

service of God, every pillar and arch was hewn and carved with a prayer, and being built on sound foundations of honest faith and fervent love, this Abbey of Buckfast (although mutilated and ransacked by Henry VIII and his rapacious courtiers) was never utterly destroyed, and continued to speak from its ruins, reminding the passers-by that work consecrated by self-sacrifice cannot die!

There exists in a magazine for 1796 an account of these ruins, a description of the massive blocks of masonry and carving that have resisted the ravages of time, and have turned the edge of the destroyer's hatchet. One tower has remained standing in grand isolation, as a sentinel, waiting until called again into active service. In 1882 the call came.

The Abbot's walk, the Monk's path, the Priest's way, once more possess for us a living meaning; you may wander by the Holy brook that bounds on one side the Abbey precincts, and watch the walls of the *new* Abbey rising slowly but surely from the ancient and hallowed foundations.

Again you may see the monks at work as hewers and carvers of stone, their tasks undertaken with the same sincerity of aim and honesty in execution that inspired those men of old, who lie at rest in the foundations below. And as we watch we may well ask, "Cannot *we*, whilst resting here, gather up and carry back to our own sphere of work some of the spirit of this place?"

In these rushing days of outward show, heartless rivalry, scamped and mechanically executed work, we need sometimes to withdraw from the crowd, we need to pause and ponder, and that is why I tell you of this quiet spot that spoke so much to me!

ANNIE E. HULME.

THE ROYAL INSTITUTE OF PUBLIC HEALTH.

THE DIAGNOSIS AND TREATMENT OF TUBERCULOSIS.

The Royal Institute of Public Health has arranged a course of instruction on the diagnosis and treatment of tuberculosis for candidates as tuberculosis officers, general practitioners, and others. The lectures, twelve in number, ending on December 19th, will be delivered in the lecture-room of the Institute, 37, Russell Square, W.C., on Fridays, at 5 p.m. The first, which is of an introductory nature, will be given by Professor G. Sims Woodhead, Professor of Pathology in the University of Cambridge, on October 10th; and on October 17th, Dr. Charles Porter, Medical Officer of Health for St. Marylebone, will deal with "The Problem—in Relation to Insurance and Public Health." Dr. J. E. Squire, C.B., Medical Officer to the London Insurance Committee, is to speak on "Diagnosis of Pulmonary Tuberculosis" on October 31st. An optional examination will be held at the close of the course, at which certificates will be awarded to successful candidates. Further information may be obtained on application to the secretary, 37, Russell Square, W.C.

OUR FOREIGN LETTER.

SOME HUMOURS AND SORROWS OF MEDICAL WORK ON THE FRONTIER.

I do not know that the Frontier provides us with more humour and sorrow than do other parts of India, but it may be that we have more here, for the people, especially the women, are in many cases very ignorant, and their ignorance and intractability often increase the difficulty of treating and nursing them.

An example of this was Sailo, a wild and unmanageable Pathan girl, who came to hospital from her home far away on the border, with a painful tuberculous knee. Excision was impossible, but we did an arthrectomy, and put up her leg on extension. The pain was much lessened, but would Sailo consent to lie still, and give her leg a chance? Not a bit of it! She thought it a barbarous idea to lie still, and though we did all we could to make her comfortable, it was no good and the nurses were in despair. Time after time she pulled off the weight and wriggled about in bed, till at last I told the nurses that we must give up as hopeless the attempt at extension. I am sorry to say that Indian nurses are not always as methodical as they might be, so it happened that a piece of rope was left by the bedside and a wooden upright and pulley were left on the foot of the bed. The next time I saw her I found Sailo quite pleased with herself, and to my amusement I saw that she had looped the rope round her foot and attached it to the wooden upright, thinking we were annoyed with her for her previous bad behaviour. I left her so, as she kept far quieter with her own extension arrangement than before, but unfortunately her patience gave way and she insisted on going home when her knee was still far from being cured.

Another very disappointing case was that of a child of about five, who was burnt all over chest and abdomen. At first I hardly expected her to pull through, but in two or three weeks she was well on the way to recovery, though at the rate of healing it would have taken many weeks to cover over the burnt area. I tried to get the mother to give some skin for grafting, but she would not hear of it, and I was afraid that she would leave the hospital with the child. I told the Indian nurses that the proper thing was for one of them to give the skin, and was much pleased when the head nurse offered to be the victim. Surrounded by an interested group of patients in the courtyard—for they live out of doors in the sun all day—I did the skin grafting, and thought what a good object lesson in Christianity for the Mohammedan women. I hoped to see nice little islands of skin the next time the bandages were undone, and all the nurses were full of interest, as most of them had not seen such a case before. Imagine, therefore, our dismay when three days later we found the mother and child had flown when no one was looking! The poor head nurse was particularly upset, for

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