

very hopeless; an old lady, probably a grandmother, will tell you cheerfully she is twenty. An answer we sometimes receive is, "If you, Madam Sahib, do not know my age, how should I?"!

The condition of a patient on her arrival in Hospital is generally extremely dirty. This state of things would not astonish any Nurse accustomed to the large Hospitals of London or America, but it upsets our preconceived notions of Eastern cleanliness. When we come to analyse the ablutions of the lower classes, we find they consist generally in throwing cold water over the body, soap being apparently an expensive luxury.

However, a good warm bath and plenty of scrubbing soon effects a transformation scene. Whilst in bed the patients of all castes alike wear an ordinary night-gown, and, when convalescent, white sarees, supplied by the Hospital. The only exception made to this rule are the Parsees, who attach a religious significance to some of their articles of clothing, so, as we are very careful not to offend any religious prejudices, we keep sets of Parsee clothing on purpose for them. On admittance to the Hospital, a patient's clothes are returned to her own friends; we find this a more convenient plan than having a receptacle for garments that are often very dirty.

A patient arrived at the stage of convalescence, on receiving her discharge, often displays great gratitude for all that has been done for her in Hospital, and will cause her friends to bring garlands of white scented flowers, one for each doctor and nurse in charge. And however much one may object to the strong scents of those Indian flowers, it would hurt the giver's feelings greatly to remove the wreath from one's neck, so long as she is still in the ward.

In case of a patient's illness taking an unforeseen turn, and very little hope of recovery being left, we often have great difficulty in persuading the friends to leave her in Hospital and to give her every chance that medicine and care will do; amongst Hindoos and Parsees there are certain religious ceremonies performed over a dying person which cannot be done under a Christian roof.

One of the most common of medical cases in India is dysentery, and about this a Nurse fresh from Europe would probably have a great deal to learn.

Typhoid fever also runs a different course to what we are accustomed to see it, being greatly mixed with malaria. Whilst, happily, scarlet fever and diphtheria are extremely rare. Of tetanus one sees a good deal in India, not only traumatic but also frequently arising from cold. Native women have a practice of taking a cold bath directly after the birth of a child, thereby contracting a chill, too often followed by tetanus.

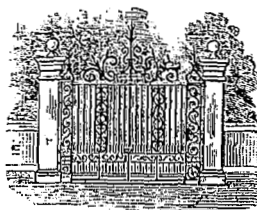
We find that antiseptics are very little required in India, the open-air life of the wards, the absence of closeness and the current of fresh air obviates the necessity for them. All that is required in attending both surgical and midwifery cases is care and exquisite cleanliness.

Hospital work in India is, from a Nurse's point of view, very bright and interesting. The idea exists in some minds that it is a life demanding a Nurse of extra health and strength. But practical experience does not show this; what is imperatively required is a large amount of courage, perseverance and patience—qualities which every good Nurse possesses.

IDA CHINNERY.

Outside the Gates.

WOMEN.



Princess Christian opened the new Convalescent and Holiday Home of the Association of German Governesses, 16, Wyndham Place, Bryanston Square, on Wednesday. The Home is situated at Castle Hill, Ealing.

The Duchess of Teck will open a fancy bazaar in aid of the funds of the Great Northern Central Hospital, Holloway Road, to be held in the new buildings of the Institution on Wednesday, April 18, and two following days. The new buildings, the construction of which is now complete, will be opened as Hospital wards in June.

The ladies' streets collection for the London Hospital Saturday Fund has been fixed for July 7th.

A woman inspector was appointed by the London County Council last week, at a salary of £100, to carry out inquiries under the Infant Life Protection Act and the Shop Hours Act. A man inspector for the same Acts was also appointed. Mr. Crooks contended that both appointments ought to be given to women. The Committee, however, reported that "although a woman would be useful in correspondence and inquiries in their earlier stages, the bulk of the work was of a detective character and could best be performed by an experienced man."

Miss Olive Schreiner was lately married to Mr. Crinwright, a young colonist of forcible character, with advanced views on South African politics. The bride will still be Olive Schreiner, for she has no intention of changing her name. They propose to live on a farm far up the country, in the Karroo. Mr. Crinwright is about thirty years of age.

The author of "A Yellow Aster," which some have ascribed to Olive Schreiner, is Mrs. Mannington Caffyn, the wife of a physician who formerly lived in Australia, but now lives in London. The doctor is the author of three tales. "A Yellow Aster" is now in its fourth edition, and is the book of the hour.

Mrs. Caffyn told a *Chronicle* interviewer that she was not a literary woman, nothing of a blue stocking. Her father was a great lover of books. Most of her novel was written in Australia, in the quiet of the bush. The last chapters were finished in London. The authoress defines her book as "a study of the maternal instinct awakening at a late hour, with the consequences of the late awakening. Until that instinct does awaken, the woman is not the full-fledged woman with all her womanly qualities and feelings perfected."

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