



THE SWALLOW'S STORY.

By CECILIA HAVERGAL.

THE Swallow told me a story,
On my window-sill to-night;
He thought I needed comfort,
So he came with wings so light!
He twittered: "Over yonder,
Above the blue, blue sky,
They are always bright and happy,
Knowing never sin nor sigh!

I have caught the distant echoes
In my flight above the cloud,
Of those beauteous Seraph voices,
Singing anthems clear and loud;
And my little wings have flutter'd,
Listening with a mute delight,
To such music I had never
Heard in any earthward flight!

I have tried to find the entrance
To that wondrous, blest abode,
But a glistening angel whisper'd,
Go and cheer earth's lonely road!
So I came upon my mission,
And I want to tell you now,
That our God in Heaven loves you,
Heeds your every prayer and vow.

He has watch'd you on your journey,
All along earth's rugged way;
And He knows you're often weary,
But He leads to Heaven's Day!

He is wanting you to trust Him,
Even where you cannot trace:
or remember—Every good thing
Comes from Him, the God of Grace!

He will not one moment longer
Keep from you your heart's desire,
Than he sees that you are needing
To be purified by fire.
Once His Image in you shineth,
With a clear, transparent light;
He, affliction's test will lessen,
He will make your darkness—light!

Till then, wait upon Him bravely,
With unceasing, earnest prayer;
Look above to Heaven's treasures,
Set your heart's desires up there!
And before I go I'll tell you,
Though I'm but a little bird:
God will never, never leave you,
This He promised in His Word."

Then the little songster bade me
With a loving chirp—"Good-night!"
And I watched him swiftly flying,
Far away on pinions bright!
But I thank God for the message,
And I hope in His great might,
Henceforth, like the happy swallow,
Faith's bright wings will out-soar sight.

MEDICAL WOMEN FOR INDIA.

By FRANCES E. HOGGAN, M.D., Member of the King and Queen's College of Physicians.

THE women of India are in great part shut out from the ministrations of medical men by the custom of secluding them which prevails over great part of the country. According to the last census, India contains more than 118 millions of women. Of these, fewer than 24 millions and a half are Mohammedans; but the originally Mohammedan custom of shutting up women in the zenana has been adopted by the higher caste Hindus, and forms a very important element in their social life. It has to be considered in all schemes for the improvement of female education, and it is a serious obstacle to anything like friendly intercourse between Anglo-Indians and native families. All those who, from various motives, wished to establish intimate and cordial relations with Indian women (educational and missionary societies especially), found that they were unapproachable by men, and they were therefore obliged to resort to the help of women to effect their purpose. Thus a body of trained women have gone forth to work and teach in the zenanas, to supplement the too limited education which little Indian girls can acquire at school, before their marriage, at an age when they are yet mere children, puts an end to their school career. Those who have pene-

trated into Indian homes, and become thus acquainted with the lives of the women, give us touching pictures of the monotony and dead level of uniformity of their existence, of their gentleness, sensitiveness, and other endearing qualities; of their aptness to learn, and, alas! also of the many, prolonged, and great physical sufferings they endure, for want of such medical help as their customs and traditions enable them to accept.

These sufferings have at length found voice, and the cry of Indian women themselves has reached our ears. At first it was articulate and incoherent, and heard chiefly through missionary reports or journals. "We die like oxen, and no one cares," was the bitter cry of a poor native woman who lay dying untended in the dark corner of a zenana into which a kind-hearted English lady had made her way. Then came the well-known appeal of the Maharanee of Punna, through Miss Beilby, to the Queen, to relieve the cruel sufferings of the sick women in the zenanas, by providing them with doctors of their own sex. Pundita Rama Bai, a learned Brahmin widow now in England, and Mrs. F. Sorabjee, the superintendent of the Victoria High School in Poona, gave, some

months ago, very clear and definite expression, before the Education Commission at Poona, to the need experienced by their countrywomen for skilled female medical attendants. Mrs. Sorabjee says: "A branch of female education, other than those already referred to, which urgently calls for Government attention, is the training of women as doctors and medical attendants."

Rama Bai, in her evidence, says: "Another suggestion I would make is with regard to lady-doctors. The women of this country are more reserved than in other countries, and most of them would rather die than speak of their ailments to a man. The want of lady-doctors is therefore the cause of hundreds of thousands of women dying premature deaths. I would therefore earnestly entreat of our Government to make provision for the study of medicine by women, and thus save the lives of those multitudes. The want of lady-doctors is one very much felt, and is a great defect in the education of the women of this country."

Miss Collett, Superintendent of the Female Training School at Ahmedabad, and who also superintends, having deputy-inspector's powers, two large grant-in-aid schools in that

city, made the following remarks in her evidence before the Education Commission in Gujerat: "Though I am not quite sure that it comes within the province of the commission, still great good may be done by calling the attention of Government to the matter. What I refer to is the great necessity which exists in India for the establishment of dispensaries for women and children in all the large towns. Native women have, as a rule, a great objection to going themselves or to taking their children to public hospitals for treatment; but I have found by experience that they will gladly go to a European lady for advice, and willingly take whatever medicine she prescribes, and I am convinced that the establishment of dispensaries under European lady-doctors, and having a staff of native trained nurses attached to them, would be one of the most popular and beneficial measures which Government could adopt. Medicine and out-door attendance should be given free to the poor, and a fee charged in the cases of the rich. The introduction of these institutions would be the means of saving many thousands of lives yearly."

