

of the very lowest caste, for no other native will touch a broom or lift any soiled thing or he would lose his caste.

In the wards, which are specially placed under the Nursing Sisters' charge, and which contain all the most serious cases, the Sisters of course give their report of each patient, and receive the doctor's orders, with the exception of the prescriptions which go into the apothecary's book. As soon as the visit is over, there is a perfect fly-round—in fact, the whole morning is generally an exceedingly busy time. When we have the luck to have good orderlies who have served long enough in hospital to know their work, matters go pretty easily, for they sometimes make splendid Nurses; but, alas! the orderlies are frequently changed, and new men who know nothing at all, and who often care less, generally seem to be sent into the wards just when the patients are most ill and the work heaviest.

"Why, where is Orderly So-and-So this morning?" one asks on being confronted, perhaps, by a gawky recruit one has never seen before.

"He's gone back to his regiment, Sister," or "to musketry," or, perhaps, "he's gone sick."

Whatever the answer, there is no appeal against it; nothing left but to explain to the new man what he has to do, then to go and show him how to do it, then to go and see that it is done, and, probably, in the end to go and do it one's self. However, every one in charge of a ward is more or less used to this experience. As soon as the morning's work is put fairly straight, it is time to fly off to breakfast at our own quarters. This means either a drive in a bullock-cart kept for the purpose, or, when the quarters are very near, a run of two or three hundred yards, at least, through the broiling, blinding sunshine. Anyhow, one arrives exhausted and parched with thirst. It must be understood that "chota haziri," or the "small breakfast," in India represents an early lunch.

On returning to Hospital, one finds the place settled down for the day. The medical officers are gone; the subordinate medical officers, as the apothecaries are called, are gone off to their quarters also. All the native ward-servants have disappeared; those supposed to be "on duty" have taken care to conceal themselves for fear any work should be required of them, and are, probably, gambling and smoking hubble-bubble in some safe corner whence they know by experience they cannot be dislodged without much shouting, searching, and waste of precious time. No sound is heard in the darkened wards, but the monotonous swing of the heavy punkahs, and the splash, trickle, trickle, of the water as it is thrown over the tatties.

If there are no very serious cases, a state of somnolence seems to steal over everything for the greater part of the day, broken only by the dinner hour, when the black cooks come running in, followed by two or three assistants bearing trays of food, or by the inevitable hour when the afternoon ward-sweeping, washing patients, and general work begin again, and later on by the doctors' evening visits. Often, however, during the hot weather, there is a quantity of enteric fever,

especially among the young soldiers newly come out to the country; then it is a constant run of work the whole time, attending first to one and then to another patient without a moment's cessation. Cold spongings, ice-packs, repeated every two or three hours—and generally needed for half a dozen at once—changing draw sheets, feeding patients, and stirring up the orderlies, whose idea of feeding a semi-unconscious patient but too often is to place the cup beside him, and to say afterwards, when reproached for neglect—"Well, he didn't seem to care about it, Sister." One needs to be everywhere at once.

As soon as the sun sets, a great number of the patients may be carried out of doors in their beds. Sometimes indeed they are left out the whole night to sleep under the stars, and this is a great relief, as the buildings, which have become thoroughly baked through by the heat of the sun by day, seem to give out the heat in their turn at night, and feel hot and suffocating, even with all doors and windows wide open.

The intense heat is a tremendous factor in the heavy death-rate that occurs among fever patients at this time of year, apart from the actual cases of "heat apoplexy," which are not of infrequent occurrence. Sometimes, about the beginning of the rainy season, a storm may be brewing, and it may continue to threaten every day for a week before it finally breaks, the atmosphere becoming daily more charged and oppressive, and one watches one's patients anxiously, asking the question—"Can they live till the storm comes?" At the long last, the storm does burst, generally brought up by a sudden furious wind and dust storm, thick brown clouds of sand blown off the deserts, choking and blinding. Even indoors, though everything is closely shut up, the sand filters in thickly. It grits between one's teeth, and covers everything up with a uniform yellow-brown layer. Beds, floors, tables, all present the same dull sand colour. The dust storm may, or may not, be followed by thunder and rain, but it is certainly accompanied by a very marked drop in the temperature, and after half an hour or an hour of purgatory, every door is thrown open to the cooler air, everyone draws a breath of relief, the sick men revive and take a turn for the better, and a general clean up begins all round. Alas! by the next day it may be nearly as hot as ever, but the temporary relief does a world of good.

By the end of September, however, the cold season is drawing near; soon the punkahs will all be put out of sight and forgotten, no more will they whisk off our caps and try our patience by an occasional rap on the head when one is incautious enough to forget them. Roaring wood fires will fill up the wide open fire-places at either end of the ward during December and January, and the place will be transformed, and, with the prospect of these good times coming again, I will close my account of hot weather in an Indian Hospital.

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[previous page](#)

[next page](#)