

prayers." Afterwards, if it is an operating day, the doctor, two dressers, the two nurses, and I go direct to the operation room. Operations are over generally by 11 or 11.30. On those days the in-patients are seen by the doctor at 4 p.m. Other days in-patients are attended to till 9 o'clock, when all hospital work stops for half-an-hour for a short evangelistic service, held in the out-patient waiting hall, and conducted in turn by the doctor and dressers. From 8 to 11 o'clock an evangelist and a Bible woman are moving in and out amongst the out-patients, reading, singing, showing Scripture pictures, or talking to them. The Bible woman is a veritable "Mother in Israel." After the service the doctor and senior dresser see the out-patients till 11 o'clock, during which time I move about amongst in and out-patients, personally attending to all gynaecological cases. At 11 or 11.30 work ceases till 3 p.m. All the staff but one nurse and I go home for their mid-day rest. My breakfast is brought at 11.30, after which I see any serious cases and do office work. At 2 p.m. I go home for rest and tea, and am out again by 4.30 to visit the hospital, leper homes, or village cases, and get back for dinner at 7 p.m. Then comes the long, lonely evening to face, no energy left for further work, no one to talk to, the mosquitos and other insects

plaguing one so much. The only really comfy place is bed, with the mosquito curtains tightly tucked round, when one can lie and read in comfort and chuckle at the mosquitos growling outside. This then is a "common or garden" day. For some of the variations let me instance last Thursday week. The doctor was away in the district, the senior dresser off on urgent family business. At 5.30 a.m. there was a great commotion on my verandah. Eight or ten men had come to announce they had brought a maternity case to the hospital. They bring such

cases only when at the point of death. It was a case of eclampsia, a primapara, 16 years old; there was very little hope from the beginning, but we carried out the usual treatment, hypodermic of morphia, chloroform during the fits, steam baths, saline infusion, etc., and hoped against hope. Meanwhile other men came from a village five miles out begging our "timely aid" for a woman. The senior nurse was sent, with instructions to do her best, and if operative treatment was necessary to bring the patient to the hospital. Later an infant was brought—imperforate anus. In the absence of the doctor and senior dresser

I operated at once. At 1 o'clock it was seen that the eclampsia case was dying. As it was the first child the friends begged me to save the child (they have a superstition that the spirit of an unborn first child will always haunt the house and bring bad luck to the other young women of the family). I offered Cæsarian section; they consented. There was only just time to run for instruments, etc., and as she breathed her last I operated, but, alas! the baby was dead (the heart beat had been heard an hour before). However, the friends were satisfied, but for the reason mentioned above, rather than take the bodies home for burial, they preferred to bury them in our burial ground. At 5 p.m. the nurse returned



An Educated Christian Girl.—A Nurse in the Neyoor Hospital.

with her patient; this was a straightforward forceps case, owing to uterine inertia, caused by three days' retention of urine. The mother and child are both living. On Monday morning another primapara was brought in, 17 years of age. The presentation was breech, with arms extended. The uterus was ruptured by the rough handling of native barber women. The friends would not consent to Cæsarean section, delivery was very difficult, and the patient died four hours after. The following day we had a case of hydrocephalus; the patient

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