THE SWALLOW'S STORY.

By CECILIA HAVERALG.

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 pattering angel whisper'd,
Go and cheer earth's lonely land;
So I came upon my mission,
And I want to tell you now,
That our God is Heaven loves you,
Heeds every prayer and vow.

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

The women of India are in great part shut
out from the ministrations of medical men
by the custom of excluding 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 improve-
ment 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 un-
approachable 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
deadness of uniformity of their existence, of
their gentleness, sensitiveness, and other en-
couraging 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 inarticulate
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 Poonah, through Miss Belbey,
the Queen, to relieve the cruel sufferings of
the sick women in the zenanas, by pro-
piding them with doctors of their own sex.
Pandita Rama Bai, a learned Brahman
widow now in England, and Mrs. F.
Sorabjee, the superintendent of the Victo-
ría High School in Poonah, gave, some
months ago, very clear and definite expres-
sion, 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 Govern-
ment 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 Gujarat: "Though I am not quite sure that it is true, it is pretty generally believed that the}\n\niss, still great good may be done by calling the attention of Government to the matter.\nWhat I refer to is the great necessity which exists 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. Hence there is a demand for 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 medical 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 considered so striking and so striking that an endorsement by medical men of high position now practising or having practised in India, who have written forcibly on the subject. Dr. Brackenridge, of 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 introduction of European medical education, as it is an idea that interests me much. . . . The necessity of skilled medical women in India is an acknowledged fact, and it is, therefore, matter for surmise on the part of all familiar with the country, whether otherwise. . . . Whether or not the initiative that induces medical women to go to India—whether it be mis-\n
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honourable, and useful to Indian women.

When a man has made history, as Dr. Ball, Sir R. Rows, and others have 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 truly admirable in 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 myself, I will give it in his own terse and well-considered words:

"In 1863 the Madras Government wished to have women trained for the general nursing of all classes in the Presidency, and it submitted its plan for giving effect to that wish was sanctioned by Government on the 31st May, 1871, during the administration of his excellency Mr. Napier and Ettrick. A constant succession of nurse-pupils has 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. Corlyon, of the Bengal Army, had started a medical class especially for teaching the medical girls. That medical institution came under the care of Drs. Tomkyns and Lock, of the Bengal Army, and in 1897 it was doing good work. Sir William Douglas' communication referred to, in which he submitted this information to Government, and asked the expression of their wishes as to whether the Madras Medical College was to be opened for girls, and this in medicine in women who could apply to their sisters in their need the benefits of European medical science. There was no objection, and the faculty of women students was approved. In 1870-71 the number of students in medicine was increased, and class was held in the Madras Medical College. But it was a proposal to change from what had been customary, and it was prudent to obtain the orders of the Government. The majority of the students were English, but there was a request to admit girls from other countries, and different opinions prevailed with respect 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, 1872, Government assented to the admission of girls, and I am happy to state that the changes have been anticipated, and to lead to immediate similar action being taken in the other Presidencies. For this tardiness there were many reasons, and the failure of the ladies to conciliate the professors and maintain their position in Edinburgh had its cause in India. Nothing was done until the Government had decided to admit medical women, although in the meantime the general education had been making rapid strides, and women were even admitted to matriculation at the universities.

The Maharani of Panchal's message to the Queen was brought over by Miss Belby in 1884. 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, the Ladies' College, Oxford, describing the views of no less a man than the late Sir Salar Jung, of Dr. Macdougall, Bishop of London, and of others. Sir Salar Jung was of opinion that India needed medical women, and in 1887 the Madras Government sent the principal to England, to settle the chief towns.

There again we trace the influence of the same vigorous mind and unwavering purposes. Simultaneously with the great work of opening the Madras Medical College, the Surgeon-General Baldour secured for a qualified lady, Dr. Nancy Monelle, an able American physician, a good appointment under the Government. She was enabled to leave from the Madras Government to escort her thither and to introduce her officially. This journey of the lady to her post of duty was a splendid one, and in India, and next in India, the lady wasfor her service, and the knowledge of the country, and the account she gives of her exquisite furnished house, her verandah filled with flowers and plants, and choice Arab horses and prince-like mode of life, with its accompaniments of residence, and its arrangement of winters, and the classes with which she was associated from which there was no escape, has in it a flavour of chivalry and romance which seems to take one back to the cavaldades and processions of the Middle Ages, or to the far Utopia; 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 work as it was in the case of Miss Belby.

