

our troops and police during the recent plague riots, sound a note of warning, and we think Sir Anthony MacDonnell (Lieutenant Governor) has done wisely in striking out the final clause of the plague regulations, thereby depriving the civil surgeon of the power to order the removal of a patient to the general hospital.

SINCE the enforcement of this regulation, the temper of the people has been sullen, and uncertain, but the proclamation embodying a *modus vivendi* concerning plague regulations which has been distributed broadcast in Cawnpore, has had a good effect.

IN a letter lately received from Sister Snowdon, R.N.S., from Bombay, who has been working on the Port Health Staff since October, as inspector of female and child passengers leaving Bombay, one gathers how stringent are the regulations in relation to natives. All third-class passengers by steam vessels, and all passengers by native craft, are thoroughly overhauled by medical or nursing inspectors, who look out for symptoms of fever, buboes in neck, axilla, and groin. On one morning alone 28 cases of small-pox desirous of travelling were detained, and cases of measles, chicken-pox, and leprosy, are often discovered.

As a rule, all detained cases are kept until the boat has sailed, then are sent either to the hospital or their homes. All third and fourth-class passengers leaving India, have to go to the disinfecting shed, where all their clothing is disinfected. The work of inspecting appears to be very arduous, as hundreds of passengers have to pass through the hands of the Sisters in a few hours.

SISTER SNOWDON says:—"Poor India is suffering sadly, the plague is worse than ever, small-pox frightfully bad in Bombay, and the famine unprecedented, and, consequently, the misery of the people very great." What wonder that these afflicted people are roused to rebellion; their ways are not our ways, and our oftentimes coarse handling, through ignorance of caste and customs, accentuates a sense of hatred which more *innate sympathy* with the coloured races might avert. The Britisher has a heavy hoof.

A LARGE increase in the number of the *personnel* of the Indian Army Nursing Service, is under consideration by the Department. This is good news. Many more Nursing Sisters are required for service with the Army in India, if valuable lives of soldiers suffering from enteric and

other diseases are to be saved; and the Sisters, with a few exceptions, have won much esteem from all classes of the community in our Eastern Empire.

THE Government of India have sanctioned the adoption of the uniform dress for the Indian Nursing Service as shown below:—Winter—Grey beige with red cashmere stand-up collar, red belt, and red bands on sleeves below elbow. Summer—White cambric with bands of Turkey-red twill. (Lady Superintendent's dresses made with red waistcoat and red cuffs.) Cloak—Grey tweed with lining to cape. Small cape—Of winter dress material lined with red. Bonnet—Grey straw trimmed with grey ribbon. Hat—Sailor, white straw with white ribbon. Caps—Dora white, Lady Superintendent's caps have lace edging. Apron—White with bibs, but without straps; for duty only. Cuffs—white. Collars—white. Lady Superintendents are permitted to wear mufti when off duty, but Nursing Sisters, unless when on leave or attending evening entertainments, will wear uniform at all times. The only exception to this rule is the permission to wear a habit when riding. In bicycling lady nurses are permitted to wear a plain grey cloth jacket.

A LEPER in England, says *Mercy and Truth*, is looked upon with the same investigating interest of the medical profession and half-incredulous curiosity of the lay public, as is excited in the minds of the ornithologist and the man in the street who hear of the visit of some rare foreign bird to a London park. Were there 200,000 poor victims of the disease of leprosy wandering about the roads of our country, medical interest in them might flag, but public sympathy would probably arouse itself to relieve as far as possible the sufferings of those victims.

The England of the East, Japan, sees unheeding and unaiding just that number of lepers in her midst.

Religious foreigners have supplied her with three institutions to combat the horrors and shame of the sufferings of these 200,000. A Roman Catholic Institution in the middle island receives lepers, and the Mission to Lepers in India and the East provides a quiet spot where Christ, the healer of Lepers, is held up as a Saviour to the dying ones who creep thither.

The Leper Hospital at Kumamoto is the third institution. This hospital is under the immediate control of two ladies and a native clergyman working in the C.M.S., and its Council includes three other Japanese Christians

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