B. P. N. A.</td>
<td>Karachi.</td>
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*Note:* Miss Nicholson is also a member of the Association of Nursing Superintendents of India.