

This will be of great assistance in bringing out a correct and up-to-date handbook.

Will members please note that Miss Wilkinson, Honorary Secretary, T.N.A.I., has gone on furlough, and that Miss Rawson, B. M. S. Mission Hospital, Palwal, Panjab, is acting Honorary Secretary.

We regret to inform our readers that it is not possible to publish the *Nursing Journal of India* monthly. It will, therefore, for the present, appear quarterly.

The December number of the Journal will be sent V.P.P. in order to collect subscriptions for the year 1921.

Subscriptions (including membership fees) will be as given below:—

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Contributions of articles and letters etc., will be gladly received.

CONTRIBUTED ARTICLES.

THE GROWTH OF A DISPENSARY.

By MISS A. W. GROSS.

THE Montgomerywála Dispensary is situated in the Christian village of that name, and is about 118 miles from Multan and 120 from Lahore. It is reached by travelling on the non-express railway line running between Lahore and Multan, which passes through Sangla Hill and Lyallpur, and procures for all its travellers full value for their money, in that we stop at each station, and are usually treated to a two or three hours' wait at Lyallpur for contemplation ere we pass on and finally reach Gojra, our own railway station. Here we alight and drive eleven miles to Montgomerywála, nine miles of the journey being over no road at all but ruts and deep sand. Montgomerywála is the one Christian village in the midst of the seven C.M.S. parishes or pastorates of the Jhang Bar, that has ever, during its twenty to twenty-four years' existence, had ladies living and working in it. Here it was that, ten years ago, I first saw the Montgomerywála Dispensary, then an independent institution run on very simple lines by those noble women pioneers of Jhang Bar women's work, the two Misses Farthing.

In January, 1913, we were able to induce the C.M.S. Women's Hospital at Multan to become our fostermother; and it is to her that I send my operation cases if they will go; and it is through Multan that my drug indent goes to headquarters and my medicines come. When I first saw the Montgomerywála Dispensary it consisted, as it still does, of a mud-house of five rooms, two small and three bigger ones. The furniture was simple, and consisted of a table (used both as a consulting and dispensing table), a cupboard, a box, a chair, a stool, a few bowls, and simple remedies. When I fully grasped the situation that I was to be in charge of this dispensary and district, without a doctor anywhere near—I, not even a fully-trained nurse, with only my C.M.B. certificate, a year's general training in nursing, plus some knowledge

of dispensing, with a five years' further training and experience under Dr. Eleanor Dodson at the Women's Hospital, Dera Ghazi Khan,—my first, second, and third ideas (much strengthened by some bad cases during my first few weeks) were to run away from the almost overwhelming responsibility of it all. But seeing that that line of action is hardly encouraged by the C.M.S., I stayed. People often ask me, "What do you do when you want a doctor?" My reply is, "I continue to want," as at Montgomerywála a doctor is an unheard-of luxury. Operative midwifery I manage myself, and for the rest we have to get on as best we can.

I was at Montgomerywála first for three months from December, 1908, till March, 1909; but it was in December, 1911, that my real work began, and I was at once confronted with the problem of how I was to add to our stock of furniture and appliances. The C.M.S. allowed me Rs. 20 (about £1 6s. 8d. in pre-war days) a month—of this about Rs. 12 went in wages, and the rest had to be divided between needful drugs (such as quinine, castor oil, etc., that are obtained locally) and furniture. From about 1915 onwards, our Deputy Commissioner, through the local District Board, sent the dispensary at first Rs. 100 a year, and then on my representation of the large number of patients treated, increased the sum to Rs. 200 a year. My first investment was to buy a hand-basin and pail; and for at least a year the one table served both for consultation purposes and dispensing. For three or four years I had to attend to patients with dressings, or eye-treatment, on palm-leaf mats on the floor. Think, therefore, of the welcome a native bed for the dispensary received! It was the gift of a grateful patient as a thankoffering for restoration to health after a bad illness. For a long time our instruments were sterilized and water heated over a little native fireplace, which was fed by sticks given by the villagers. But at last, partly owing to the constant dust storms that rage between February and June, I had to give up this outside fire and take to a "Beatrice" stove.