The testimony of these ladies has been confirmed by persons of varied experience. It is endorsed by medical men of high position now practising or having practised in India, who have written forcibly on the subject. Dr. Francis, late Principal of the Calcutta Medical College, has expressed himself as follows:—"I am delighted to see what the National Indian Association has in contemplation with regard to the women of India. . . . The subject interests me much. . . . The necessity of skilled medical women for India is an acknowledged fact, and it is, therefore, matter for surprise that any one at all familiar with the country should think otherwise. . . . Whatever be the motive that induces medical women to go to India—whether it be missionary zeal, simple philanthropy, or the hope of personal advancement—it is evident that their professional qualifications must be of the highest order. The qualifications that will lead to the best results, as well for the practitioner as for the people, are obstetrical and surgical skill, and a thorough knowledge of hygiene. Hygiene, or preventive medicine, is utterly unknown. Some idea of the gross ignorance that prevails may be formed when one hears that the women's apartments, in which many pairs of lungs are at work, represent at night a miniature Black Hole of Calcutta, and that the accumulated house-filth of every description is purposely deposited in the immediate neighbourhood of the dwelling. That medical women will, in course of time, be provided by the Government for the benefit of its female subjects in India, I have not the smallest doubt, but public opinion in England and India must first be unmistakably expressed in favour of it."

One of the professors of the Calcutta College, who is also the medical head of the Eden Hospital for Women, and can therefore speak with authority, Dr. Robert Harvey, writes thus, in reference to the need of women doctors: "Personally I am a strong advocate for the right of women to study medicine if they please, but if they are to do so it must be on equal terms with men. A fair field and no favour has all along been the claim of those who think that many women are fit to fill with credit many positions once the exclusive property of man."

"It is said that female medical practitioners are not required, and that native ladies are becoming accustomed to call in male practitioners when seriously ill. The latter statement is to some extent true, but I have constant sad experience that it is too often the case that they refuse to do so, until it is beyond the power of anyone to do good, and I

know that many, indeed the vast majority, would rather die than submit to examination by a male practitioner."

Miss Dora White, a Licentiate of the Madras Medical College, in practice at Hyderabad, where she holds a Government appointment, wrote only a few months ago: "The women are fearfully ill-treated by their native *dhais* and Zunani physicians. . . . I hope for a better state of things in the future, for I find that once a lady feels the benefit of European medicine, she generally seeks it for herself and her family. In considering the question of lucrative practice here, one must take into consideration the difficulty of recovering fees, a difficulty every medical practitioner in Hyderabad complains of; and medical women find the difficulty greater, as female life is held very cheap in India."

"As a last word, I would say that if ladies would come out, resolved to work and wait, not with the intention of making fortunes, but with the desire to spread the blessings of European medicine amongst their suffering sisters, they would confer a great blessing on the country."

"Those who have lived long in India will understand me when I say that a great part of the vice, the misery, the moral and physical degradation of the people can be traced to the health of the women, and it is this source of misery which will be laid open to the skill and kindness of English medical ladies. The only thing I would strongly advise is that these ladies do not come out without an income sufficient to live on, either in the shape of a Government grant or salary, or a private income. Without this they will be disheartened and disgusted with the poor practice and many non-paying patients; with it they will find it easy to wait and help the poor creatures who are so often harshly treated when ill."

Mrs. Heckford speaks strongly from medical experience at Bhopal, and in other parts of India, of the sensitiveness and the sufferings of Indian women.

"It would be impossible," she says, "to describe the terrible scenes I have witnessed, owing to the want of proper medical aid for the native women; no one who has seen the need but must earnestly desire that such aid should be forthcoming; but, for the present, at least, I fear that if aid is to be given, it must be subsidized by the English Government, for I feel convinced that few Indians will pay any remunerative fees for the treatment of their women; they account them as of too little value. . . . My heart was absolutely rent by the scenes of misery among the female population, which came under my notice, through the want of female medical attendants. It seems most sensible that Indian women should themselves step forward to meet the want and to fill the gap, for nothing could be so satisfactory as that an Indian woman should be attended by one of her own sex. I am convinced that the Indian race is far more sensitive than the English, and many things which would not hurt an English woman would be felt very acutely by an Indian."

The above testimony, drawn from so many sources, may serve to show conclusively that women doctors are urgently needed in India. In one of the native papers lately, the following forcible statement appeared: "There is hardly an Indian of any respectability who does not feel the want of trained medical women in India," and many native gentlemen have expressed their feelings on the subject in almost identical language.

The want having been demonstrated, let us pass on to the consideration of the steps which have been taken to meet it. The first to recognise the great amount of suffering from preventable causes endured

by Indian women, without having recourse to male doctors, were the missionaries, and they set themselves the task of ministering to the sickness of the body as a means of facilitating mission work. A large number of female medical missionaries have been sent out to India. Their work has been variously estimated. Most of them were imperfectly trained, although the American Board of Missionary Physicians sent out regularly-educated women doctors to India and China; and during the last few years two or three qualified English ladies have been sent out to India by missionary societies at home. Miss Beilby's successor at the Lucknow Hospital, for instance, is a lady who has gone through the full curriculum of medical study, and is the holder of a British diploma; and there is an able and qualified medical missionary at Calcutta. One thing is certain, the medical missionaries have got into the homes in a way medical men never could, and have succeeded in establishing very friendly relations with the women they visit.

