

WORK IN THE LONDON MISSIONARY SOCIETY'S HOSPITAL, JIAGANJ, BENGAL.

BY FLORENCE N. GIFFORD, NURSING SUPERINTENDENT.

THE Journal is always very welcome here in our rather backwater station, and so I suppose with the privilege of receiving it, the obligation of offering something for publication sometimes is only a fair conclusion. But just what to write about is the problem.

We have a tiny hospital building here. It contains but thirteen beds (a few boxes and baskets for tiny infants excluded). These boxes and baskets in which to put babies are often useful but not always necessary.

I was amused at an Indian lady visitor only a few hours ago when being shewn over the premises, remarking "Oh, you have nurses here then." Just now we have three staff nurses and three pupil nurses and plenty of work for them. Two days a week out-patients come in crowds; some from the towns and many from the surrounding villages. The compound is a lively scene with conveyances—mostly bullock carts—and picnic parties of patients' friends. Occasionally a bullock cart party arrives overnight, meaning to be seen without delay in the early morning and then to take the long journey back to some distant village or hamlet. A few sturdy Christians sometimes walk in from a village nine miles away bringing patients on stretchers or carrying their ailing babies. The majority of the patients however are Hindus and Moslems. Many strictly purdah patients come from Murshidabad city (the old capital of Bengal), some six miles away, and frequently accompanying the patient are those who are just enjoying a day's outing and these delight in being shewn around.

Most of the cases are medical, nearly everyone seems to have malaria, quite a number are suffering from kalaazar and not a few with dysentery. We get a few dressings and a little eye work. Most days patients come with ruptures and prolapses, usually the result of want of proper treatment at time of childbirth, sometimes dating several years back.

Most of our in-patient work is gynæcological.

Just now besides gynæcological cases we have several kalaazar patients, two malaria, one fractured femur, one advanced heart disease, one bronchitis, one fistula, and one with tuberculosis.

There are two tiny infants, one whose father asked us to take his four days' old baby girl as the mother died, and having no women folk in his home he was in despair as to how to rear the child, and one three months' old baby whose mother has been very ill in hospital, but is now responding well to kalaazar treatment. These two infants are not patients, but provide us with means of preventive treatment, it being very certain they would soon have been patients had we not received them!

Many of our operations are undergone by those wishful to have children, or having had them need repairing afterwards. Not many come in for their confinements but more are coming than in former years.

Bad cases of eclampsia are only too common, and it is no unusual thing to be called in to these and other abnormal labours in the neighbourhood. Fortunately (since prejudice is strong against calling any of the local men doctors at such times) our one doctor is not often away. It is usual for our out-patient staff nurse and sometimes a pupil nurse to go with the doctor to all maternity cases we get called to in the district.

We have one Bengali, one Ooriya and one Santali staff nurse, though all speak Bengali. They are very keen in their work, and much appreciated by the patients. They were themselves trained here and are now proving of great use in helping to train others.

As the training is not general, but we nurse only women and children, the nurses receive midwifery training also during the three years' course. They have classes four days a week and almost constant supervision when on duty. We like them to be able to continue at least a fourth year if possible when as junior staff nurses they can still be continuing their studies and become more efficient and confident.

Badminton affords them happy relaxation for half an hour or so most evenings during the cold weather, though it is difficult to get some away from their beloved cooking which proves their most attractive "hobby."

The youngest of the two maid servants gives a little help in the wards as ward maid morning and evening and seems never happier than when given an infant to soothe or amuse.

The health of the staff has been exceptionally good throughout the year.

Having but one doctor, who must sometimes get a holiday, we had again last year most regrettably to close for a while, but we are hoping a second doctor may soon be appointed, though at present we know of no one for the vacancy.

We have on paper a beautiful plan for a new building and hope some day to see it of practical use on Mother Earth. Meanwhile such "sick rooms" and "labour wards" as we get called to on the district make us rejoice in our present accommodation, which to many weary souls and sick and injured bodies is a great blessing. One patient once described her coming into the hospital as "falling into her mother's lap." Allowing for flowery oriental language, great gratitude, sometimes for a very little, helps one to realise how much some of the poor women have been needing, not by any means always for want of love and care, for many have most devoted relatives and friends, but they fall victims to the grossest ignorance and then sometimes to appalling treatment, while the whole family and household routine is upset. There are also alas those who have no friends, paupers picked up from the disused verandahs and elsewhere in the towns who when homeless and ill have crept somewhere for shelter, outcasts whom no one will touch, though some may pity.

We have usually one or more such. Strange to say, though some of them are pitifully grateful, others whine and beg and seem dissatisfied with everything. They cannot however take from us the joy of being able to minister to them, while the supreme joy in all the work is to be able to do it in the name of Him Who came to seek and to save that which was lost, and in so doing has done so much for us ourselves also.