Gradually, by dint of planning and managing, more furniture arrived; and so when, in December, 1917, Multan was able to give us a proper dispensing table, operating table, a real writing-table, and an additional washing-stand, we felt we had indeed come into riches. To the end, practically all the instruments were my own.

Now as to the staff. This was one of the greatest difficulties, as it was impossible to have an unmarried girl from one of our boarding-schools living in a village like ours, where morality is not its strongest point. Also we wished if possible to develop our village Christian women for work among themselves, so I obtained two married women from the village and trained one as a dispenser, the other as a dresser. The dispensary was opened to the public three days a week, and every evening I spent about two hours visiting the sick in the village. Of course, during an epidemic, such as small-pox, which visited our village in the summer of 1913, I was out day and night whenever summoned.

When first the dispensary was opened in 1911, about forty patients came each time; then, in 1913, the average had risen to ninety a day till, finally,

in 1917, the number of daily attendances reached 160—180. In 1917, my last complete year (before furlough), human beings (men, women, and children) made 21,000 attendances, and animals 327. The latter class consisted mostly of camels, buffaloes, bullocks, and cows. They had to be tied up to the trees till I had time to go out and look at their sores. For it was for wounds that they mostly came, as I refused to give any medicine for internal use, as cattle require so much for a dose that I could not afford to supply them with it.

The women and children sat in the waiting-room, generally making a great deal of noise and occasionally fighting, till their turn came to come and see me. The men stood outside my consulting-room window (which opened down to the ground) so that I could see that they were not flirting with the women. No doubt you will say, "But why treat men?" There was no dispensary for them within a radius of eleven miles, and so they often came to me, mostly for minor surgery. They said it was so much quicker coming to me to have teeth extracted than to go to the barber, the only other dentist the village possessed, because I took them out before they had time to turn round. It was a great joy to be able to relieve great suffering among them. I remember one man coming with a very swollen arm, caused by a bad abscess. I made several incisions, so that it drained freely, and the next morning the man returned to relate that he had never been conscious from the moment he got home till the next morning. This was not the result of shock, but owing to not having slept for some nights previously, he slept on and on when the pain was once relieved. Difficulties arise when a man comes to have an abscess lanced without bringing any male relative to hold him securely. It is not suitable to ask one of my nurses to do so. I once remember one of our village elders coming alone to have a bad abscess opened in the middle of his back. At the critical moment he jumped off the table and hopped round the dressing-room and I after him till the incision was made.

Women and children come for all the usual ailments. The most common diseases treated are granular eyelids (to which there often seem no end), malaria, enlarged spleen, and indigestion in all its forms. Sometimes the patients express themselves in a very amusing way. One comes for "oven in her head"; another always complains of toothache by saying, "I have pain in my 32's." Once a woman came and requested me to give her some medicine, "to make easy what God had made difficult." I thought for a moment what expression of disease this could be, and then asked, "Do you want to poison your mother-in-law?" "Yes," the woman replied, "that is just what I want to do; my mother-in-law is old, can do no work, and only eats what she does not earn." I tried to show her that God's law of life for us was that we should love all our relations whether they were attractive and useful or not. In both prescribing and dispensing in the East one has to consider the question as to whether, if the patient drinks up two days' medicine in two doses, there is sufficient poison in it to kill him. It is a very common fault of a patient, after having taken one dose of medicine, to imagine that he is much better, and then to finish off the rest of the medicine at one gulp, so as to recover more quickly. One rule that I have to enforce strictly

among women patients is, that all patients wishing to have teeth extracted must attend in person. So often they send a relative to describe which tooth they want out! My substitutes for anæsthetics (except in the case of operative midwifery) are smelling salts and sugar. The former, whose use I read of in *Mercy and Truth*, is for adults, and the latter I use for children. I find them both very successful when an ugly wound has to be sewn up or a bad abscess opened. Women sometimes come to me to have a head wound attended to that they have contracted in a village fight, but, more often than not, they say just look at it and see how bad it is, but don't dress it, as they want to go to the police station some miles away and show the police how bad the wound is, and if I dressed it, and it healed slightly *en route*, then full compensation would be lost! Of course, I don't waste dressings on such cases!

