

will have the right to advise on any question affecting the finance of their profession.

Each nurse should make a strenuous endeavour to save and eventually rightly invest at least 10% of her available income.

With this invested in War Loan, Railways, better Tenements for the poorer populace, or other Schemes for the betterment of the nation, then has a nurse a citizen's right to vote on projects brought forward by more leisurely and wealthy compatriots.

CONTRIBUTED ARTICLES.

THE INDIAN MIDWIFE.

By MISS ADELA MOSS.

THE Indian midwives are usually the wives of the village barbers who also practise medicine. When first called to a patient, the midwife mixes cowdung and water to the consistency of gruel and washes the earthen floor with it for cleanliness and to keep the evil spirits at bay. Then with unwashed hands she proceeds to make an abdominal and vaginal examination of the patient, after which she rubs her hands along the cowdunged floor, and finally wipes them on the patient's none too clean *sari*—hence the prevalence of tetanus. Then she pours hot water over the nude patient who is next placed on her back on an old grass mat in a small, windowless room, or sometimes on the inner verandah in front of the little room she will finally occupy, and which is fairly clean and invariably contains a new straw mat on which she will lie. The midwife then sits on the floor in front of the patient, and placing her feet on each side of the vulva, presses it open with all her strength. This sometimes results in a perineal tear before birth. Pouring oil into her still unwashed hands she pours it from her hands into the vagina, afterwards with oiled fingers dilating the os. This takes some time and is, of course, accompanied by incantations most weird to hear. If the birth is delayed the midwife pulls the patient's legs and roughly presses the abdomen. Sometimes even men are called in and they in turn stand and press with their feet on the abdomen with all their weight or roll it with a heavy roller of wood. If after all this treatment birth is still delayed, the patient is made to kneel on hands and knees for two hours in spite of sickness, weariness or pain, and on further delay a rope is passed round a hook and she must pull and strain for another couple of hours without respite. Then hooks are passed up the vagina and an attempt to drag the child out by force is made. If all this is without result the midwife then declares it is the will of the gods that the patient should die and leaves her surrounded by waiting relatives, or the men having heard of a mission hospital either send for help or pack the patient into a dhoolie, or rough cradle slung on poles, and take her thither. If, however, the child is born they then support the patient upright and absolutely nude

against the wall in order that the blood may drain freely. This may be a crude method of preventing sepsis but often the poor patient collapses from exhaustion, and dies. Is it any marvel that tetanus after child-birth is very common and that if the patient recovers she rarely escapes uterine, rectal and bladder troubles? Rupture of the bladder is exceedingly common. On one occasion, on being called to visit a patient after child-birth, the writer found her in continuous spasms of tetanus. Seeing among the crowd in the courtyard the village barber and his branding irons and knowing his object, the writer warned the relatives not on any account to brand her and hurried away to the dispensary for chloroform, etc. Although only away a very short time, on her return she met the barber coming out of the room but needed not to see his iron to know what had been done—the smell of burning flesh was enough. The whole of the girl's spine from neck to sacrum had been burnt; needless to say she died within an hour. She was only fourteen years old!

A Brahmin girl, fifteen years old, was in labour. Everything had been tried and failed and this was the fourth day. About 10 p.m. the writer was sent for, went, passed the catheter and drew off a large quantity of urine, then put on forceps and delivered, but it was too dark to see all the damage the midwife had done. Next morning it was visible enough and the relatives were ordered to bring her at once to hospital. Wonderful to relate they did so. The vagina had been scalded with boiling water and was one putrifying slough. It was agony to the poor thing to wash and dress the sores. Eventually the whole vagina was closed by cicatricial tissue and she had to be operated upon.

A HOLIDAY IN THE STATE OF SIKKIM.

BY MISS CREIGHTON.

SIKKIM is entered from Kalimpong or Darjeeling; and as I wished to see Kalimpong I chose the former route.

Leaving Benares by the Howrah Express at 3 p.m. I arrived in Calcutta at 11 o'clock next morning and drove straight to Sealdah Station with my baggage, and at 10 p.m. we reached Sautihar where we changed trains for the night.

Arriving at Silliguri at 7 a.m. I had *chota hazri* with ham and eggs; what a treat! It was some time before the train for Darjeeling and Kalimpong Road started. The Darjeeling, a very spick and span little train, started first; it was packed full of soldiers and people going to the Hills.

The Kalimpong Road train was so "second class" that I was sure it would break down half way, which it did, making us four hours late, and we had to finish the journey in a stone truck, the engine smoke blowing in our faces and getting into our eyes and noses.

Kalimpong Station Road is small, but we were able to get a cup of tea and a wash. A pony and two coolies were waiting to take me up the