The natural repugnance felt by women in India to be medically treated by men, strengthened by the caste customs, which require the higher class women to maintain strict seclusion from the other sex, constituted from the first an impassable barrier between male doctors and women patients. As a consequence we find—not, indeed, that women do not go to the hospitals, for low caste women have no special scruples of the kind to overcome, and, as we have seen, local circumstances modify in some parts of India the general feeling on this subject, but that they go in comparatively small numbers, taking even into account the preference shown by natives for their own practitioners and system of medicine. Notwithstanding contrary statements put forward from time to time by medical men in this country, it has all along been recognized by doctors practising in India, and in the yearly administration and progress reports made to Government, that the numbers of women patients treated were so small that means ought to be considered for increasing their attendance.

Accordingly, it is not surprising that the Medical Women for India Movement should have originated in India itself. The establishment of hospitals and dispensaries in Bengal dates back beyond 1849, and very shortly afterwards the need of women to attend on women appears to have been felt by Indian medical officials. For the past thirty years much attention has been given in Madras to the training of nurses, with marked good results. Surgeon-General Cornish states, in his annual report to Government:—"In 1879 the cases of women attended in their own homes were 992. In 1880 the numbers had increased to 2,120. This is entirely due to the extension of the practice of employing nurses in connection with Mofussil dispensaries."

The report from the Punjab for 1879, and from the Central Provinces for 1880, also make mention of the satisfactory results of training women as nurses; and from private sources I learn that nurses who have been trained at Calcutta are doing good service, and succeeding well in the country districts.

Ten years ago Surgeon-General E. Balfour, at that time the official head of the Madras Medical Department, conceived the plan of educating women doctors at the Madras Medical College. He hoped, by obtaining the sanction of Government to such a course, to help, in the most acceptable and efficient way, to relieve the sufferings of native women, of whom, to quote his own words, "a great part were prevented by their religion and social customs from being attended by medical men;" and further, to open up a new,

honourable, and useful career to Indian women.

When a man has made history, as Dr. Balfour has done, it becomes the duty of any chronicler of the Medical Women for India Movement to do justice to his far-seeing policy and his generous and sturdy advocacy of the cause of medical women in India, and as the history of the opening of the Madras College has been ably written within the year by himself, I will give it in his own terse and well-considered words:—

"In 1868 the Madras Government wished to have women trained for the general nursing of all classes of the community, and a scheme which I submitted for giving effect to that wish was sanctioned by Government on the 31st May, 1871, during the administration of his Excellency Lord Napier and Ettrick. A constant succession of nurse-pupils has since been under training.

"About the same time there had sprung up a desire on the part of several women in this country to be allowed to study medicine at the colleges of Europe, and in 1867, Dr. Corbyn, of the Bengal Army, had started a medical school at Bareilly for teaching native girls. That medical institution came under the care of Drs. Tomkyns and Lock, of the Bengal Army, and in 1871 it was doing good work. In a letter of the 16th April, 1872, I submitted this information to Government, and asked the expression of their wishes as to throwing open the Madras Medical College to lady students. I recommended the educating in medicine of women who could apply to their sisters in their need the benefits of European medical science. There was really no order prohibiting the entry of women students into the School of Medicine, but it was a proposal to change from what had been customary, and it was prudent to obtain the orders of Government on the subject, seeing that different opinions prevailed as to the advisability of permitting the innovation. I laid before Government two alternative plans for their orders, for Government had asked whether arrangements could be made for the tuition of a ladies' class separately from the male students; and on the 26th of October, 1874, Government gave their sanction to the less expensive of the two plans submitted by me, and left the subsidiary arrangements to be carried out by me in communication with Surgeon-Major Furnell, the acting principal of the Medical College.

"Formal sanction having thus been given in 1874 to the admission of lady students to the Madras Medical College, under special regulations, early in 1875 the desire was expressed by the Madras Government that every encouragement should be given to ladies to study for a degree, in which case they must attend the full curriculum of prescribed studies."

This opening of the Madras Medical College to women, nine years ago, must be regarded as the real starting-point of the whole movement, and it is noteworthy that it was initiated by the chief medical official in the Presidency and fostered by Government, which in India initiates or promotes most, if not all, successful reforms. Quietly and unobtrusively the work at Madras went on under the kindly guidance of Dr. Furnell, the principal of the college. The first class of lady students having completed satisfactorily their course, it was brought forward by some as an objection that, when qualified to practise, "there was no rush to secure their services." But if inquiry is made where those ladies are now, it appears that two out of the four hold Government appointments in native States, and that a third, Mrs. Scharlieb, now practising at Madras, and for whom a hospital appointment is in contemplation, is the lady who carried off the highest honours at the University of London last year, distancing all

competitors at the first final examination for a medical degree in which women were qualified to compete, and who left this country, bearing with her the warmest good wishes (expressed to her in a personal interview) of her Majesty the Queen, as well as the hearty good-will and prognostications of success of the justly revered Florence Nightingale.

