

4. Pyrexial and malarial Therapy.

5. Prolonged Narcosis, etc.

Daily routine of outdoor games.

The patients are encouraged to take part in hockey, football, cricket, etc., and have their teams and go for walks and cycle rides, and they frequently go into Ranchi by bus to the pictures, in batches. For the last few months I have been taking the singing and dancing classes, and have had much enthusiastic help from some patients.

On the 1st of May we danced the May-pole and a couple of country dances out in the lawn, to our own band—quite a village green effect! It was quite a successful evening—and in July we had a variety entertainment in which staff and patients took part with great success.

We recently had the honour of a visit from His Excellency the Viceroy. There was much excitement about it, and we all did our best to let him see what a really nice and quiet place a Mental Hospital can be—even the naughtiest—were quite good!

I think I can safely say that most visitors to the hospital go away impressed by the quietness and orderliness of the place.

Before closing I must also mention that it is very rarely that any form of seclusion or restraint is adopted, and that we have both a Church of England and Roman Catholic Chapel where services are held every Sunday.

The comfort and well-being of the patients is the subject of careful consideration, in this Institution for the treatment and care of the mentally afflicted.

VILLAGE LIFE IN INDIA

(By DORA C. SAUNBY, B.Sc., R.N.)

As one travels in various sections of India, with a lively interest in health and sanitary conditions, one looks for results of Miss Nightingale's voluminous correspondence on the 'India Question' and of the pressure vigorously applied through her friends in the British Government who succeeded in establishing good sanitary conditions for the soldiers in India, both British and Indian, thereby greatly reducing the morbidity and mortality rates of these groups. How greatly her heart would be touched today were she to see the conditions which exist in many of the towns and villages of India, open drains, absence of privies, water supply from surface tanks, as they are called, or from a well for the high-caste groups and surface water for the lower castes and outcastes. Is it any wonder that Dr. Ambedkar is determined to lead the sixty to seventy million outcastes out of Hinduism and into some other religious fold when, in many instances, Hinduism denies to them a clean water supply?

An understanding of Indian history and culture is necessary in order to appreciate the reasons for the absence of scientific thinking and method in Indian civilization since its beginning. Today the tremendous task of scientific education and the readjustment of life for 350 million people appears Herculean. However, Miss Nightingale's work demonstrated that the Indian people can bring about changes in their personal habits, and experiments in village uplift in different sections of India are progressing.

Will you go with me into some of the villages surrounding the town of Kolar in South India and perhaps secure a better understanding of the problems in health and disease with which a valiant group of Europeans, Americans, and enlightened Indians are struggling?

At the Ellen Thoburn Cowen Memorial Hospital, Kolar, South India,

the ambulance is equipped as a travelling dispensary, and visits various groups of outlying villages three days each week so that each village is visited every alternate week. Equipment consists of an ample supply of drugs, sterile dressings and bandages, simple nursing equipment, instruments, water, and disinfectants. The personnel, with the exception of ourselves, is entirely Indian—the motor driver, who is also an expert mechanic, the doctor, the druggist, the student nurses, and an evangelist.

As we leave the main building of the hospital the crimson sky of sunrise beckons us eastward into its glow and forces us to don our sun helmets as its first piercing rays flash above the horizon. At the first village, Tamaka, we stop at the mission primary school, where the children are assembled. One ragged, unkempt lad gives a history typical of malaria. His mother is sent for so that she may receive instruction. The school teacher reports that none of the children developed 'sore eyes' during the past week. He has cared for nineteen wounds and slight injuries and receives supplies for the coming week.

Mothers and little sisters carrying babies on their hips crowd about us, some out of curiosity, and some seeking help. One mother with a three-year-old child in her arms, whom she is still nursing, asks the doctor for medicine to restore her menstrual periods. She receives good advice on weaning and preparation of food for the child. Several shy mothers, gradually shedding their timidity, bring their children near enough for treatment of colds, conjunctivitis, and scabies. The motor driver, Subbudra, tenderly but firmly holds one squirming youngster while her hair is cut and her scalp treated for scabies. Another child with earache does not hear well but co-operates excellently while a large accumulation of cerumen is removed from both ears.

