

some water plant or are buried in the mud. There are 6 to 20 eggs in each capsule. When the young hatch out they are no thicker than pack-thread. These capsules are at the mercy of water rats and others, including the parent herself.

The leech takes a long time to grow up and it is not until its third year that it is useful to man. It does not mate until it is 6 or 7 years old and it may live to the age of 12 or 15 years. In the wild state it is caught by some obliging person who sits dangling his feet in a leech-infested pond. In the old leech-farms, horses, asses and cattle used to be driven periodically into the ponds to provide the leeches with blood.

Half a century ago special leech-farms in parts of France were most flourishing. In good seasons the peasants carried 60,000 leeches to market every day. They were sometimes sold wholesale by weight—a system which encouraged the vendor to give his leeches a hearty meal just before the bargain was completed.

OUR INDIAN HOSPITALS, No. 9

Welsh Mission Hospital, Shillong.

By MISS AMY BULLOCK.

This Hospital is unique in many ways, that is for Indian Hospitals. We have about 100-140 beds, for Men, Women, and Children.

Our nursing staff consists of three European Sisters and forty Khasi nurses, who are all Christians. There are twelve fully trained nurses, who are on the Staff, and the rest are in various stages of training.

The nurses nurse the male patients, just as the home nurses do. They also do everything in the way of giving and emptying bedpans, just as the nurses do in the training schools at home. We have only one sweeper on the compound, and his time is fully occupied in keeping the drains clear.

I believe that at first, Miss Buckley, who is the Matron (she is on leave just now), had to show them, by force of example, that these things could be done, and now we never have any trouble. The new nurse who comes, sees the others doing the things, and she also does them, as a matter of course. Of course, not having any caste system, makes things considerably easier. We have three Ward-maids too, and they have to go on their hands and knees, to scrub some of the floors!

The nurses also do the dispensing, and we find that the dispensary is considerably cleaner than when we employed a compounder. We have one Indian Christian Doctor, who takes all the notes of the cases, and also sees to the out-patients, and does the Laboratory work, besides giving anaesthetics, and doing minor operations.

We do not get much eye work here, as the roads are not sandy, and the people do not suffer from cataract, as they seem to do in the Plains. We get a fair amount of Stomach and Gall-bladder work. People will come to us from distances varying up to 500 miles away, with a history of vomiting and pain, sometimes extending over a period, of from ten to twenty years. They come when their life is so miserable, that they don't mind if they die. There was one man who came, who had crawled several hundred miles, begging food as he went from village to village, and because it was only coarse food, vomiting it and crawling on again. He had a gastro-enterostomy done, and eventually went back to his village, a new man. We had a Naga come here once, who was an Interpreter at the Court in Kohima. He had a bad gastric ulcer, and had the operation. After he got back to his friends, he wrote to say how grateful he was, and how they all marvelled, and he said, 'You have given new life to me'. He came to say 'goodbye', in his full dress, brilliantly striped blanket, and war spear, and very handsome he looked too!

We have a Lushai patient in now, who has been here for about four months. He is a marvellous case, having had a partial gastrectomy, a gastro-jejunosomy, a cholecystectomy, and an appendicectomy all at one time. He made a very good recovery from the operation, and was out of bed in just over four weeks, when he started having a bad mucus-colitis, which we couldn't stop, as he never digested or absorbed the medicine, which was given him. However, at last he began to improve, on having small doses of opium by the mouth, and subcutaneous salines, and now he is a different man altogether, and can manage to digest soft rice.

Our work is chiefly amongst the Khasi people, but we never refuse anyone, and we get a good many of the neighbouring hill tribes. The boys and girls from the hill tracts, come here to school, and so when they are returning from holidays, they will bring the sick along with them, and that is how we get linked up. Many of them have never seen a proper bed before, but they very soon get used to them. It is very funny to see them going to the bath too. They always like company at first, as they are afraid of the bathroom, and it is funny to see, how a man who cannot speak a word of the language, will

yet make himself sufficiently understood, to get the other man to go to the bath with him!

