

CONTRIBUTED ARTICLES.

NOTES ON DISEASE IN AN INDIAN HOSPITAL IN
THE PUNJAB.

BY DR. MISS E. G. LEWIS, AMERICAN MISSION HOSPITAL, AMBALA CITY.

NUMEROUS people have asked me if the diseases I had to treat in Ambala City were any different from American diseases and I have said "Yes," emphatically, for malaria is so prevalent and so polymorphic in character that every patient who presents herself has to be considered in the light of malaria plus any other condition of which she may complain. The nervous diseases incident to highly civilized life and high blood pressure conditions I rarely ever see while disease incident to married life are with us always and with malaria practically fill the hospital. The women as a class are sallow and anæmic, and it is so rare to see an Indian with bright red healthy blood showing through the skin that when one does find one she is to be remarked.

Constantly the physician is called upon to make a diagnosis between tuberculosis and malaria or between puerperal fever and malaria. My rule is that whatever the diagnosis, give quinine. The routine order in hospital is for quinine sulphate either in soft pill form or in solution to be given in 5 gr. doses every morning at 7 and at 9. When this does not break the fever, I give 5 gr. quinine bihydrochlo. hypodermically for several days running. This is always given in the buttocks deep into the muscles and the point where the needle enters the skin covered with flexible collodium. Compressed tablets put up for hypodermic use are used, and I have never had abscesses form nor any other ill effects.

Malaria can simulate many other diseases as the following instances show. Some months ago, our hospital matron became ill with continuous vomiting as the only symptom. She had no fever and no pain but was unable to keep anything in her stomach. The usual various remedies were tried except quinine which did not seem to be indicated and as she objected to having it given hypodermically and could not retain it by mouth for several days, I did not press the point. Her condition became alarming, and at length we found ring forms of malignant malaria in her blood. Quinine was given hypodermically and she made a rapid and uneventful recovery.

Not long ago a patient was sent me complaining of chronic appendicitis. She had refused operation in two other hospitals. After being with me some days, I was called late one evening with the word that she was having an attack of appendicitis. I found her groaning with pain in the right iliac region especially marked over McBurney's Point, but I noted the absence of rigidity.

Her temperature was about 103, pulse 120 and she had vomited. Blood count showed a leucopenia and the diagnosis made was malaria. Recovery under quinine medication was prompt.

We see a great many cases of ascites in all stages, and I am convinced that the fundamental cause in most instances is malaria. In some the heart, kidneys and liver are so badly diseased that no amount of quinine effects recovery but if taken in time careful and steady quinine medication causes the ascitic fluid to disappear, the big spleen can then be palpated and the diagnosis is plain.

A child of about three years was brought to hospital. She appeared to be an idiot with spastic paralysis of almost all the voluntary muscles, blind, dumb and deaf. Had to be forcibly fed and bladder and rectum incontinent. A most pitiable case. The history was that she had had high fever about a year previous. Had been a normal child and the present symptoms had remained after the fever left. Upon examination she was found to be running an evening temperature of about 99°—100°. Blood and spinal fluid were negative Wassermann. Diagnosis made was cerebral malaria. Quinine was given hypodermically along with pot. iodod mixture by mouth. and to-day—a year later—the child appears as a normal child again.

Thus it is that malaria can simulate almost any known disease and complicate all of them. It is insidious and destructive and persistent, and I believe is one of the largest factors in retarding progress that can be found in all India.

PROGRESS IN INDIA—THE MALE NURSE.

By MISS C. B. ALLINSON, S.R.N., CIVIL HOSPITAL, DERA ISMAIL KHAN.

It was while in Military work in the Indian War Hospital, Karachi, in 1918 the thought of the great need of trained male nurses first came to me. I obtained permission from our Superintendent, Miss Bonser, to give nursing classes to the ward orderlies, and their response was so good, their adaptability and general interest so great, one saw the rise of a new profession for men in India. On my return to mission work I was sent to a male hospital (my previous 15 years had been spent in Zenana hospitals).

At once I realised the tremendous difference in the whole system of "nursing treatment" as received by men from our "dressers" compared to the care and attention female patients in our Zenana hospitals and out-patient departments derived from female nurses.

For eight years we have tried to get a recognized course of nursing training for males. The difficulties have been great, at first the men themselves resenting "new teaching," and but for the loyal support of our doctors and some of the older workers we might have given up the task. We were told repeatedly that the better class "boy" would never do the cleaning of wards as our girl nurses do in Zenana hospitals. That we would only get the "sweeper"