It is a matter of no surprise that the first women who availed themselves of the opportunities thus afforded them chose the second, or, as it is sometimes called, the subordinate course, which enabled them at once to enter upon professional study. Preliminary education has been a great difficulty to all the pioneer medical women, and in India, of course, the general educational advantages enjoyed by women were meagre and scattered. When it was known that medical education was offered gratuitously to women at Madras, the number of applicants was considerable; many young women from various parts of India would have joined the classes, but no provision having been made for the maintenance of such students as were unable to pay for their own board and lodging (as is done throughout India in the case of men), the majority of applicants turned disappointed away, and only the fortunate few possessed of means were able to profit by the good intentions of the Madras Government and the Medical College.

The success of the Madras experiment of medical education for women and of mixed classes did not, as might have been anticipated, lead to immediate similar action being taken in the other Presidencies. For this tardiness there were perhaps many reasons. The failure of the ladies to conciliate the professors and maintain their position in Edinburgh had its *contre-coup* in India. Nothing was done until the year 1882 to extend medical education for women, although in the meantime their general education had been making rapid strides, and women were even admitted to matriculation at the universities.

The Maharanee of Paneah's message to the Queen was brought over by Miss Beilby in 1881. In the same year articles on Medical Women for India were written for the Journal of the National Indian Association, by Mrs. Heckford and myself. In December of the same year, an important letter from Dr. Acland appeared in the *Times*, embodying the views of no less a man than the late Sir Salar Jung, of Dr. Macdougall, Bishop of Labuan, and of others. Sir Salar Jung was of opinion "that it would be a great benefit to India—a benefit which could not be exaggerated—if English medical women, completely educated in England, could settle in the chief towns."

Here again we trace the influence of the same vigorous mind and unwearied labours. Simultaneously with the great work of opening the Madras Medical School to women, Surgeon-General Balfour secured for a qualified lady, Dr. Nancy Monelle, an able American physician, a good appointment under the Government of Hyderabad, and he obtained leave from the Madras Government to escort her thither and to introduce her officially. This journey of the lady to her post of duty and medical ministrations in a native Indian State, escorted by her venerable champion and friend, together with her subsequent ceremonious presentation to the ruler under whom she was to serve, and to the notables of the country, and the account she gives of her exquisitely furnished house, her verandah filled with rare Persian roses and choice plants, her Arab horses and princely mode of life, even with its accompaniments of pestilence stalking abroad, hand-in-hand with famine and drought, and heartrending scenes from which there was no escape, has in it a flavour of chivalry and romance which seems

to take one back to the cavalcades and processions of the Middle Ages, or to the fair Una, shielded and protected from harm by the lion. Would that the British lion, at home and abroad, were ever as prompt to guard the right of women to honourable and useful employment!

Dr. Nancy Monelle attended, in the years 1866-77, without any assistant, 10,031 patients, whom, she says, she thoroughly examined and prescribed for separately.

She has succeeded, on her retirement from her post, by Miss Dora White, one of the first women students at Madras, a lady who justified Dr. Balfour's confidence in the capabilities of her sex by passing the best examination of all the students, *male and female, of her year*. She still holds that post, and is doing good work at Hyderabad. When, therefore, Sir Salar Jung spoke of medical women as a great benefit to India, and one that could not be exaggerated, he spoke from personal experience of their value, and not from hypothetical imaginings of what they might be expected to do.

(To be concluded.)

VARIETIES.

POOR JEWS' RELIEF FUND.

Miss Finn begs to acknowledge with grateful thanks the receipt of the following sums, from September 20th, and will be most thankful for further donations for relief of other pressing cases of distress:—Mrs. Bradford, £5; Mrs. A., £20; Miss Cobon, 5s.; Miss G. Thomson, 10s.; Mrs. Edwards, 2s. 6d.; Postmark, London, N.W., 3s.; Postmark, London, E.C., 5s.; Poor Gentle (St. Leonards), 2s. 6d.; Kate Spencer, 10s.; G. E. (Rye), 4s.; Miss Chandler, 2s. 6d.; A Drop in the Ocean, 2s.; Irish Girl, 1s.; Sister in Israel, 1s.; C. Philipps, 2s.; M. H. Seddon, 5s.; Anon. (Hanwell), 2s. 6d.; F. Warter, 4s.; Anon. (Windsor), 2s. 6d.; J. Marshall, 10s.; M. G. C., £1; Miss Bluett, 10s.; E. A., 5s.; M. L. S., 1s.; Ellie Fletcher, 6s.; Miss McKechnie, 3s. 6d.; Miss Hart, 1s. 6d.; Kathleen, 1s.; Miss M. Sherson, £5; Lime-rick, 2s. 6d.; A Reader (Richmond), 1s.; Whitehaven, 2s. 6d.; Miss Cobon, 10s.; A. Finn, Esq., 10s.; Mrs. L. A. Forbes, £2 2s.; E. A. R. (Sheffield), 2s. 6d.; Mrs. Mills, 5s.; For Modern Jews, 2s.; For Poor Jews, 1s.; For Poor Jews, 1s.; A Reader, 2s. Total, £40 4s.

AMUSED WITH TRIFLES.—Those who place their affections at first on trifles for amusement, will find these trifles become at last their most serious concerns.—*Goldsmith*.

AN AIM IN LIFE.—The formation and steady pursuit of some particular plan in life has justly been considered as one of the most permanent sources of happiness.—*Malthus*.