Everyone eats food cooked in the same kitchen, with the exception of an occasional orthodox Hindu, who then has to have his food supplied by his relatives. Some of our patients, who live right in the far-away villages, do not drink milk, for the simple reason that there isn't such a thing where they come from. They drink rice water and like it nice and thick. It is hard, sometimes, to convince a patient suffering from typhoid, that it is not right for him to have rice-water. Without rice or rice-water, they think they cannot exist!

In the rainy season, we get a lot of dysentery and typhoid patients, and this year, especially, we have had a lot of very bad pneumonias, due to the people getting wet, and not taking any notice, thinking that it is just a bout of malaria, and then coming in when it is too late.

We get a fair amount of Maternity work too, the people are getting more and more ready to come in.

All the lectures are given in the vernacular, as, though we like to have girls with some education, yet we often take them from the far-away villages, where they have only had a very elementary education, as we want them to go back again to those villages to help the people there. Very few of them have ever seen a train, as we are 61 miles from the nearest railway, and beyond us, the hills stretch for miles and miles, many days journey, which all has to be done on foot, on a man's back in a chair, or on a pony.

We have accommodation for about twenty European patients, so our work is very varied. The Khasis make very good nurses, and are always very bright and patient.

We get patients in who have had injuries by animals too. Only recently, we had a patient who was badly bitten on the left ankle by a tiger. He was in the jungle cutting grass with some more men, when he saw a tiger coming. He at once tried to climb a tree, but didn't get up high enough. The tiger jumped up, and bit his ankle. Both the Tibia and the Fibula were broken right through, and the arteries must have been severed too, as there was so much bleeding, that his friends could not carry him in here until the wounds were twelve days old. You can guess how they smelt! It seemed the right thing to do, to amputate at once, but he was so against it, that we decided to try and clean up the leg first. That took weeks, and though the Doctor tried to make a false joint, it was unsuccessful and after a great deal of persuasion, he consented to have his foot off.

By this time, the sepsis had spread so much, that he had to have it amputated well above the knee. He was in a very low state himself, and yet to everyone's surprise, the stump healed by first intention.

About a fortnight ago, the men of his village, (which was four days' journey away) arrived, carrying the skin of the tiger, which they had killed, by driving it into a cave and then filling up the entrance with stones and then smoking it to death!

THE MANGO

I was sailing to India for the first time. Of course I had heard of a mango but I had no idea what it was like. 'Mango! yes, I had read of it somewhere, but where . . . Was it like a potato?' I ventured to ask. 'Well, it is about the same size. Only very much nicer' came the reply, and very significantly my fellow passenger added, 'You had better eat your first mango in a bath'. At this all laughed and I was left to imagine the mango in all its glory.

Days went by and we were still at sea and I was just as much at sea over this mango business. I knew it was something to eat, something formidable to eat, something very much to be desired to eat. I began to think it was a mango, not an apple that tempted Eve and led to the downfall of the human race. (Now I have seen and eaten one I am almost sure it must have been a mango, at least a mango led to my downfall. But I must not anticipate.)

After many days the *City of Harvard* rolled alongside the Ballard Pier. The *City of Harvard* all through the voyage had a habit of rolling like a true sailor. There was no doubt at all about this quality in the Bay (need I add) of Biscay. It was quite evident in the Mediterranean Sea. It was whispered that she could even roll in the Suez Canal. This feat we were assured was extraordinarily difficult for so big a vessel to accomplish.

At last I was to enter Bombay—Bombay the Gateway of India—the gateway to the mango—the gateway by which the mango was destined soon to leave for the Old Country. But the season of the mango was not yet. I must wait. There was a mango-tree growing in the compound, but it was a forbidden tree. 'Don't you eat a mango till I choose one for you' peremptorily ordered our cheery Miss Kemp, 'there are mangoes and mangoes; there's nothing more delicious than a delicious mango, but if your first tastes like turpentine, you'll never want another'.