ONLY A GIRL!

By M.

Anyone who has done medical work in India knows well what a marked difference there is in the reception of a baby into this world according to whether it is a boy or "only a girl." Among rich and poor, high and low, we see the same pathetic absence of a welcome if the new-comer is a daughter instead of the much desired son. In the mud hut the moment a baby boy is born, some old woman seizes a brass tray and a pair of tongs and making as much din as she can, proclaims to all the neighbours that a boy has arrived. On the other hand the poor little girl is received in disappointed silence. In the palace the birth of a son and heir is proclaimed by firing of cannons, playing of bands, sending of telegrams, while everyone having the remotest connection with the royal household expects and will receive a "present," and will therefore the more heartily join in the rejoicings. If the baby is a little princess, though born to ease and comfort, she too is received with very evident disappointment. One is glad for her that she is quite unconscious of it and continues to thrive, not at all ashamed of her sex.

But some of us know what possibilities there are in many an Indian girl, and the following is a true story of what one little baby girl developed into.

Born in a humble village home in South Rajputana, this little girl grew up to be a sturdy mite of three years, when after weeks of semi-starvation she lost her parents in the terrible famine of 1901. Rescued by a kind missionary Sahib, she was sent with many other children to a far away station where an enormous Orphanage to contain 600 children had been built by money contributed in a wave of enthusiasm and pity by friends of India in Scotland. Here she was cared for and educated and taught about the Saviour of the world Who had come to reveal God the great Father to India as well as to other lands. One day when Pyari was about 18 years of age her Miss Sahib asked for girls to volunteer to go and learn nursing, and she began to think she would like such a profession. So Pyari went to a hospital in North East India and went through the three years' course of General Nursing and one year of compounding, and later in the Punjab she took her midwifery training. Then fully trained she came back to Rajputana to work in a hospital not far from the big Orphanage which had been her home. In appearance she was short and sturdy looking, with a plain almost sullen expression, but she was a splendid nurse with a quiet capable manner; and the doctors and Sister soon found how dependable she was. Pyari too was happy in her work, and especially as she began to realise how as a follower of the Good Physician she had so many opportunities of helping people both bodily and spiritually.

One day one of the doctors in the hospital where Pyari was working set off on a long journey to see a Rani who had tuberculosis of the abdomen. Two days later a telegram came from her asking for a nurse and instruments, etc., for a laparotomy. She had found that for months the Rani had been having the best possible *medical* treatment and had not improved. She was now having fever, constant pain and a collection of fluid in the abdomen. So Pyari set off with two boxes full of the things necessary for the operation and an

old woman with her as chaperon. They had to travel 12 hours by train, then got out and found a motor ready to take them the 65 miles to the palace. It was a very bad road, and both Pyari and the old chaperon arrived tired, but at once Pyari began to get ready for the operation. The "theatre" consisted of a verandah, and the Rani's maids had helped to get ready tables, water, etc. Besides Pyari, the only other assistant was a Christian woman who had had no nurses' training but had once been a matron in a sanatorium, and so had sometimes seen doctors and nurses working. It certainly was a great comfort to the doctor that these two helpers were both Christians and each knew that the others were praying all through the operation, else it could not have been attempted. Pyari gave the chloroform and Miriam was ready to fetch and carry, but was not to touch anything that was sterile. The laparotomy revealed bowel all matted into a mass, omentum thickened and rolled up, fluid in the lesser sac. Things looked worse than had been expected. All that could be done was to gently bore through the omentum and let out the fluid from the lesser sac, and then stitch up. Fortunately bowel did not tear, so there was no fistula. All through Pyari kept calm and unflustered and the patient stood the operation well. So far so good, but after that the days of trial began. The Rani lived in a very high building with many storeys, lots of little rooms, dark passages, and winding stairs. At the entrance door was a long passage like a tunnel where some old men were always on guard. All day long people from outside kept coming to enquire about the Rani—the Prime Minister, the State doctor, various relations, officials, etc., etc. The maid servants went down to give them the latest bulletin, and many and strange were the symptoms reported. One day when the doctor came to pay her morning visit the State doctor was waiting for her. "I hear the patient has got a sore throat. Do you think we should give her anti-diphtheritic serum?" No vestige of a sore throat could be found! Or again slight pain in her side from post-operative vomiting was diagnosed by the State doctor from the palace door as probably tuberculous pleurisy.

While the doctor Miss Sahiba was there she could refute these charges and calm down the officials, but when after three days she left, then for Pyari began a very trying time. The maids were ignorant and superstitious and every ache and pain, real or imaginary, were put down to Pyari. A slight temperature or a headache or one stitch giving way, at once they reported it with many embellishments at the entrance door, and they threatened Pyari with all sorts of things. She and "English treatment" were causing all this, and they would be stopped. Every day Pyari sent a written report to the doctor Miss Sahiba of her patient's condition, and sometimes there was a pathetic little footnote asking if she might not come away. But with a little encouragement she bravely stayed on. The Rani went through a time of reaction and fever, but when Pyari left her after six weeks, her wound was quite healed, her abdomen soft and flat and painless, and the fever gone. It was a wonderful vindication of the despised "English treatment" and a well deserved reward to Pyari's courage and endurance.

Later on Pyari went as compounder to a Women's Hospital in an important Native State, and there she was a revelation to the doctors and others of what an ordinary Indian woman can become.

Surely as the number of such Indian nurses increases, the people of this land will learn to *rejoice* at the birth of a daughter, and to feel that she may grow up to be a real benefactress to her fellows, admired and looked up to as a true follower of Florence Nightingale.

THE LADY READING HOSPITAL FOR WOMEN AND CHILDREN, SIMLA.

By Dr. Hamilton, W.M.S.

The urgent need for a new hospital for the women and children of Simla and the surrounding districts has been felt for many years.

Each successive Vicereine, Lady Minto, Lady Hardinge, and Lady Chelmsford, interested herself in the question from time to time, and various proposals were made for building a new hospital, but no suitable site was found. In 1916, the present Dufferin Block, consisting of 25 beds, was extended and improved by the addition of an operating theatre and doctor's quarters. The hospital was put under the charge of a member of the Women's Medical Service, and the work was reorganised. As a result there was a great increase in the number of patients. The work of the hospital was, however, very seriously hampered by the lack of accommodation and want of privacy for the better class patients and the totally inadequate quarters for nurses.

In 1920, Dr. Agnes Scott, Assistant to the Inspector-General of Civil Hospitals in the Punjab, made strong representation regarding the imperative need of a new Women's Hospital, separate from the Hospital for Men. This principal was fully recognised and endorsed by the Civil Surgeon and the Inspector-General of Civil Hospitals.

In the same year Her Excellency, the Countess of Reading, visited the Dufferin Block and was so impressed by the urgent need of a new hospital that she at once determined to raise funds, as soon as possible, for the building and equipment of a model up-to-date one.

Owing to Her Excellency's unbounded enthusiasm and untiring energy, a sufficient sum of money was collected, not only to build and equip the hospital, but also to form a substantial endowment fund.

The choosing of a suitable site was a difficult task, but finally, Bairdville, a large airy house, situated on a healthy, spacious site, some little distance from the bazar, on the road to Chota Simla, was chosen, as a nucleus for the hospital. The house consists of a two-storied building, the ground floor can be well adapted for large, cheerful, medical and gynæcological wards, House Surgeons' quarters, offices, etc., while the first floor will provide excellent quarters for the matron and nursing staff. A new building, consisting of two stories, will form the Maternity and Surgical Block.