

We would call our readers' attention to the notice that appears on another page of a series of lectures on Tropical Nursing. The article on the same subject speaks for itself and there is no doubt that many nurses on furlough having the time and opportunity will welcome this chance of gaining fresh light and knowledge in this particular section of their work.

It is hoped to publish a special holiday number of our magazine next month, which we trust will be appreciated especially by those who will have more time for reading and meditation. The Editor regrets to add that no one yet has provided her with the short story for the June Number. Anyone who thinks of doing so should submit the same to the Editor by May 15th.

MEDICAL MISSIONARY WORK IN POONA CITY

BY SISTER ALBERTA.

POONA is a big city; the greatest part of the inhabitants are orthodox Hindus, mostly very bigoted and old fashioned. There is also a fair number of Mohammedans, chiefly of the merchant class; and some wealthy Parsee families.

It is probably one of the most difficult centres for missionary efforts and certainly to-day the old methods of evangelisation—street and bazaar preaching, Schools for Hindu children where Christianity is taught as a matter of course—find very little acceptance. Unwanted babies and famine orphans, destitute widows, and even outcastes are cared for by the Hindus and Mohammedans themselves, who following the example of Christian Missions, have started many philanthropic institutions run on European lines, but definitely *anti-Christian*.

The Cowley Wantage Mission has been working for over fifty years, and a thriving Christian community has grown up, who though *very poor*, are on the whole well educated, and are making themselves felt as an important factor, in public and municipal affairs.

To-day Medical Work is the most important part of Mission work, and it must be nearly forty years since our first little Dispensary was opened, primarily for the care of our own Christians, but always open to Hindus and Mohammedans of all castes and whatever class.

At first it was only a dispensary, open on certain days of the week; large numbers of non-Christians came for treatment, men, women and children, as well as our own people.

As time went on, the villages were visited regularly by an Indian Christian Doctor accompanied by Catechists and so great number of villagers came into contact with the Mission and several small Dispensaries were opened.

Then came the war. Much of the work had to be cut down and at the same time it was necessary to open wards to accommodate our own Christians, who increasing in number, were crowded out of the Civil Hospital and the other Mission Hospitals, by war patients.

Now the Hospital has 50 beds, 15 for men and boys and 30 for women and children—a Maternity Ward of 3 beds, labour room and small theatre having been added this last year—and our number of admissions last year was over 700, a large proportion being Hindus and Mohammedans. The Out-patient department is still the greatest feature of our work; last year 4,040 new cases were treated, 1,563 being Hindus, 466 Mohammedans, 1,968 Indian Christians and 43 Europeans—19,412 attendances were made altogether.

I should very much like to take you round our wards, or better still have you spend a morning in the Dispensary. This morning I went over quite early just as the clock was striking half-past seven, at which time the doors are open. A tired looking Christian woman was sitting on the steps, her four-month old baby in her arms and a toddler half lying on her lap. They had been awake all night with “fever and cough” she said, and a hasty glance showed that the elder one was down with pneumonia, whilst the baby had either bad bronchitis or bronco-pneumonia. We quickly got them upstairs to the babies’ ward, a light airy room with four cots, two of which were empty, and the trained Indian Christian nurse soon had them comfy, sponged, put into clean woolies and “antiphlogistin” applied to the elder baby’s chest. The mother was able to go back home and get her husband’s tea and chuppati ready before he had to start for work in the city, where he is employed in a Hindu Printing Press. They are very poor and although their two elder children are being kept free in one of our Hostels, they can only pay the rent and provide the simplest, coarsest food for themselves.

A peep into the Maternity ward showed a young Hindu woman rejoicing in the birth of her second child, a son this time, born last night. The first born, a little girl, was on the bed with the mother, very sulky because her nose was out of joint,—later on she will probably be the devoted and willing slave of the “Son of the House.”

Returning to the out-patients, a fairly large group of out-patients had assembled. Sister Ratna (Indian Order of the Holy Name) is the Hospital Evangelist; she teaches the out-patients daily in the Dispensary, takes ward prayers and generally befriends the Christian and non-Christian in-patients, reading to them, teaching and praying with them as opportunity occurs.

She had already given out the case papers, and a group of little Christian girls from S. Michael’s Hostel in frocks of various shades of pink and red, looking very clean and tidy, were sitting on one side waiting for treatment for “minor ailments” (eyes, ears, small injuries, especially thorns in the feet). We have to use our Dispensary as a “School Treatment Centre” for our Hostel children. Three or four maidens in blue frocks or sadis

from the Epiphany and a couple of young married women from the Parish and the S. Michael's children made a choir and a number of Hindu and Mohammedan patients each accompanied by various children and relations made the congregation for prayers. A hymn was sung, a prayer said and then Sister Ratna told a Bible story, adopting it to the needs of her hearers and showing one of Nelson's big coloured pictures to illustrate it.

