

WHERE APRICOTS AND ALMONDS GROW

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I SUPPOSE Quetta seems "a very far cry" to most,—and really as one travels up the Bolar Pass through dreary barren country with a puffing snorting engine before, one wonders why in the world anyone selected such a place to live in—still it has its attractions; at a height of 5,500 ft. one reaches a dreary looking plain almost surrounded by rugged mountains; looking out at certain seasons one sees whirls and whirls of dust descending up high into the air, these are known as "Quetta Devils"! In the Spring the khaki appearance of the country is pleasantly relieved by patches of glorious almond blossom, apricot, etc. at first simply the blossom but even as early as now, March 6th, the green leaves are appearing. The climate is on the whole a good one; very, very dry, up to Christmas is usually lovely, perhaps some snow, but not usually, then in the new year the wet and snow starts, still there are not many days that we do not see sunshine, but it may be accompanied by brilliant skies and bitter wind commonly called a Kodjak as it sweeps over the high Pass of that name leading to Afghanistan. The summers are usually quite pleasant with the exception of a few weeks in July and August, when it is inclined to be a little stuffy.

Our hospital has 86 beds—that is including the outside wards set apart for families and paying patients; there are eighteen of these and it is the running of these that adds to our many other difficulties. Naturally we cannot allow young nurses in training to go to these—not even young staff nurses—we have to have older workers, and those who are thoroughly reliable as the temptations are great. A number of these wards are set apart for the wives and families of native troops, for the treatment of these we get various grants from the Military Authorities. This greatly increases our work but on the other hand we touch so many different people. They get teaching while they are with us and hardly a family goes home without some literature which they have bought. We get Gurkhas—Madrassis—Rajputs—Panjabis—Hazaras—amongst the Army folk, in fact from all over India and then amongst the ordinary patients we have Sindhis, Pathans, Baluchis, Brahins, Persians, Panjabis. So many different languages, so many different customs, etc., add greatly to our difficulties. We have had great trouble in procuring nurses for training. On every hand the answer was—"Quetta is too far away". Local girls are scarce and besides, it is a mixed blessing to have girls whose homes are nearby! Much of the material we have had to take has been very indifferent; it has been difficult to teach them and difficult for them to grasp things, still we had just to do our best with what we had and hope for better things later. I almost believe things are changing, one reason being that of late years so many nurses have not been able to stand hard work in the Plains hospitals and many have fallen out, tuberculosis claiming many victims. Consequently parents and girls themselves have got scared and are looking out for more healthy places for hospital training—, here an old adage is

applicable "an ill wind" etc. We shall perhaps be able to pick and choose our candidates a little. How one longs for more educated girls to teach! What a different life would be a Sister's!

The multiplicity of languages makes the nurse's work too more difficult and of course so often is an excuse for shirking things. It's so easy to say "I couldn't understand", when hauled over the coals for some delinquency; still I do think that most of the girls are good at picking up a workable knowledge of the tongues.

Hospital tidiness is not always maintained I fear. The Pathans and Brahins are not trained in domestic cleanliness nor indeed are many of the other peoples. Chickens, donkeys, and numerous things of a much smaller variety, but more tiresome and hard to dispose of, accompany these folk in from the district. I believe it is not unknown for a patient to request lodging for her donkey or her bullock. Chickens they tie to the legs of their beds quite as a matter of course and are really most annoyed if we protest and insist on removal. The centre of the compound is appropriated in most cases as a kitchen. Fireplaces not being provided them they quite calmly dig out some bricks and make one! This is so much nicer than using the place provided by hospital. I am most anxious to get the nurses into the habit of thinking that tidiness and order is possible in a Frontier hospital. I think for years this has been the impression that it is impossible, but I begin to see that if everyone works towards keeping things nice the object will be achieved. I do not mean in such a way that the patients will be unhappy and find hospital irksome. After all we cannot expect an English Hospital standard or even a Lady Hardinge one, but I believe at aiming at it! We have at present one staff nurse, a senior nurse dai, and three nurses in training for General Nursing and two for nurse dai training—this is a very reduced number. Somehow last year our numbers were not reinforced and several fell out for various reasons. We are hoping to have four new probationers shortly and another senior nurse, even then we shall not be too well off. I suppose the bulk of our patients are Mohammedan. The people who come in from the villages and wilds are not as a rule "Purdah" except a few of the better class, but many of the City Mohammedans keep strict "Purdah"; also the down-country women. The Hindus, as far as I can make out, are not very orthodox with the exception of very few. The bulk are mostly the wives of Hindustani Babus and of Sindhis and these do not seem to be at all strict about shadows falling on cooking arrangements or about taking medicines from us.

Life

A little work, a little play
To keep us going, and so "Good-day".
A little warmth, a little light
Of love beside, and so "Good-night".
A little fun to match the sorrow
Of each day's growing, and so "Good-Morrow".
A little trust that when we die
We reap our sowing and so "Good-bye".