On p. 114 the book says "when a wound heals by first intention the edges unite at once. . . This does not often occur."

I remember my first ovariotomy. The women's ward, of which more anon, was being re-built. The operation was done under the carbolic spray in the doctor's drawing room which for some resaon was empty and unfurnished. The patient was nursed in a room in the servant's lines. She made an excellent recovery. It was a double ovariotomy. The women's ward in 1891 was not a whit better than a cowshed; the limewashed surface of the "Kachcha" walls was always flaking off, the floor was just earth, the beds wooden charpoys which accommodated many more than their legal occupants for B. flats were rampant.

In 1893 the first twenty Lawson Tait beds were ordered. In the Out-patient Department there was no women's dressing room. If I had to bandage the upper part of a woman's body (and the women then wore no trousers) I had to take her off to the shelter of an outbuilding and crouch on the ground with her. The hospital was a line of buildings on a slope which started up from a rubbish heap of broken potsherds and then went on to be a bank of hemp. Nettles so thick and high that when we confiscated forbidden *hookahs* and threw them down the hill they were hidden in the tangle. Now the bank holds hundreds and hundreds of lilies which in the Spring flower under hawthorn and peach trees.

The people we nurse are very little more civilised, I suppose than were those of a quarter of a century ago so that there is very much in the way of tidiness in the wards still unattained, but in nursing cases given a "fair field and no favour" or even twenty caesarean section cases, who *have* been slightly infected by native midwives before admission, we can do very well by them! Last year we had over thirty.

THE VILLAGE DAI.

By A. T. L.

THE Village Dai. The majority of western people living in this land know nothing about this remarkable woman and many care even less than they know. And yet she is called upon to perform a great work in the hundreds yea thousands of villages scattered over India.

There she goes day by day doing her work and helping the new generation into the world. Her courage, fortitude, hard work and sympathy ought to excite admiration.

She is generally middle aged, poor, dirty and untidy. Yet she is willing to bear all responsibility that her work brings with it and all responsibility falls on her. The only *chemist's* ? shop at hand is a miserable store where a few "*desi*"* drugs are sold and where trained nurses and doctors live miles and miles away. She and she alone is the one to help the numerous mothers in their time of trouble.

* Desi belonging to the country.

Sometimes her methods may be faulty and at others dreadful, but still she has the courage to do what she can and she does her "bit" for her nation to the best of her ability. Sometimes she is skilful. One delivered a child that an English trained nurse failed to do. She is often sympathetic and kind. In a plague epidemic when an old poor woman and her son were both stricken with plague one of them did all their cooking and undertook to give them the remedies all for nothing.

The *dai* learns at no school nor is she trained at any institution as a district nurse. She is unable to read much less can she write.

In the Punjab she is generally a Mahomedan widow, occasionally she may be recruited from the depressed classes. She takes up the work to support herself or for love of it. Not wishing to be a burden to her relations.

Her common sense, her own experiences, the experiences of her neighbours and perhaps a fellow *dai* teaches her all she knows.

She takes no bag or outfit with her. Her hands and a few things in a small bundle are all she takes. She may be the proud possessor of a pair of scissors but that is rare. She understands that there are three stages of labour. That the cord, supplies the life giving fluids to the child. That first children take longer to arrive than successive ones. That danger occurs after the rupture of the membranes. That haemorrhage must be stopped. That the uterus must contract and feel like a ball after the placenta is cast. She never ties the cord or severs the child from it, until the placenta is cast. She uses a pair of scissors for cutting the cord, after she has tied it, if she has one or can get a pair but otherwise she cuts it with a "*rumbha*" (grass grubber). For haemorrage she use a tampoon or plug of "*Kekkar*" leaves (*aeacia asibica*) or of the leaves of the *Pilak* (*Solaneum nigram*) whichever she can get and she only gives her patient cold things to drink and eat. For contracting the uterus she gives her patient a confection made of "*gur*" (Raw sugar in the lump) ghi and dried ginger. She is not avaricious she is content with a little. If the house is a poor one she gets 4 annas for bringing a girl into the world and 8 annas if she is fortunate enough to let a boy see the light. If the patients are richer she gets accordingly and her tip is always the thank-offering in addition, this in the ordinary Mahommedan's house is an anna placed under the infant's feet after its first bath and another anna under the lying in woman's feet after her bath.

She only stays day and night with the better class of patients. The poor cannot keep her or feed her, so she does her work and pays a daily visit to see how things are going on for a week. All the fees for these visits are included in the 4 or 8 annas. And that is the *Dai* and her work. Feel for her.