

mitted to ply her vile trade in the West End of London for a quarter of a century, running massage houses and beauty salons, and counting amongst her clients highly placed people—and left free since the beginning of the War!

Sir John Simon told the House of Commons last week that it is not our custom to intern alien women. If not, why not? It is a well-known fact that women spies are notoriously crafty and treacherous, and as dangerous as men, when in the pay of the alien police. Unless we want a repetition of the Hoxton horror, the sooner these evil-doers are caught by the heels and interned, the better. Why should our wounded run the risk of being burnt in their beds?

OUR FOREIGN LETTER.

I have been looking through photographs of some patients and they recall some sad, some amusing incidents, but mostly the sad predominate. One photograph shows a blind Pathan woman, a very poor one, judging by her clothes, and a roguish little girl is leading her; she is only a friendly neighbour; the woman had left her small son and daughter with friends, and had come a month's journey from over the frontier in the hope that she might gain enough sight to enable her to care for her fatherless children. Unfortunately her eye trouble was inoperable, inflammation had gone on too long, and there had been no means of cure in her far-off village, so the poor patient woman had to go back without the hope that had helped her to face the long and difficult journey to hospital.

Another photograph reminds me of the trouble we had with a spoilt boy of six, who came to us with bad knock-knee. His mother stayed with him in hospital, for this is the custom with us, and after one leg had been operated on and put in splints, she was in a great state of alarm, saying the child was in pain, &c. We thought she understood the reason of the treatment and we hardly expected her to remove the splints when alone with him at night! After that she was kept severely away, and it was not surprising that the leg took some time to heal. When the second leg's turn came the mother was allowed back, apparently in a better frame of mind; but again the same thing happened, and the second leg's chances of repair were lessened. This time the mother was expelled from the hospital and only allowed to see the boy again when his legs were healed up and fairly straight. This is the kind of experience that is not infrequent with us, and many times all our efforts for the patient's good are frustrated by the anxiety or alarm of a relation. Still it is necessary to allow relations to come in with the patient, otherwise many a sufferer would not consent to stay at all. Sometimes a brave woman will remain by herself, but the consequence may be serious, as in a cataract case lately. The cataract was operated on successfully and the patient carefully carried back

to bed and told not to stir. Before long a nurse reported that she was lying on the ground by her bed and would not get back again. I induced her to be moved back on to the bed and then found she was lonely, could not understand the language of her Pathan neighbours in the ward, so we moved the bed into another ward where she could hear her own language—Brahm—talked close by on the verandah. Soon after came another nurse saying, "The patient is walking about carrying her bedding with her." Finally I had to allow her to be right out on the verandah between two veteran patients who spoke her language and would keep an eye on her. They did this, but all their arguments could not keep the woman on her bed; she used to walk about at intervals for the first few days. By the time there was less danger in movement she consented to lie still. Of course her eye should have been ruined by her antics, but it was not! She had perfect vision when I undid the bandage at the end of a week.

Another photograph is that of a family. It shows three generations—the little boy and girl, very spoilt and made much of; their good-looking young mother, devoted to them but much inclined to quarrel with her husband, to whom she had been married without any reference to her wishes, in the usual Eastern manner; and third, the grandmother, gay with paint and antimony, and very voluble as to her wrongs. She has a horrid old husband who beats her occasionally and also enrages her, the chief wife, by continually marrying new wives, and her own handmaidens into the bargain. After much expostulation she gave her ultimatum: "If he married any more wives she would go and live with the Dr. Miss Sahiba." The other women have not much sympathy for her and say she is being punished now for former sins; and they recall the fact that once she pulled out a maid-servant's eye, and poisoned the child of another with opium.

A very pathetic group came to hospital one morning; I found a mother and child lying outside the door, the father sitting by them looking dazed and helpless. On the previous day, while the father was away at work, his wife and children had been in their little home when it caught fire and was rapidly destroyed. The girl was burnt alive, so was a second woman who was there; the mother and boy were saved, but burnt almost from head to foot. I do not know how the man had managed to convey them some miles to the station, then by train and on to the hospital, but somehow it was done, and then he sat down by them outside, not even knocking on the door. Next day the little boy succumbed to his injuries and just at the time of his death he was in a different room from the mother, so the poor heartbroken father realized he must try and conceal the news from his wife, feeling it might be her death-blow. It was a pathetic sight to see the rough and ignorant frontier man, who looked as if he had no fine susceptibilities, trying to act before his wife. When she asked after the boy he said he had taken

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