

and put into a test-tube containing material on which the said germs are known to thrive. This test tube is plugged with sterile cotton wool and allowed to stand till the bodies are formed in it which will counteract the poison produced by the germ. This fluid is sterilized and injected into the patient as a remedy.

If, however, the condition has gone too far, have all the teeth removed, or get a false set, which alternative I am sure no one would like, and hence let them fight oral sepsis by paying more attention to the cleanliness of the mouth.

### NURSING ON THE BORDERLAND OF AFGHANISTAN.

By MISS ALLINSON.

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IN describing my work in a hospital in Baluchistan I will not speak much of hospital work, for in many ways it is much the same as that so ably described in a recent issue of the *Hospital* "Mission Nursing in India". Suffice it to say that here, on the borderland of Afghanistan we suffer a good deal from the extremes of cold and heat. In the winter it is very cold, my room rarely getting above 30° F. when the sun is down; whilst in June it is often 90° F. with every window and door open. We have however, the great comfort of cool evenings and invariably get a breeze of some kind. Quetta is surrounded by huge mountains, and when the thunder rolls around it is truly awe-inspiring. Last night we had a "wind storm," and as we could not keep a lamp alight while I went my round with the night nurse, we waited for the lightning flashes and by this means saw each patient clearly. Here we have a mixture of three languages to face, and also a curious medley of tribes, Brahmi, Pathan, Hazari, Hindu, all coming daily to our hospital for treatment. On most days the Gospel message is given in three languages. But my work lies a good deal amongst the patients in their own homes and the curious methods they pursue for the alleviation of pain are most interesting.

#### THE MEN WHO CAME TO MOURN.

One very cold wet night in early January, a man came about 10 P.M. He was in great distress about his wife. She had been ill for days, and he was sure if the "Mem Sahib" would but look at her she would get well; I got my bag and entered the "tam tam" (native

carriage), with my interpreter, and also, I admit, with very many misgivings as to the effect "a look" from me would produce. After a lot of plunging through streams, etc., we reached the house, or rather room, for the other room was occupied by cattle. There were two beds in the room, the length of which was about 16 ft. by 5 ft. On one bed squatted about were eleven men, on the other all I could at first discern were two thick padded native quilts. After turning the men out I found my patient nearly smothered between the quilts, a brief examination revealed a rather severe case of hæmorrhage, and on giving the usual treatment we returned home, leaving strict orders that only the husband was to remain with the patient. The poor men looked rather troubled, for they had "come to mourn awhile," which the English "Mem Sahib" did not approve of, for the atmosphere was almost like that of a "London fog."

#### A MIDWIFERY PATIENT.

My next interesting case was a midwifery one. My native *dai* (midwife) called me to a case one afternoon, saying "there are some untrained *dais* in the house, and if you don't come they will give her fever." Off I went, stumbling over one woman on entering the wee room and nearly falling into a small "angithi" (charcoal fire). There was no window of any description in the room, only one brick had been left out high upon one side of the wall; this and the door were the only methods of ventilation! The women fled on my approach, muttering loudly. The poor patient was screaming and evidently in great terror as to what I might do. First I procured a lamp. This was only a native lamp, the small clay saucer affair one sees at home in exhibitions, with a little rolled cotton floating in the oil and allowed to hang over one side, the hanging portion giving forth light, or at least supposed to do so. I made inquiries for hot water and some cloth to wrap the prospective baby in; on examination I found there was no time to lose, and almost before we were aware he had arrived, and was apparently still-born.

#### THE BABY.

The trained midwife attended to the mother while I quickly proceeded with artificial respiration, calling for hot and cold water; the former was brought in a kerosine oil tin, the latter in one of the usual flat earthenware dishes, very like the old-fashioned butter-dishes used in some of our farm-houses in England. I had to double baby up to dip him in the hot water and unroll him for the effect of cold, but, wonderful to relate, he at last cried. Then I proceeded to dress him; not a rag of any kind could be obtained, so in desperation I made the husband remove his turban. As it was a male child I could dare to ask for anything. Fortunately, too, the turban was made of woollen material

and I made it act as binder and bara and dress. There was plenty of it as these turbans are three or four yards in length. I now took the baby to the mother, for, of course, I was anxious that he should be kept warm; but imagine my disgust when I learnt that "she could not have him near her until the star came out in the east." This is a custom which no amount of persuasion will overrule; so I gave the wee man a warm corner near the fire and left.