GRATITUDE TO THE UNGRATEFUL.—Nothing weighs so heavily as gratitude when one owes it to the ungrateful.—*Marmontel*.

THE SERPENT AND THE DOVE.—When a woman is made up wholly of the simplicity of the dove, without the least grain of the wisdom of the serpent in her disposition, she becomes ridiculous in many circumstances of life, and very often discredits her best actions.—*Addison*.

PLEASURES TRUE AND FALSE.—All pleasure must be bought at the expense of pain. The difference between false pleasure and true, is just this:—for the *true* the price is paid before you enjoy it, for the *false* afterwards.

"IN THE GLOAMING."

(Dedicated to the Ladies of the Studio, South Kensington.)

By HELEN MARION BURNSIDE.

In the gloaming, O my darlings,
When our hearts are sinking low,
When our mouths are wide with yawning,
And our backs are aching so;
When the thought of painting longer
Fills us with an untold woe,
How we think of tea, and love it,
While the shadows deeper grow!

In the gloaming, O my darlings,
We think tenderly of tea,
Till our hearts are crushed with longing
Round our steaming cups to be.

(It is only *green* in mem'ry,
And at times—'twixt you and me—
A malignant grocer sends us
An inferior bohea.)

In the gloaming, O my darlings,
When our hearts are sinking low,
When our mouths are wide with yawning,
And our backs are aching so
Will the tea be weak? we wonder
(What has been again may be);
But perhaps 'tis best for us, dears—
Best for you and best for me.

MEDICAL WOMEN FOR INDIA.

By FRANCES E. HOGGAN, M.D., Member of the King and Queen's College of Physicians.



IN August, 1882, I published in the *Contemporary Review* an article which gave a fresh impetus to the question in England, and especially in India, in which I held that, as nearly the whole medical profession in India was more

or less maintained by Government, some provision ought also to be made by Government for the medical treatment of the native female population in the only acceptable way—that is, by a service of qualified women doctors. On September 19th, Mr. Kittredge, an influential American inhabitant of Bombay, wrote to me proposing to get up a guarantee fund for the purpose of bringing out a few qualified lady doctors from this country if any of sufficient experience could be found willing to undertake work in Bombay. Being encouraged to hope that the services of such ladies might probably be secured, Mr. Kittredge and his native friends lost no time in giving effect to their intention. They at once started a guarantee fund, to which native gentlemen largely contributed, and it is interesting to find that one widow put down her name for Rs.1000. Parsees, Mahomedans, and Hindus, all united in the work with true public spirit, aided by a few Englishmen and some of the members of the Government of Bombay; but from the first the movement appealed more especially to the native population, and was responded to in the most liberal and gratifying way.

On November 28th, 1882, a meeting was convened by the National Indian Association in London, which was presided over by Surgeon-General Hunter, late principal of the Grant Medical College at Bombay, to consider what steps could be taken to further the cause of medical women for India. At this meeting the medical profession, both of India and of England, and the medical women of England, were largely represented; indeed, one of the pleasing features of the movement is that it has the support of the medical profession, and has not had imported into it any professional bitterness or antagonism. It is pretty generally allowed now that medical women are needed in India to attend on women. The *Lance* says that they are "urgently needed," and that the Government of Bengal has exercised a wise discretion in insisting on facilities being afforded for their education.

The most important result of the meeting in November, 1882, was that the National Indian Association* decided to make the cause its own, and appointed a standing sub-committee for the purpose of collecting and disseminating information, and entering into relation with any persons or public bodies desirous of promoting the extension of medical education of women in India, or their importation from the mother country. During the year which has elapsed since its formation, this committee has done a large amount of work, carrying on, either directly or through friends, much correspondence with influential Indian officials and others, holding meetings, keeping the public regularly informed of the progress of events in India (through the medium of the *Journal of the Association*, which has means of procuring and publishing important public documents before they reach the India Office), advising and aiding students who come forward to qualify for work in India; judging of the fitness of candidates for an Indian Student's Scholarship of £50 a year for five years, which is offered in connection with the London School of Medicine for Women; and serving generally as a rallying point and means of communication to English and Indian friends and supporters of the movement.

The Bombay scheme shadowed forth in Mr. Kittredge's letter has had, so far, a most encouraging and successful history. Cheered by the sympathy and approval of Her Majesty the Queen, who at an early date signified to the hon. secretary of the National Indian Association the warm interest she felt in the efforts made by native gentlemen to provide fully qualified medical women for India, and encouraged by the Government to hope for substantial aid as soon as the popular character of the movement should have been demonstrated by liberal contributions, the Bombay Committee, headed by Messrs. Kittredge and Sorabjee, made rapid progress with their collection; and at a recent meeting of the National Indian Association held at the Social Science Rooms, Mr. Kittredge was able to report that they had a fund of Rs.50,000 (£5,000) available for salaries to medical women and current expenses, besides

£12,000 contributed by an enlightened and generous Parsee gentleman, Mr. Pestonjee Hormusjee Cama, of Poonah, and a fine site on the esplanade of Bombay, given by Government, for the new Hospital for Women, the first stone of which was laid last month by the Duke of Connaught. Two qualified Englishwomen, Miss Pechey, M.D., a lady of experience and great ability, and another lady, one of the younger licentiates of the Irish College of Physicians, have been engaged, at fixed salaries, for three years for medical work at Bombay, both to enjoy full opportunities for lucrative practice among the well-to-do families, in addition to their practice among the poor. Miss Pechey has just sailed for India, carrying with her the earnest good wishes of a large body of friends, and the other lady is expected shortly to follow her thither.