Dr. Nancy Monelle attended, in the years 1866-77, without any assistant, 10,831 patients, whom, she says, she thoroughly examined and prepared for discharge.

She was succeeded, on her retirement from her post, by Miss Dora White, one of the first women students at Madras, a lady who justified the confidence that had been placed in her for 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, however, 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 imaginations of what they might be expected to do.

"(To be continued.)"

**VARIETIES.**

**POOR JEWS' RELIEF FUND.**

Miss Finns beg to acknowledge with grateful thanks the receipt of a sum of £20, on September 20th, and will be most thankful for further donations for relief of other pressing cases of distress—Mrs. Bradford, 55; Mrs. A. B. 26; Miss Coborn, 5; Miss G. Thomson, 10; Mrs. Edwards, 26; Postmark, London, N.W., 32; Postmark, London, E.C., 56; Poor Gentle (St. Leonards), 26; Miss M. 26; Mrs. 26; 26; Mrs. Chandler, 26; D. A. Drop in the Ocean, 25; Irish Girl, 15; Sister in Israel, 14; C. Phillips, 25; M. H. Seddon, 56; Anon. (Hawell), 26; 26; F. Wartter, 46; Anon. (Windsor), 26; 26; L. Marshall, 10; M. G. C., 51; Miss Bluet, 68; E. A., 36; M. L. S., 15; Ellis Fletcher, 66; Miss McKernan, 26; 26; Miss Kathleen, 11; Miss M. Sherron, 55; Lime- rock, 26; A Reader (Richmond), 18; Whitewool, 26, 26; Miss Cobon, 10; A. Finns, 25; E. A. (Sheffield), 26; Mrs. Mills, 5; For Modern Jews, 26; For Poor Jews, 15; For Poor Jews, 15; A Reader, 26, Total, £40 4s.

**AUXIL. WITH TRIFLES.**—Those who place their affections at first on trifles for amusement, will find these trifles become, if 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.—Matthius.

**GRATITUDE TO THE UNGRATIFY.—**Nothing weighs so heavily as gratitude when one owes it to the ungratify.—Marmonet.

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

**PLEASURES TRUE AND FALSE.**—All pleasure must be measured by the value of the pain. The difference between the false pleasure and true, is just this—that for the false the price is paid before you enjoy it, for the false afterwards.
"IN THE GLOAMING."

By HELEN MARION BURNSIDE.

In the gloaming, O my darlings,
When our hearts are sinking low,
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,
When our hearts are sinking low,
And our backs are aching so.
Will the tea be weak? we wonder
(What has it been again, dear?)
But perhaps 'tis best for us, dear—
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. 1,000. Parsee 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 in 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 suit women. The London 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 and medical education of women in India, or its 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 mediator and ambassador of communication between 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 Bombay Indian Association held at the Social Science Rooms, Mr. Kittredge was able to report that they had a fund of Rs. 50,000 (£2,500) available for salaries to medical women and current expenses, besides £1,000 contributed by an enlightened and generous Parsee gentleman, Mr. Pestonjee Hormusjee Cann, of Poona, 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 Percy, 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 Percbee 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 father.