#### NATIVE TREATMENT.

Another amusing case came the same week, and the methods used here to produce quick delivery might be useful to my sisters at home! This was a primipara and a Hazari woman. I was called out about 7-45 A.M. Upon examination I determined that it would not be advisable to leave the case, as I had some idea of what might occur in my absence. Therefore, as my language is limited—I only came out in November—I contented myself with sitting down, keeping my eyes open lest they should put my patient in danger, but at the same time not interfering because I was earnest in my desire to see their methods. First, a large handful of flour was placed on a plate and waved over her head three times, then some live charcoal in a small angithi likewise passed over. This was taken away and small flat cakes made, they were then brought in and broken over her head. Still the pain continued slow, so six or seven rupees (native coins about the size of a florin) were wrapped in rag and tied around the right arm of the patient, also the hem was torn off a little girl's gown and tied around the waist; strange to say this, too, proved of no avail!

#### KILLING A FOWL.

Then I heard them say "bring a fowl," and I moved to a discreet distance. The fowl was brought by the husband, who immediately made an incision in the neck, and while the warm blood flowed it was placed in the form of a circle on the woman's forehead, then sprinkled all around her on the ground. The native women, I ought to explain, always sit on the floor of their houses until baby arrives. But this fowl remedy also proved futile. Everything, however, in my judgment was going on well, and as the room was rather odoriferous and the temperature about 200° F., I walked to the door for a moment; hearing a noise I looked behind to find to my horror the friends had lifted the woman up in her blanket and were tossing her to and fro like a ball. This I immediately stopped and sent out all but one woman. Then in about half an hour the baby arrived. In this instance I had procured a clean, really clean, pair of the father's pyjamas. They are made of white calico, very primitive in shape being two huge flour-bag-like legs, drawn into tight bands at the ankles

Having torn these up in readiness I was able to dress baby very comfortably and return to hospital. The natives consider it very wrong to prepare clothing for either the baby or the mother beforehand, and this to me is naturally a constant source of distress.

## NURSING IN KANGRA.

BY THE HONORABLE FLORENCE M. MACNAGHTEN.

THE editor has asked me for an account of the medical work in Kangra. May I first introduce myself to the readers of the *Nursing Journal* as one of the earliest members of the A. N. S. I., having been present at the very first Conference, which was held in Lucknow, January, 1905.\* At that time I was Nursing Superintendent of St. Catherine's Hospital, Amritsar, and for the last five years I have been Nursing Superintendent of the Maple Leaf Hospital, Kangra. Perhaps Kangra is a name unfamiliar to many, except as the centre of the terrible earthquake of April, 1905, when 10,000 are said to have been killed in Kangra town, and 20,000 throughout the Kangra District. The C. M. S. missionary in charge and two ladies and many Indian Christians were killed and the whole mission plant was absolutely destroyed. The work in those days was principally evangelistic and educational, but from December, 1906 when the Rev. R. H. A. Haslam and his wife (M.B. of Toronto) were sent from Amritsar to carry on the work, *Zenana Medical* has been a large feature of the mission, and since January, 1911 when the Missionary Society of the Church of Canada took over the work from the C. M. S., it has spread still more. I joined Mrs Haslam in March, 1909 when the work was mostly dispensary.

Gradually the little hospital has become known and appreciated and this last Autumn we enlarged our building and can now take in about 15 patients. We are also building two "family" wards a little apart from the zenana hospital, where we shall be able to accommodate a male relative with the patient, as we find that patients often come in from distant villages, and will not stay unless they can have either father, husband, or brother with them. It has often been difficult to know what to do in our zenana building, though here in a Hindu district there is much less of the *pardah* system than down country, and in towns like Amritsar and Lahore. As an example of our forced laxity I will amuse you, I think, by mentioning a few of our patients and relatives this last June.

\* Miss Macnaghten was the first President of the Association of Nursing Superintendents. Editor.