

liver, pneumonia, dysentery, and the other ills of an Indian life. Medical officers I had in plenty; also a most excellent staff of warrant officers (apothecaries); but for Nurses I had absolutely no one but the rough, hard-handed comrades of the sick. I ask anyone to consider what this meant—fifty cases of typhoid fever, with perhaps some fifty other cases requiring good nursing, the thermometer standing 90deg. in the wards and 115deg. in the shade, and not one single Nurse to attend on the sick. I was so impressed with the absolute necessity for Trained Nurses, that I wrote and published a pamphlet on 'Nursing in our Indian Military Hospitals,' which was, by kind permission, dedicated to Lady DUFFERIN. This, I am glad to say, drew attention to the facts of the case. At the same time, her Excellency Lady ROBERTS instituted her Homes for Nurses in the hills, and, in anticipation of the action of the Indian Government, raised funds and got out a number of excellent lady Nurses, who were distributed among the military stations, and did good work in our Hospitals till the arrival of the Government Nurses. Now all is changed. The Government of India has a Staff of most excellent and skilled lady Nurses for duty in our Military Hospitals, and these can be sent by the P. M. O. of a district wherever required. During my five and a-half years' tenure of the charge of the Lucknow Hospital, we had just six hundred cases of typhoid fever to deal with, including officers, men, women, and children; this, be it remembered, in a garrison averaging two thousand five hundred European soldiers. Compare this with the outbreaks (!) so-called, in Dublin, where in a garrison of some six thousand men twenty-five or thirty cases of enteric fever entailed an expenditure of thousands of pounds on the Royal Barracks, on the recommendation of Sanitary Commissions, *et hoc genus omne*. The people of England have little idea of the amount of sickness that occurs among the young officers and soldiers serving in India, and the Medical Staff of the Army can point with pride to the fact that the mortality is, considering the circumstances, wonderfully low. During the five and a-half years I was at Lucknow, we lost nearly seventy officers and men from enteric fever alone—a really small proportion when we think of the number of severe cases and the climate we had to contend against. I can, however, state with confidence that since the arrival of our military Nurses, medical officers have been able to treat their patients with much greater confidence, and that the results have been most satisfactory.

"WHO that saw them can ever forget the labours of Miss JAMES, the Lady Superintendent, and her Staff of Sisters during the outbreak of enteric last year? And I feel convinced that many valuable lives were thereby saved. I have entered into this digression in order that the public may know and understand the real necessity that exists for Trained Nurses in India. The question is how to give practical effect to Miss CUTHELL's suggestion to supply the need. Miss CUTHELL takes rather a sanguine view of the case when she writes: 'Once in India, a qualified Nurse would make a very comfortable living; the pay is excellent, the demand large.' Now, here I must differ from Miss CUTHELL. There is no doubt that the 'demand is large,' but I regret to say the pay is not excellent, nor could a qualified Nurse count on making an excellent livelihood—at all events, not unless she were one of a Sisterhood, with a fixed home to return to during the intervals of employment. Rs.150 (about £10 at the present rate of exchange) per month, with 'travelling expenses, and 'keep' while unemployed, is all the best of Nurses could expect or ask for. It must be remembered that

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those most likely to require nursing are young civil or military officers, planters, clerks, &c., lately landed in the country. The pay of a young civilian is about Rs.400, that of a second lieutenant Rs.200 a month, and of the other classes less, and out of these sums all the expenses of living, rent, servants, keep of horses, &c., have to be met.

"ADMITTING that a Nurse gets Rs.150 a month and 'all found,' she must have a local habitation to which to return during the intervals of employment; and to those who know India and its expenses it will be evident that Rs.150 a month would be quite insufficient. There are clothes to be paid for, trips to the hills for a change absolutely necessary, and all the various expenses of an Indian life. The Government of India, which never, so far as my experience goes, treats its medical servants with an excess of liberality, gives a *minimum* pay of Rs.175 per mensem to the junior lady Nurses, with house rent, furniture, and many other advantages, and, as they live together, their expenses are, of course, comparatively low. I must not be understood as in any way desiring to throw cold water on Miss CUTHELL's proposal, but I think it right that the 'pros and cons' of the subject should be duly considered.

"IN the present condition of Indian finance, with the rupee fast falling to a shilling, and a party of loud-voiced 'geese,' as Sir LEPHEL GRIFFIN aptly called them, cackling for the abolition of the monopoly in the growth and sale of opium, which would entail a loss of five millions sterling, no help can be looked for from the State. Lady DUFFERIN was able to raise an enormous sum of money to provide medical aid for the women of India; will no equally philanthropic lady take up the case of the young English men and women who perish yearly for want of proper nursing? The only way, in my opinion, to provide 'Nurses for the English in India' is to raise a national subscription, and establish Nurses' Homes in central places, each under charge of a Matron, and from which Nurses could be obtained upon application. In the Bengal Presidency, Lucknow, Amballa, and Rawal Pindi, would be suitable places, with a 'home in the hills' for the Nurses to go to for a change. In Madras, Bangalore and in Bombay, Poonah would be suitable centres, with another at Jubbulpore for Central India. To carry out such a scheme, or, indeed, any scheme likely to succeed, would require a very considerable capital, and I am convinced that it would only lead to disaster if Nurses went out to India on their own account in the hope of obtaining a living. I am aware that there are one or two who have done so, but they have relations out there, with whom they live during the intervals of employment. I can only say, in conclusion, that my experience and assistance are at the disposal of any one who will take the matter up on the lines I indicate."

THE following announcement from Mr. J. G. WAINWRIGHT, the Treasurer of St. Thomas's Hospital, has been sent to Mr. BURDETT's anti-Registration organ, the *Hospital*, and as a specimen of the manners and customs of the opponents of the Association is very interesting. "The Royal British Nurses' Association.—It has been often stated that Nurses and others, who have ceased to pay their subscriptions to the R.B.N.A., and who have so retired from membership, find that their names still

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