A withered old woman has been gradually edging across the road leaning on a staff and resting after every two or three steps. Her legs are ulcerated and she complains of diarrhoea. After much discussion she agrees to go with us to the hospital on our return journey. Skilfully she expectorates the livid red betelnut juice before taking castor oil emulsion.

After treating thirty-six patients we proceed to the next village over a side road which was a stream bed during a recent torrent of rain and which runs will o' the wisp fashion between hedges of huge cacti and lantana. We ford a shallow lake and arrive at Gaddekanoor. This is one of our poorest, most primitive villages. Its water supply is the shallow pool through which it is necessary to drive to enter the village. Is it any wonder this group of Mohammedans are particularly dejected, dirty, and ill?

Our first patient is a child with several grains of tagi in her ear. A little girl brings her brother to the doctor for treatment for diarrhoea, carrying him on her hip although he lacks but one or two inches of being as tall as herself. His only article of clothing is a cap on his head. In this village we find scabies, conjunctivitis, deep cracks in the soles of villagers' feet, (no shoes or sandals are worn), discharging ears, infected scratches, and debility from hookworm infection. One tall, gaunt old man, after much persuasion, decides on hospitalization. He is reluctant because he has no relative to go with him to the hospital and cannot understand why the nurses, utter strangers, can have any interest in caring for him. He is infected with hookworm and weak from the resultant anaemia.

Before leaving the village we treat two boys, obviously smallpox cases, who have been hovering on the outskirts of the crowd ever since our arrival. Corneal ulcers on the eye of one boy have destroyed the vision and one finger is badly infected. The other boy has corneal ulcers on both eyes and a boil on the back of his neck. In some way these boys escaped the

government official, when he vaccinated the population of this village and have become a sad object lesson.

The un-co-operative attitude of the members of this community who are weakened by hookworm, poor food, and worse water, always leave us so weary that we stop beneath the dense shade of hospitable trees for coffee, from our thermos flasks, and chapattis.

Another rutted, wilful road takes us to Kothamangal, a Hindu Community containing a group of high-caste people, Brahmins. No patients come in response to our motor horn and so we look about us. A good well is centrally located, but is for the use of high-caste people only. At the village school of primary grade, a mud structure with small apertures for windows, the caste children are reciting their lessons in stately gloom while outside in the shade of friendly trees, outcaste children pretend to study, but take a lively interest in our approach.

As we near the Hindu temple a Brahmin man asks us to visit his sick child near by. As he finds that I speak only English he immediately drops the Kanarese and uses English with scarcely a trace of accent! In his home, a stone and mud structure, we find a dying child in its mother's arms. It is deeply jaundiced, abdomen hugely distended, and corneal reflexes absent. While we attempt to relieve the distention the child dies. Immediately the father carries it into the street so that its spirit may not be imprisoned in the house and also that the women of the family may express their grief, since no weeping is permitted in the house or courtyard. At the beginning of the child's illness, some weeks previously, it was taken to a government clinic fifty miles distant where they were treated unkindly. Since that time a practitioner of native medicine in the village had charge of the child. The father promises to consult us either at the hospital or on the regular visits of the ambulance, if other members of the family become ill, as he appreciated our effort to give relief to the dying child. It is through such experiences as this that the confidence of the Indian people is secured.

At the next village, Annanthapur, a number of patients are treated for conjunctivitis and minor maladies. One of the village men scolds a group of women for chewing betelnut, which opens the way for the doctor to talk to them on dental hygiene. A woman of exceptional grace and excellent posture, with a water jar poised on her head and a child clinging to her sari, listens intently. At the close she places the jar on the ground and brings the child, whose eyes are swollen shut, to the doctor. As the lids are slightly separated for treatment, pus rolls out.