As soon as Sister Ratna was finished, the Doctor was ready to see the patients, the school girls were got through quickly and passed over to the trained nurse for treatment in one of the side rooms and the real business of the morning commenced. A handsome elderly Mohammedan woman had brought her daughter-in-law and a young Hindu neighbour to see the Doctor, she explained volubly that she always comes to us because she knows that there is "virtue" in our medicine, and proceeded to tell all about former patients from amongst her kinsfolk and neighbourhood who have received benefit, but it is very difficult to keep her to the point and get her to tell why the two girls have been brought to us to-day. The Hindu girl on being asked her surname turns shy and refuses to say as it would mean speaking her husband's name in public,—she is at last induced to tell us the name of her child's father as a compromise and the Mohammedan lady laughs a loud jolly laugh at this Hindu reticence and pretends to hold her up to ridicule. A handsome "Kumbi" woman comes, also bringing a young neighbour, a girl of her own caste; she is an old friend of ours and asks us all sorts of questions about our health, the work and the nurses until in desperation she is gently but firmly pushed in the Doctor's room, then we find that the patient is lost; whilst her chaperone was chattering she escaped into the garden. An old lady who has been coming for years, chronic asthma, squats at our feet and as I bent down to give her case paper, she took my face between her withered hands and gently stroking it told me how she is all alone now, her children all dead, only a grand-daughter remains, who gives, it seems, rather unwilling service. All she knew and loved are gone and she knows just dimly of the Christian's hope, but would hardly dare accept it, even if she could be made to understand. She declares I am her father and her mother and begs me to ask the Doctor to make her well. A rather truculent body is the next comer, demanding *good* medicine and says she will only pay the anna fee we charge, *after* she has seen the Doctor and heard what he has to say, then *if* she is satisfied—well then, she will even give *two* annas provided there is real "virtue" in it! We however insist she shall pay first as is usual, and then go into the Doctor. She is well dressed with silver bangles on her arms and a golden necklace, so she can well afford to pay. After much haggling and an attempt to drop only 3 pice into the box, which attempt is frustrated by Sister Ratna's sharp eyes, she pays up and gets her case paper. Some *very* poor Christians and two low Caste Hindu women, obviously very poor, are given their papers.

free and then a nice Christian woman, whose husband is in work, gives a whole rupee for the medicine for her child.

An old woman with a bad abscess in her arm, runs away as soon as she hears the word "incision" and will probably return in four or five days when the arm has got really seriously bad. A boy of eight, evidently in the third week at least of enteric, quite unconscious, is brought in and at once admitted, he holds in his clenched fist a crust of hard stale millet bread, his Hindu granny declares it is the only food she has been able to get him to take since he got bad as "he wont drink milk." A child has a tooth extracted, and as the musical box had been put on for her benefit she forgets to howl even at the sight of the dreaded forceps.

So, 40 patients or more are seen on the women's side and then we went over to the men's department—not quite so many "cases" there, a good many hostel boys—some elder lads, Hindus and Mohammedans, a well-to-do grain merchant who wants a tooth extracted but grudges a Dentist's fee—an old man with arthritis and another with chronic heart, a couple of old Christian men who come almost daily and sorely tax the Doctor's ingenuity to prescribe "Suitable" medicine for their ever varying symptoms—so the morning's work is ended.

In the meantime nurses have been busy in the wards and patients and beds are ready and tidy for the "Round". After the "Round" comes dinner—rice and vegetable curry and millet bread for "full diet"—rice and milk for "light diet" varied by soup, eggs, bovril, etc., as the case may be. I am sure you would be surprised if you saw the huge plateful that even the little ones manage to dispose of. An afternoon rest follows. Nurses go off by turns, to rest, work, study, or go for a walk in the cool of the evening when their duty allows it. Urgent out-patient cases are seen at 5 P.M. and "twice a day" treatment cases come trooping in. Prayers and the evening meal follow, then lights are lowered and the night nurse takes over and the day has passed, full of interests and happy work for all the staff and bringing hope, ease and comfort to many both within and without the Hospital gates. Healing of body, comradeship, and the living examples of the Indian Christian workers, do more to teach the people the gospel of Him "Who went about doing good" than many words and many sermons.

And the result?

"Let no man think that sudden in a minute
All is accomplished and the work is done
Though with thine earliest dawn thou should'st begin it
Scarce were it finished at the set of sun"—