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. Numerous letters with plans of 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 Mr. Bhamin, that in the regulations the proposition "be" 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 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.
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 of the admiring party 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 and passed the Botany 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 members of the council against admitting women on any terms, notwithstanding the clearly expressed opinions of a respectable minority headed by the principal. Thereupon 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,' written March 8th, 1885: "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 Bengal lady was allowed by her parents to undergo even the hardships of a mixed class. . . . The very fact that a Bengal 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 expectation 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, of which we were almost startled out of our equilibrium 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 grounds which induced him to reverse 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 greatapproach to the Bengal Presidency, in which education has made such wonderful progress; and it should be so continued in other provinces in matters regarding medical education of native ladies; and this approach is the more appreciable in that the lavishness of the gift 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 in the best traditions of preliminary education, but equal opportunities of instruction was given. In that the Government is in accord with the best friends of women at Calcutta, who have passed the Botany 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 education for Indian ladies 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 women in the field in a short space of time, and battling with the preventible disease of the zanana, 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 disgrace.

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 for three years if a guarantee fund, similar to that 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-known English employers of Indian 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 encouraging; but the problem 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 hundreds of thousands of all classes, most of them leading miserable aimless lives, a burden to their relations and a weariness to themselves. What more fitting than that these, in the care of the Medical College and its medical education, should be encouraged and helped to come forward and offer themselves for this new life of usefulness, opened up to them by the

and unsuitably 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 'the medical education of 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 the Government has opened the Agra Medical School. . . . and that a small class of stipended native women is now in session there. The lays press is taking up the matter, and the 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 were given.
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 Gujrat at least, it is a steadily increasing demand in the villages for their services. This is most encouraging, and affords ground for the presumption that as the system continues it would also be so in the future. 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 if they were doctors of the Civil Medical Service, and they will be equally entitled to their share of Government emoluments and rewards. They ought therefore to be raised to the same sort of service under the 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, but equal to it. I believe, you will be surprised, 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 home. I now come, and I 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 of at least putting a check, if not a stop, to the vast populations of India, of an adequate supply of medical women, of a reasonable provision for their maintenance when engaged in preventive practice and in a certain number of responsible and honourable posts as envoys and rewards for the more capable and deserving. Native rulers already give medical women of some standing place 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 the Indian woman of native rule. Echoing the words of the Lieutenant-Governor of Bengal, I look forward to a not distant time when Calcutta, Bombay, and other large hospitals shall be partly officered by lady doctors, and to the general extension of the same liberal policy with, as Mr. Rivers Thompson aptly exprest it, "inevitable advantages to the country.

3 The census of 1881 returns 12,267,642 males, and 11,6,105,372 females.

"For Ever."

By L. C. Silke, Author of "Living Serve," "In Mischiefs Again," &c.

CHAPTER IV.

There was sorrow and anxiety in the Hall.

A young life hung in the balance, hovering on the border-line for three long days and nights; when each hour, as it came and went, still left the watchers in uncertainty, whether the spirit was about to take its flight for the unseen world, or whether the previous little life was to be given back to the parents, who, on other wise, would feel the loss, their last remaining treasure, would be left childless.

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 then 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. He had gone 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, his hands were tied whilst over the whole village a cloud seemed hanging.

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Hannah had only seen little Miss Lily once or twice, for it had been soon after the former's coming to Osley that the child had taken the change 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 novels of Life, "reading them too, as if she loved them," he would add.

"How terribly Miss Lily would have been cut up about it if she had been here," he said to her one evening, "the two of them together over her sepulchre, for she loved her like her own child. But there, she is gone where there is no more sorrow and sighing. She will make the beginning of a human being who will be 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 without

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

Restless in his grief and suspense, shut out in a great house with not another soul from which his wife scarcely quoted, except to come and keep him company, that he might not be left too much alone, the Squire would frequent the women, to breathe his grief in exercise, or at any rate a change of thought.

Thus one afternoon is 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 hailed for a moment. Mr. Temple slowly 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 more nearly the same ground now that the hand of grief was laid upon them, when death with its levelling sweep was removing their dearest ones. The rich man had 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 friend, to whom, while faithful to it at 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 saving arm of a heavenly Father, was such a source of strength and comfort to John, and he felt conscious, as he looked at the calm, patient face that had so recently known a heaven-born vision of the Lord long lingers upon my soul ? I know He is no idle husbandman. He purposes a crop."

"You see, sir," went on John, "that stock by stock, because I could understand it. 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 I would be a thing for them if He left them to themselves,