As to the use of sugar. I well remember one evening when a little girl aged four arrived long after dispensary hours were over. She had sustained a nasty cut on her leg in a fall from her donkey. After getting everything ready, I looked down the road to see if I could see a sensible woman who would not faint at the sight of a cut. Happily I saw the very one I wanted shopping a little way off, so I called her, and she came and fed the child with sugar while I sewed the cut up. The child was wonderfully plucky and hardly cried at all, and used to remind her mother every morning that it was time to go for her dressing by saying, "Mother, please take me to the Miss Sahiba who gives me sugar."

All the children in the village who have been very ill and whom I have visited constantly, are known as my sons and daughters, so you can see that my family in the course of six and a half years has reached a goodly number. In connexion with the sick visiting, I was once confronted with the accusation that I did not always speak the truth in that I had said that two very serious cases would not recover, and they had lived!

My dispensary generally occupies me from 10 a.m. to 3 p.m. in the winter and from 7 a.m. to 11-30 a.m. in the summer. They are very full and strenuous hours, and one much needs your prayers, so that one may be strengthened, body, soul, and spirit, to meet the needs of each sufferer.

Alas, Montgomerywála has been without a nurse or dispenser since April, 1918, when I came away on furlough, and the village has gone through two epidemics in that time—typhoid and influenza. Miss King, my colleague, though not trained in hospital work, did what she could during both these periods of illness, but she is on furlough now, and all the women's work in the village is temporarily closed.

Could some of my younger friends who will be going to the seaside this summer, remember me when they are picking up shells? I use all biggish shells, such as cockle and mussels, to give out ointment in, and charge the equivalent of ½d. for them. Miss Pratt, of the "Wants" Department, will I know, gladly receive any donations of this kind for me.

Now I come to the gem of the whole work. In later years, the dispensary has been the training-school for the members of my own Bible-class who wish to make an effort to speak to their own countrywomen of Christ.

A great many of my patients are Christian women from our own village, for whom we have various classes of Bible instruction arranged, so that in opening the dispensary if I see non-Christians present I just have prayer and start work. Should Mahomedans or Hindus be present, I or my dispenser speak simply to them by means of the Wordless Book, a parable, miracle, or a hymn, of Christ's redemptive love for them. Then, later on in the morning, when a greater number of patients have gathered, some of my Bible-class members come from time to time and contribute their share to the evangelistic effort of the hospital. Of course, at first they need teaching the main points in an address to lay stress on, but how often have I myself been the learner too, and learned from my speakers how to present the Eastern story in its true setting. To myself the greatest opportunity for personal work comes in the nightly house-to-house visiting of the sick in their homes. When my patients are recovering, many is the heart-to-heart talk I have had with one or other of them. In this way what a grand time the small-pox epidemic gave one!

In closing, may I say to any who are thinking of taking up nursing as their profession, or, having trained, are wondering what Christ would have them do with their lives, please think of the needs of the mission field. To be able as a Christian nurse to help individual patients back to their best—body, soul, and spirit—is a very great thing, but to be a missionary nurse is the very tip-top of one's profession, as not only is the above doubly true abroad, but one is able to spell out in acts, in a language understood of all men, the great central fact of life that "God is Love."

THE STORY OF RADIUM.

BY H. A. MOUNT IN THE "SCIENTIFIC AMERICAN."

RADIUM has heretofore been a magic word, associated with the laboratory—the plaything of science. But Science's plaything of to-day is the commonplace commodity of to-morrow and already radium is the basis of a rapidly growing industry. It is perhaps the newest of all our industries and certainly one of the least understood.

So far there are only three or four companies in the whole world producing radium commercially and the product of the largest of these is about an ounce of the precious metal a year. But this is no insignificant amount, when it is considered that the total amount of pure radium in the world to-day is only about five ounces and that the market value is £120,000 a gram—and a gram is one twenty-eighth of an ounce.

There are only two practical uses so far discovered. The first is for medicinal purposes and the second is in the production of the luminous material used on watch and clock dials and as locaters for electric switches, etc. It will be a surprise to many to discover that so highly valuable a material could actually be used in the production of a two-dollar watch or a twenty-five cent locater. And it will be just as surprising to learn that it is not the radium that