By this time the sun has reached the zenith and the heat is stifling. We find a shady grove of trees where we wash thoroughly and enjoy our meal of rice, curry and plantains, followed by a peaceful nap stretched out on our mats on the ground.

By 2-30 we are on our way to the remaining two villages on our list. At Yellangondhalli, a boy, twelve years old, is carried to the ambulance by his father. One foot and ankle are bound up in a fearfully dirty rag, which when loosened allows a poultice of cow dung to drop off. The boy's ankle was hurt three weeks previously and so the poultice was applied. Fortunately there was no break in the skin. The swelling has subsided and after careful examination it is pronounced cured. However, it requires much reassurance to persuade the boy to use it.

An exceptionally fine-looking group of Brahmin men gathered about the ambulance, but the moment the kodak appears they melt away. Usually the villagers consider it a compliment to be photographed. A group of outcaste people wait at some distance until the Brahmins leave and then come for treatment of eyes and ears.

The last village is Avani, where shandy (market) is in full swing. At our first stop in the village a group of children gather at once, but not near enough to the ambulance for the treatment which their inflamed eyes obviously need. The student nurse steps out of the ambulance for the treatment which their inflamed eyes obviously need. The student nurse steps out of the ambulance to approach them and in a flash all disappear. She realizes her mistake at once and is greatly grieved that only one of the children returns for treatment. Anything resembling compulsion immediately drives the villagers from us, and makes the approach more difficult on succeeding visits.

As we drive to an advantageous position near the shandy a blow-out gives Subbura a bad fifteen minutes changing the wheel, in the broiling sun. We wander through the shandy with its row upon row of merchants and farmers squatting on the ground exhibiting an extensive variety of wares. The grains include rice of many different grades, ragi, which is a tiny red grain the size of a pinhead, soji, which when cooked is much like cream of wheat, gram, dhal, and others with which I have not even a bowing acquaintance. Here also are displayed Indian cosmetics, clothing, bangles, baskets, sweets, vegetables, fruits, and cattle. A group of acrobats give a continuous performance, passing the hat around periodically. Our presence in the shandy advertises our dispensary, which is now ready for patients beneath the spreading shade trees.

First to be treated are several old men with ulcerated legs or deep cracks in the leathery soles of their feet. A high caste, well dressed man pays a full fee to have a burn on his hand treated. Several patients with extensive leucoderma seek treatment for various ailments. A tooth extraction requires the assistance of the motor driver. Two women in need of examination for pelvic conditions are unable to persuade their husbands to permit them to go to the hospital, a tragedy which we all too frequently meet.

The sun hides its face behind a bank of clouds. Shandy is breaking up and no further patients arrive. Our equipment is stowed away and we retrace part of our steps to call for the patients who have agreed to hospitalization. The old man from Gaddekanoor meets us at the appointed rendezvous, but the ancient woman of Tamaka does not respond to the call of the motor horn. We do not attempt to find her as experience has taught us that we can do nothing further for patients who do not keep their appointments.

Our records show that 200 patients have been treated with drugs, surgical and medical procedures, and advice. A number of previous patients reported progress, some bringing new patients with them, and many new contacts have been made which we hope will prove fruitful. Our evangelist, Mrs. John, gave us much help through her visits in the homes.

In such conditions as these live 85 per cent of the people of India, many of them as yet untouched by scientific medical and social services. The same problems of sanitation, health and disease, exist in these villages as Florence Nightingale attacked in the army cantonments many years ago. The village problems, however, involve a much larger number of people under conditions less easily controlled.

Constant, intelligent, courageous work receives its gradual reward by treating a continuously greater demand for itself. Slowly but surely these valiant Indian doctors and nurses are bringing healing and better standards of health to a few of India's vast number of villages.

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