

that the work on the whole is as hard as in our English Hospitals; for in the male wards the "Boys" or native servants, make splendid "Pros," and pick up much of the treatment, such as fomentations, baths, sponging, etc., though they have not yet mastered the ethics of antiseptics. In the female wards the Ayah takes the place of the "Boy," but she is not nearly so clever, consequently the female wards are heavier for the nurses.

Very good surgical work can be had in the Madras General Hospital; there is a splendid theatre, and often fifteen to twenty people at a large operation including Eurasian students; the Doctors are all Englishmen. In the hot weather, they operate with windows wide open, and punkahs going, and a "Boy" at hand with a towel to wipe the operator's face. The day nurses "give over charge" to the night nurses at 5.30 p.m., and have two hours allowed off during the day for meals. The arrangement of meals is different to ours. At six a.m. we have chota-hazri (light breakfast) in our room, consisting of toast and butter, coffee, and plantains (bananas). At 10 a.m. we have breakfast proper, consisting of two courses fish, or curry and rice, and an egg, bread and butter and tea. Tiffin at 2 p.m. for those who preferred it to tea, at 4 p.m. is a repetition of chota-hazri, except that we have tea in place of coffee. Dinner we have at 8 p.m., consisting of fish, joint (usually beef or mutton), a pudding or pastry, and two vegetables. Soup we had only on Sunday. The nurses often complained of the food, but, personally, I always had enough, and found it quite up to the average of our English hospitals, and I speak after seven years' experience of them. As to private nursing in India, it is indeed pioneer work, often there are long, rough journeys, and heavy cases at the end to be nursed single-handed, the sanitary arrangements are of the most meagre, and frequently it is impossible to obtain the barest necessities for the patients. However, there is a great want of English nurses, and those who are plucky enough to face all the drawbacks, will be well appreciated. As the climate to most is very trying, and the pay not so good as at home, I don't think there is much inducement for English nurses. I may also mention that no rules are taken to cases, and employers do not consider nurses require rest in India, but I suppose in time all these things will be remedied. Personally my nursing experience in India has left a very pleasant impression on the whole, for people really do appreciate English nurses, while at the same time looking upon them as machines.

B. H. (R.N.S.)

#### A VOICE FROM THE GRAVE.

To the Editor of the "Nursing Record."

Madame,—Many people are apt to treat the subject of premature burial lightly, to pooh-pooh it, and, in fact, to declare that the cases recorded exist only in the disordered brains of the narrator. The reason for this is that they have never studied the subject, nor has it come home to them, as in numerous cases of recovering consciousness after being medically certified as dead, and laid out for burial. Nevertheless, burial alive is a real danger, and will continue to be so until proper precautions to prevent it are legislatively adopted. Doctors are by no means infallible, and they do sometimes make a mistake in the diagnosis of ordinary diseases, and it is especially

difficult to distinguish between real and apparent death. All the so-called signs of death, except putrefactive decomposition, are more or less fallacious.

A remarkable instance of medical liability to error in the matter of life and death, related by the Right Rev. Samuel Fallows, of Chicago, missionary bishop of the Reformed Episcopal Church, appeared in the *Weekly Times and Echo*, a well-known London journal, on 3rd June last. It would occupy too much of your valuable space to give it as published, but the main facts are as follows. The wife of a young business man, a woman of strong emotions and most delicate perceptions, became ill, and after a few weeks of agony, during which the husband waited on her with most assiduous constancy, there being rare sympathy between them, she apparently died. There was not the least doubt about it in the doctor's mind. The usual phenomena of death were present, a certificate was made out, an undertaker called in, the body was placed in a coffin, and on the third day was buried in a cemetery at some distance from the home. The husband grieved greatly—so much so that his relations feared an attack of melancholia, and a cousin stayed with him that night to cheer him up. After long wakefulness, the sorrow-stricken husband fell into a disturbed sleep, and in the middle of the night was awakened by a voice calling "Charles! Charles!" It was a dream, he thought, and went to sleep again, but was once more aroused by an unfamiliar voice saying "Charles! Charles!" Still thinking it only a dream, he again slumbered, when at daybreak he heard and recognised his wife's voice crying in tones of distress, "Charles! Save me! Charles!" He sprang out of bed, and finding himself alone, rushed into his cousin's room shouting "Get up! Get up. We must hurry to the cemetery! She is alive! She is calling me!" Although of a sceptical nature, the cousin was strongly impressed by the man's impetuous conviction. Both hurried on some clothing, and while one harnessed the horse to a light buggy, the other procured spades. Having driven rapidly to the cemetery, they leaped out at the graveside, hurriedly dug till they reached the coffin of the woman who had been buried the previous afternoon, wrenched off the lid, and found the poor creature feebly trying to turn over in her narrow bed. The two men carried her to the buggy and drove home, and under careful medical attention the lady recovered from her malady.

The same issue of the journal before-named reports the rescue of a woodman in Hungary, after being buried alive in a grave for three days.

The lesson to be learned from these cases is that medical certificates are no proof of death, and that no person should be buried or cremated until absolute signs of putrefactive decomposition are manifest. A Society has been founded in London with the object of obtaining legislation which would render such tragedies impossible, of which I shall be pleased to send particulars, with other literature on the subject, on receipt of a large envelope stamped and addressed. Cordially thanking you for your courtesy.

Yours respectfully,

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