

Matrons in Leicester: Miss Disuey (Lady Superintendent, Leicester Institution of Trained Nurses), Miss Gray (Matron, Maternity Hospital), Miss Hardman (Superintendent), and Miss Glass (Assistant Superintendent Q.V.J.N.); also Mrs. C. Bond, Mrs. Astley Clarke, Mrs. Bigg, and Miss Wade, as well as a number of nurses from Leicester and the county, and others from Rugby, Nottingham, Melton Mowbray, Loughborough, and Coventry.

AN INTERESTING MEETING.

Mrs. Walter Spencer (Hon. Treasurer of the Matrons' Council) presided with great verve and geniality, when the members re-assembled to listen to addresses from Mrs. W. H. Klosz, R.N., and the Hon. Albinia Brodrick.

The Chairman referred with regret to the unavoidable absence of the President, Miss M. Heather-Bigg, from whom a telegram had been received, and of Mrs. Bedford Fenwick, who had hoped to speak on the Work of a Central Nursing Council. All her words were words of wisdom, and the subject was one of which she was master. Mrs. Fenwick's had been the master mind of the whole campaign in the movement for State Registration of Nurses, and she hoped that before long her efforts would meet with the success they deserved.

She then introduced Mrs. Klosz, who had kindly consented to give an address on the Progress of Nursing in India, as a lady trained at the Johns Hopkins Hospital, Baltimore, a Registered Nurse in the State of Maryland, a member of the Association of Nursing Superintendents of India, and the Editor of the *Nursing Journal of India*.

THE PROGRESS OF NURSING IN INDIA.

Mrs. Klosz referred to the help she had received from Mrs. Bedford Fenwick in connection with the *Nursing Journal of India*, and thanked all those who had taken an interest in its welfare. She could not, she said, speak to a meeting of the Matrons' Council without referring to one of its members who had been one of the foremost workers in India, the late Miss J. W. Thorpe. It was through her efforts that the Association of Nursing Superintendents of India, and later, the Trained Nurses' Association of India, were formed. She was the one person who knew all about nursing in India, and had the different threads in her hands, and since she died three or four people had been trying to do the work which she did. Other members of the Matrons' Council holding leading positions in India were Miss Mill, at St. George's Hospital, Bombay, and Miss Tindall, Lady Superintendent of the Cama and Allbless Hospitals in the same city.

One of the problems in connection with nursing in India was that it was undertaken by both

Indians and Europeans. The Trained Nurses' Association of India was trying to bring them together, and Indians who came up to the required standard were eligible for admission, but so far only one Indian girl was in membership.

One difficulty was that there were no nursing text books for Indian nurses in the vernacular. When there was the demand for one no doubt one would be brought out. At the same time, if an Indian girl passed through a thorough training she usually learnt enough English to study English text books.

English nurses worked in India as Army Sisters and in connection with Lady Minto's Indian Nursing Service. The only way in which such nurses touched Indian nursing, as a rule, was as Superintendents. In many instances in hospitals the patients were nursed by their own relations, and the civil surgeons found themselves greatly handicapped in consequence, as these relations exercised no control, and a patient who had had an abdominal operation performed might be found walking about the ward shortly after the operation.

It was satisfactory that the Government were beginning to take an interest in nursing work and to appreciate its importance. Thus, in the Bombay Presidency, it was necessary for a nurse to attain the three years' standard of training defined by the Bombay Nursing Association, and to be registered by it in order to obtain work.

Another problem in India was that of the native dais. They were midwives by heredity, not by training, and their ways were mysterious. An attempt had been made through the Victoria Fund to give these women some training, but it had not been successful.

A more successful attempt had been that to train women, not hereditary midwives.

A difficulty of nursing in India was that the conditions were such it was impossible to send Indian girls into the homes to nurse. The problem was how to make nurses respected amongst Indians. They had the reputation, by no means always deserved, of being bad women, and men who were careful of their womankind would not allow them to nurse in cities, so the work passed into the hands of those who charged exorbitant fees, and were not a credit to nursing.

Another point was that it was quite impossible for the men in hospitals in India to be nursed by Indian women. Male nurses must be employed in male wards.

Mrs. Klosz said that she had been amused during her work in India to receive letters from nurses with whom she had trained discussing their own problems and assuming that hers were much the same.

As Superintendent of Nurses in an Indian hospital one might have to be anything from a maid of all work to a doctor. She had had to act as compounder, with the help of the British Pharmacopoeia, though she knew nothing of compounding, and for nine weeks she had had to be doctor. That for a nurse rigorously trained in the belief that diagnosis and treatment were outside a nurse's province was disconcerting. When doctors in India are registered this would not be possible.

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