

has just reached me in my Government hospital? "Anonymous" allows that her knowledge of Indian hospitals is very small, apparently limited to the nursing of an occasional patient within their walls, almost certainly in a private room. It would, therefore, it seems to readers, have been wiser to confine her remarks to a subject with which she is conversant.

First of all, by no means are "the hospitals practically all built, and more or less provided for, by Government"; a good number are, but also a large number are built by Hindu, Parsee, or other wealthy donors, and the Government entirely, or in part, supports them. I could give numerous instances for nearly all the large, and some small, hospitals in Bombay are thus built—the Sir Jamsetjee Jeejeebhoy, the Dinshaw Petit, the Bai Motlibai, the Cama, the Allbless, the Adams Wyfie—I could fill a sheet without stopping to think. Then again there are very many mission hospitals absolutely independent of Government aid, and some to whom Government has given the site.

I wonder in what British hospitals "the new probationers try their hand on convalescent patients"?

"After six months she is generally considered fitted to take her place at intervals on the private staff." It is very hard, Madam, for us who are bearing the heat and burden of the day in the organisation of nursing in India on lines as advanced and as sound as is consistent with the requirements of the country and the material we have to work on, and fighting the constant battle of improvement and progress in the face of appalling ignorance and blank walls of caste, prejudice, and utter lack of understanding of the beauty and nobility of service, to have such a statement printed in a Journal such as ours, circulating to all parts of the globe, and giving to our fellow workers such an erroneous idea of training in India, and of our efforts which are, as a rule, ably supported by Government.

Nearly all Training Schools in India insist on three years, mostly demanding another six months for midwifery, although until lately many included that branch in the three years, to meet the awful neglect and most insistent demand of the country. If we trained nothing but midwives we should be rendering an untold benefit to the country, and to the millions of poor, shockingly ill-used women at their confinements. I do know of a hospital such as "Anonymous" mentions—in the hills, and only open six months of every twelve, where the nurses stay for a so-called term of three years—really three seasons of six months each—and where they are at liberty to do what they please each intervening six months, no provision whatever being made for them, and naturally they take private cases at full fees. Who can prevent them? But this is in no sense of the word a training school; the beds are 30 to 40, there is no curriculum, no lectures, no recognised certificate. The Trained Nurses' Association, of course, does not admit them to membership. This hospital, with probably some others in the hills, is an exception, rendered necessary by the exigencies of the country, and the trouble of its pupil nurses would be overcome by employing only certificated

nurses, a boon to the patients, for here the new pros. most certainly do try their hands on the patients, desperately ill often with enteric or other serious malady; but then, pros. are so much cheaper!

Moreover, the Indian Government is already doing what all the exertions of the highly-trained nurses of Great Britain cannot make their Government do—viz., instituting a Central Nursing Board (one large Presidency already has, and others are preparing to follow suit), with uniform curriculum, length of training, standard of education, examinations, and the one and only certificate for the whole Presidency—larger than England and Wales. This certificate carries with it State Registration. Moreover, until the rest of this great Continent follows suit no trained nurse (trained in India) will be admitted to a post in the hospitals, etc., of that Presidency, unless, giving proof of sufficient education, length of training and experience, she sits for, and passes, the final examination of the Board, for the simple reason that training in India is not what it ought to be; it is in its infancy, and the want of moral backbone in the inhabitants bar progress far more than ignorance, lack of education, caste, or all put together, and the pioneer Presidency is unable to recognise the certificates of individual hospitals, the holders having time and again given proof of inadequate training. When the provinces which maintain large hospitals and training schools also demand a sufficient minimum universal standard, their certificates will, of course, be accepted if that standard is sufficiently high.

Is not this a somewhat different picture? I trust that, in justice to our Indian hospitals, where so many British and American Lady Superintendents—there are 54 on the roll of the Association of Nursing Superintendents of India—are working as they never worked in their greenest "Pro." days, or anywhere else, to give the people of India the help and succour so much appreciated by our own English men and women in their hour of sickness, and where Government so whole-heartedly furthers their endeavours, you will find space for this correction.

Yours sincerely,

MATRON.

Comments and Replies.

An Enquirer.—Will "An Enquirer" send the Editor her name and address, not for publication, but in conformity with our invariable rule.

Notices.

OUR PRIZE COMPETITIONS FOR MARCH.

A Prize of 5s. will be awarded to the writer of the best answer to the questions:—

March 18th.—What is dust? How should it be removed?

March 25th.—What is the function of the placenta?

The replies must range from 300 to 500 words.

Rules for competing for our Prize Competition will be found on page xii.

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