The Bombay committee did not restrict their operations to the bringing out of a few qualified doctors. Rightly judging that they had to do with what was mainly an Indian, and not an English question, they directed their energies, at the same time, towards the medical education of women at Bombay. Negotiations with Government, the Grant College, and the University have resulted in the adoption by the College and Government of a scheme for the education of women as apothecaries or general practitioners, and their admission as students to the college. The Bombay committee have offered stipends for five pupils, whom they will themselves appoint. I learn also, with the deepest satisfaction, that on September 17th, at a meeting of the Bombay University, it was proposed by a Brahmin, that in the regulations the pronoun "he" and its derivations should be deemed to denote either sex. The motion was seconded by an Englishman, and carried without a division, many Hindus, Parsees, and Mahomedans being present. "This will have the effect," says the *London Homeward Mail*, "of throwing open the learned professions to women in the Western Presidency."

Calcutta has, in the matter of the medical education of women, shown a backwardness which is well characterised by Mr. Rivers Thompson as "a subject of grave reproach to the Bengal Presidency."

It is also a subject of some surprise, considering how extremely liberal are the views

* From the hon. sec., Miss E. A. Manning, of 35, Blomfield-road, Maida Hill, W., information may be obtained as to the best way of helping Indian women. All girls can help who wish to do so.

of one of the professors, who would have had more to do with the women students probably than any other professor, and considering also that the principal of the Medical College was in favour of the admission of women. The issue was raised last year, although not for the first time, on the question of admitting two ladies who had already matriculated, but not passed the First Arts Examination. On that occasion not only was the special question of lowering the standard of admission in their favour discussed by the council of the Medical College, and negatived alike by friends and opponents, but the general question of admitting women as students was gone into. The majority of the council voted against admitting women on any terms, notwithstanding the clearly expressed opinions of a respectable minority headed by the principal. Thereupon the two Calcutta ladies went to "the more liberal Presidency of Madras," as it has been designated by the Lieutenant-Governor of Bengal, and there entered the Medical College as students. For two Indian women to traverse a great part of India in order to be able to pursue their medical studies is a decided proof, if any were needed, of the earnestness and steadfastness of their purpose, and it affords a fair presumption that the demand for trained women doctors is in Calcutta, as well as in other parts of India, real and pressing. The *Brahmo Public Opinion*, in reference to Dr. Harvey's opinion that "there is a demand for lady doctors, though not a strong and pressing one," writes, March 8th, 1883: "Dr. Harvey will be good enough to allow us to add, that the demand is both strong and pressing, and it was because of that that a Bengalee lady was allowed by her parents to undergo even the hardships of a mixed class. . . . The very fact that a Bengalee lady has undergone all the troubles and inconveniences of leaving home and friends to go to Madras to study medicine ought to convince the Government that there are some, though we admit very few, who are prepared to undergo any amount of hardships to prepare themselves as competent medical women to benefit their sisters."

The expatriation of these ladies has borne fruit. The resolution of the College, excluding women, was referred for orders to the Bengal Government by the Director of Public Instruction; and gratified as we were by the knowledge that the Queen and the Governor-General both favoured the Medical Women for India Movement, we were almost startled out of our equanimity on receiving, a few months later, the text of a resolution, published by the Lieutenant-Governor of Bengal, admitting women to all the classes of the Calcutta Medical College. In this important resolution, after setting forth at length the reasons which induced him to overrule the decision of the council of the College, Mr. Rivers Thompson reviews, in the following words, the question of female medical education:

"Looked at from the standpoint of general policy, as well as of individual freedom, there is not any room for doubt as to the action which Government should take. It is, indeed, a subject of great reproach to the Bengal Presidency, in which education has made such wide progress, that it should be so far behind other provinces in matters regarding the medical education of native ladies; and this reproach is the more appreciable in that the backwardness of Bengal in this respect would seem to be due, not so much to the prejudice of native parents and guardians (which might, in the present circumstances of India, be only natural), as to the attitude which the Medical

College Council have thought fit to assume. Already these provinces have suffered from the council's failure to take a broad and unprejudiced view on this question. It is clearly opposed to the public good, as well as to legitimate private interests, that such a state of things should continue, and that the educational system of Bengal, progressive in other respects, should be illiberal and retrograde in this. Illiberality here has great and numerous evil consequences. It encourages zenana prejudices, it strengthens the barriers of caste, and it suppresses the just and reasonable aspirations of Indian ladies to enter a profession which would find, in India of all countries in the world, a wide sphere of action and of beneficent service. Every day that passes widens our knowledge of the fact that among the native community there are women in every position of life who would prefer death to treatment by a male physician, and the misery caused by neglected

Bengal Government has given a most salutary lesson in the direction of complete medical training by deciding that women are to have no special favour shown to them, no lowering of the standard of preliminary education, but equal opportunities of instruction with men. In that the Government is in accord with the best friends of women at Calcutta, who objected to any lower standard for women, on the broad ground that they ought to be in no way inferior in knowledge to their male colleagues.

