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. I., 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, *Zenana 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 zenana 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 zenana building, though here in a Hindu district there is much less of the *pardah* 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. Brahmin woman (tubercular ulcers) from 10 miles away with grown up niece and nephew.

3. Rajput woman (fever and spleen) from 30 miles away with her husband.

4. Mahomedan woman (pelvic abscess) from 7 miles away with husband 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. Brahmin woman (calculus of bladder) from 15 miles with husband.

7. Mahomedan woman (cancer) from 55 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 *dais* in Amritsar, but that was nothing compared to the ignorance, superstition and evil treatment of the *dais* of this district. At first we were not called till the *dais* had done their "worst" and the patient was thought to be dying, perhaps on the 6th, 8th 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 *dais* 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.

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 *dai* this Autumn.

We are looking forward in October to the arrival of Dr. Archer (Canadian) late of the C. M. S. Hospital, Ranaghat, 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.

Name.	*Training.*	*Present Appointment.*
Constance Emily Nicholson.	Austin Hospital, Women's Hospital, Infectious Diseases Hospital, Victoria, Australia.	C. M. S. Medical Mission, Ranaghat, Bengal.
Mary Culverhouse ..	Civil Hospital, Karachi, B. P. N. A.	Infectious Diseases Hospital, Karachi.

Note:—Miss Nicholson is also a member of the Association of Nursing Superintendents of India.