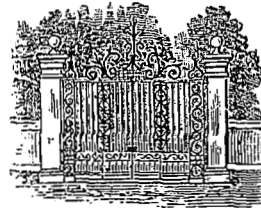


infection than in England. It is a wonder there is not a very great deal more disease, and I am sure it can only be due to the happy nature of the climate or the abundance of air everywhere. People seem to trust implicitly to the sun to do most of their disinfecting for them. We are not great in antiseptics here for any purpose; yet, strange to say, no evil results seem to follow us as a rule, and midwifery and surgical cases have a natural tendency to do well apparently; there seems very little septicæmia. We can number about 170 beds in all. I think you would say that the general Nursing of the Hospital is very good, the patients are well cared for and made most thoroughly comfortable, except in the infectious wards, which I consider still rather a blot on Bombay. It is hoped we may be able to improve these presently. The Ward Sisters now here have all had wards in London Hospitals, and they are thoroughly experienced and have their wards in excellent order. The Nurses, until now, have not been trained so long as three years, but the time for training has been gradually lengthening, and lately it has been extended still further, and it has just been arranged that, in future, Nurses will sign an agreement for four years, three of which are to be spent in Hospital. I think now we ought to be able to train Nurses quite as well as any English Hospital, so we shall aim at being second to none. There is some want of experience in cases for Nurses at this Hospital, as there are so few surgical cases among Europeans generally, and this is purely for Europeans. We shall make up for that, I hope, by sending the Nurses for part of the time to the native Hospital where there is abundance of experience, and the All Saints' Sisters have charge of two native Hospitals besides the European. It is difficult, however, to Nurse natives like English people, or, I may say, impossible; so the best Nursing is here, and the best experience is at the native Hospitals. All accidents happen, as a rule, to the native population, as, of course, they are principally employed in the various industries of Bombay, &c. Also there is more variety of disease among the natives apparently than among the English who come into Hospital. A good many of the Nurses are purely English, people whose homes, for some reason or other, has been in India, others are Eurasian, and these, with good training, can make as good Nurses as English women. It is doing a greater good to India really to train, as far as possible, the women of the country than it is to bring over here an unlimited number of English Nurses. Moreover, English Nurses, as a rule, have not quite proved a success, so many of those who have come to Poona and Bombay have not done well, but have either shown themselves unable to adapt themselves to Indian habits of life, or have not been able to stand the climate, &c. I quite think that an English element among the Nurses will always be very desirable, and if we can have picked good Nurses, who are well known and tried already in England, their influence may be most salutary and an immense help to the work in India; but it is the chosen few that we want, and not a large body of women who simply come for love of change or some other motive no higher. I could not but think that a letter which I saw a couple of weeks ago in the NURSING RECORD, on the subject of 'Professional Nursing in India,' was calculated to mislead considerably, and I only hope it will not bring out Nurses here in any number under a wrong impression. It is quite true that there are many people in India wanting Nursing, and the knowledge of its value is only slowly growing, and the demand for Nurses is not as yet great, and the European population, which alone as yet chiefly wants Nursing, is very scattered indeed. Three Hospitals in Bombay, two in Madras, and certainly one in Calcutta, are every year turning out Nurses now, so the numbers of trained Nurses are steadily increasing along with the demand. The Sisters of St. John the Divine have the principal private Nursing in Bombay; there is no other Association in competition with them, and yet, although they only muster about 15 private Nurses, which sounds very

trifling after London, they are not always busy all the year round, there are long slack times occasionally; the Nurses go long distances, too, very often. Private Nursing for a Nurse on her own account in India would be, as yet, in most places, a very hazardous proceeding. When people begin to troop off to England about May, the Nurses here have very little to do for some time. I am anxious to know whether Nurses trained in Bombay are eligible for registration if registered in England. Miss B—— told me before I left England, that you would be glad of news from foreign parts, and I feel now I have not told you half I might. As I look out on our lovely large garden, with its many flowers, and compare it in thought with a London Hospital, there seems very much to be said still to make you realise our surroundings at all. Life is altogether very different to what it is in London streets. If it has its drawbacks, it certainly also has its enjoyments, and it is well to dwell on those chiefly, I think. We shall have the great heat upon us very soon, and I have no doubt it will be trying; Nurses must find it so, I am sure when they are obliged to go on with their work, but then one is not called upon to wear many clothes out here, and all the houses are adapted for heat, as they are not in England, and, after all, it is very nice never to be cold. We have had nothing so far for four months but lovely summer weather with unfailing sunshine, and only two showery mornings and no very overpowering heat. Nurses' hours are rather shorter here, and a great deal of work is done by ward boys which probationers and ward maids would do in England. Altogether, I do not think they have a bad time at all. Their bungalow here is most comfortable and pretty."

## Outside the Gates.

### WOMEN.



AMIDST the torrent of "Blue Books" pouring from the press, the one just issued giving the White Lead Committee's evidence and report, deserves special notice.

The frequent appalling deaths among the white lead workers, the terrible forms of disease that develop among young women and the infants, have often come before the public. It has, however, been reserved for the Home Secretary, Mr. Asquith, at, we understand, the instigation of a philanthropic barrister, T. D. O'Flynn, to bring these important questions into the four corners of a Special Inquiry.

The volume is alike terse, comprehensive, and scientific, and the Committee have done their task in no perfunctory manner. Nearly 180 witnesses have been examined, and ghastly details have been brought into the fierce glare of sunlight. There is a remarkable discrepancy between the two classes of witnesses. The doctors, experts, chemists, &c., in their evidence, disclose much that seems very wrong, and is capable of amendment; while, on the other hand, the poor women, the workers, who were examined, appear to be generally contented with their lot, interwoven, as it were, by carrying heavy weights up and down steep ladders daily, and working in an atmosphere charged with white lead poison. The Committee, however, took their evidence *on the spot*, and had the benefit of the poisonous atmosphere, and the carburetted and the sulphuretted hydrogen gases, hurtful to human life,

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