As if to show the wisdom of this policy, no sooner was the door thrown open than a clever and promising native student, Mrs. Gangooly, presented herself for admission as a student, having passed not only the required First Arts examination, but being already a B.A. of the university. We know how the early Madras students made use of their opportunities, and we know, also, from the most recent report of the Director of Public

Instruction for Madras that the present class of lady students is "highly commended," and that they are worthily continuing the tradition of their predecessors. With such facts as these before us, it would indeed be short-sighted policy to wish to cut down medical women's period of study and to send them, half equipped, to the work of ministering to their sick and suffering sisters, as some well-meaning persons, anxious to see many women in the field in a short space of time, and battling with the preventible disease of the zenana, still wish to do. To give to medical women less training than to medical men would be to court failure and to bring an important social movement into contempt and disrepute.

The native rulers of India evince a desire to avail themselves for their families of the services of medical women. Hyderabad and Rajputana have each a qualified medical lady in Government employ, and another Rajput ruler has made repeated, but so far unsuccessful, attempts to secure one for the ladies of his household. Influential natives in different Indian towns have been in communication with members and friends of the National Indian Association within the year, with a view of ascertaining what steps they would have to take if they followed the example of Bombay and established a guarantee fund; and there is likely to be shortly an opening in the Punjab for a qualified English lady. An inhabitant of Calcutta has also, during the last year, signified his readiness to give £50 a year for three years if a guarantee fund, similar to the one at Bombay, were started in Calcutta.

Friends in this country have, as has been stated, subscribed for a substantial scholarship (£50 a year for five years) to be held by a student pledged to devote herself for some years to work in India; and several well-educated English girls, pupils at high schools and others, are turning their thoughts to the study of medicine, in consequence of the stimulus which the openings in India have afforded. All this is cheering, but most cheering of all is the enthusiasm manifested by Indian women. The women of India must take this matter in hand. Not to speak of the unmarried, there are upwards of twenty millions of widows, most of them leading miserable aimless lives, a burden to their relations and a weariness to themselves. What more fitting than that some of these, many of whom are bright, clever young girls, doomed to perpetual widowhood, not by law, but by the custom of the country, because they have had the misfortune to be legally married when mere children, should be encouraged and helped to come forward and offer themselves for this new life of usefulness, opened up to them by the



RAMA BAI, A LEARNED BRAHMIN WIDOW AND A WARM ADVOCATE OF MEDICAL WOMEN FOR INDIA, AND HER LITTLE DAUGHTER.

and unskillfully treated illness must be widespread and most lamentable. There is but one way by which this suffering can be relieved, and that is by the medical education of females."

Mr. Rivers Thompson goes on to say that he has no doubt medical women "will succeed far beyond the expectations of their most sanguine supporters," and that "if the success of the principle be established in the capital, there is no reason why our medical schools in the provinces should not afford opportunities for a more general extension of the policy."

The extension aimed at has already begun. The Punjab University at Lahore now admits women students, and it is announced in the Indian papers that Government has opened the Agra Medical School to women, and that a small class of stipended native women is now in session there.

The lay press is taking up the matter, and the

facilities for medical study now existing. It has been conclusively proved that the widows trained as teachers are a decided success, and that, in the province of Gujerat at least, there is a steadily increasing demand in the villages for their services. This is most encouraging, and affords ground for the presumption that as doctors they would also be welcomed. Another point ought never to be lost sight of in considering the question of Medical Women for India. They will be serving the country quite as much as the doctors of the Civil Medical Service, and they will be equitably entitled to their share of Government emoluments and rewards. They ought therefore to be recognized as eligible for service under Government in all suitable posts which may hereafter become vacant. This brings me back to the position from which I originally started, that there is need in India for a

special service of medical women, co-ordinate with the existing Civil Medical Service, not subordinate to it. Such a service will, I believe, yet be established, when medical women shall have proved incontestably their value and efficiency in dealing with the native population, and their power of doing work, which without them must be left undone.

I am content to leave this part of the question to be settled at some future time, and to trust to enlightened public opinion in India, which is yearly becoming more favourable to the higher education, fuller life, and public employment of women, to appreciate the importance to half,* nay, to the whole of the vast populations of India, of an adequate

* The census of 1881 returns 123,211,327 males, and 118,166,371 females.

supply of medical women, of a reasonable provision for their maintenance when engaged in unremunerative practice, and of a sufficient number of responsible and honourable posts—as encouragements and rewards for the more capable and deserving. Native rulers already give appointments of considerable value and consequence to qualified lady doctors, and it is hardly too much to ask that women living in British India shall enjoy equal advantages and consideration with those who live under native rule. Echoing the words of the Lieutenant-Governor of Bengal, I look forward to a not distant time when Calcutta, Bombay, and other hospitals shall be partly officered by lady doctors, and to the general extension of the same liberal policy with, as Mr. Rivers Thompson aptly expresses it, “incalculable advantage to the country.”

“FOR EVER.”

By L. C. SILKE, Author of “Loving Service,” “In Mischievous Again,” &c.

CHAPTER IV.

THERE was sorrow and anxiety in the Hall. A young life hung in the balance, hovering on the border-land for three long days and nights; when each hour, as it came and went, still left the watchers in uncertainty whether the spirit were about to take its flight for the unseen world, or whether the previous little life were to be given back to the parents, who, otherwise bereft of this, their last remaining treasure, would be left childless.

Everyone in the house went about with hushed voices and noiseless footsteps, whilst over the whole village a cloud seemed hanging.

All loved the gentle, bright, loving child for her own sake, and mourned to think of losing her; whilst some there were—fathers or mothers themselves—who could enter into what must be the agony of the parents, as they were thus brought face to face with the possibility of having to part with her.

John Kent was one of these latter. The first thing in the morning and the last at night found him going up to the Hall to ask for tidings of Miss Lily; whilst all day over his work he watched as it were with the parents beside her sick bed, sending up many a fervent prayer on her behalf, as also on theirs. “That was all he could do for them,” he sorrowfully said, “though they had done so much for him,” but this all of his was surely no small thing; was it not rather the greatest and most effectual help he could have rendered?

Hannah had only seen little Miss Lily once or twice, for it had been soon after the former's coming to Oxley that the child had taken the chill which had been the beginning of this illness that now threatened to terminate so fatally. But she quite entered into John's anxiety about her. He was fond of telling his sister-in-law how the child had been his little comforter after Mary had gone to the hospital, coming day after day to try to cheer him, and reading to him the words of Life, “reading them, too, as if she loved them,” he would add.

“How terribly Mary would have been cut up about it if she had been here,” he said one evening as they sat together over their supper, “for she loved her like her own child. But there, she is gone where there is no more sorrow nor sighing. It's good to think of that, Hannah. My old woman is safely sheltered now in the heavenly home, and we oughtn't to grudge the little one going too.”

John's quiet, calm submission was not with-

out its effect upon others, Mr. Temple among the number.

Restless in his grief and suspense, shut out in a great measure from the sick room which his wife scarcely quitted, except to come and keep him company, that he might not be left too much alone, the Squire would frequently wander out of doors, as if to seek relief in exercise, or at any rate a change of thought.

Thus one afternoon he happened to be passing by the churchyard as a little company of mourners were just leaving it. The foremost, an old man, on passing through the gate, separated himself from the rest, as if wishing to be alone, and with eyes fixed upon the ground was almost walking by Mr. Temple without perceiving him.

The latter, respecting his grief, was hesitating whether to speak or not, when Kent, suddenly raising his eyes, perceived him. Respectfully touching his cap, he halted for a moment. Mr. Temple silently stretched out his hand in token of sympathy.

The common touch of sorrow had drawn the two men closer together. Though so widely severed as far as social distinctions were concerned, they stood on much the same ground now that the hand of grief was laid upon them, when death with its levelling sweep was removing their dear ones. The rich man there had no advantage over his poor neighbour: the pruning-knife cut to the quick as much in the one case as in the other.

But there was one grand and essential difference between them, and in this the poor man had the advantage. John Kent took the sorrow as coming from a loving Hand which, while in faithfulness it dealt the blow, would in equal tenderness bind up the wound so soon as the pain should have done its work. Whilst Mr. Temple, though outwardly observant of the forms of religion, knew little of its reality; knew nothing, in fact, by experience of that resting in simple, child-like faith upon the love and wisdom of a heavenly Father, which was such a source of strength and comfort to John. And he felt conscious, as he looked at the calm, patient face of his companion, which presented such a contrast to his own haggard one could he have seen it, that the other had something within which he had not.

He turned and walked beside him for a little way. He felt for the old man, who had

lost the very light of his life, and yet bore his loss so bravely. He would gladly have spoken words of comfort if he could.

But John after all was the first to speak.

“Has there been any change yet for the better, sir?” he ventured to ask.

“No, none,” returned the Squire, in desponding tones. “And her mother is nearly worn out with the watching and anxiety.”

“It all seems strangely dark sometimes,” said Kent, musingly. “But, sir, if the clouds never broke overhead and came down in rain, what would become of the seed we sow? The ground would get so hard that there would never be the least chance of the tender shoots making their way up through it. Nothing would grow without the rain; we should have no crops, no fruit, no flowers. Working as I do in the fields, I know the good of rain,” he pursued, as the other did not speak; “and even of the big black clouds that sometimes spread over the sky and hide the sun just as much as if he wasn't shining. But, sir, we can't half tell the good they do; even when they don't break in rain, they keep the plants from being scorched and dried up as they would be if the sun always shone. Ah, sir, I know some day we shall give thanks for the rainy, cloudy days that came into our lives.”

“Give thanks!” echoed Mr. Temple. It was a new idea to him that he would ever give thanks for the bitter sorrow that seemed about to fall upon him.

“Ay, sir; and—but there, it isn't for me to be running on like this,” said the old man, catching himself up.

“Yes, go on. What were you going to remark?”

“Well, sir, my Mary had got hold of a saying out of some old book that she was very fond of repeating. I mind her often saying it over to me when we lost our children, and I grieved so sorely for them, specially the last little maid that went. It was this:—‘Why should I complain when the Lord plougheth long furrows upon my soul? I know He is no idle husbandman. He purposeth a crop.’”

“You see, sir,” went on John, “that stuck by me, because I could understand it. I know I don't go driving the plough for nothing, just for idle pastime, but to prepare the ground to bring forth fruit. And so I take it does God with his people. Ah, but 'twould be a bad thing for them if He left them to themselves,