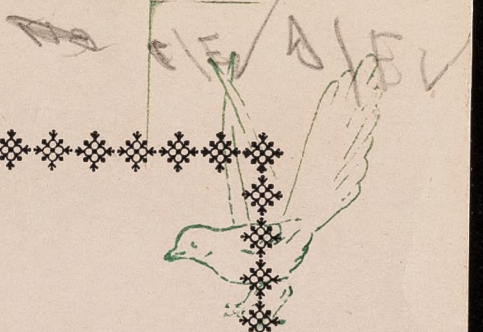
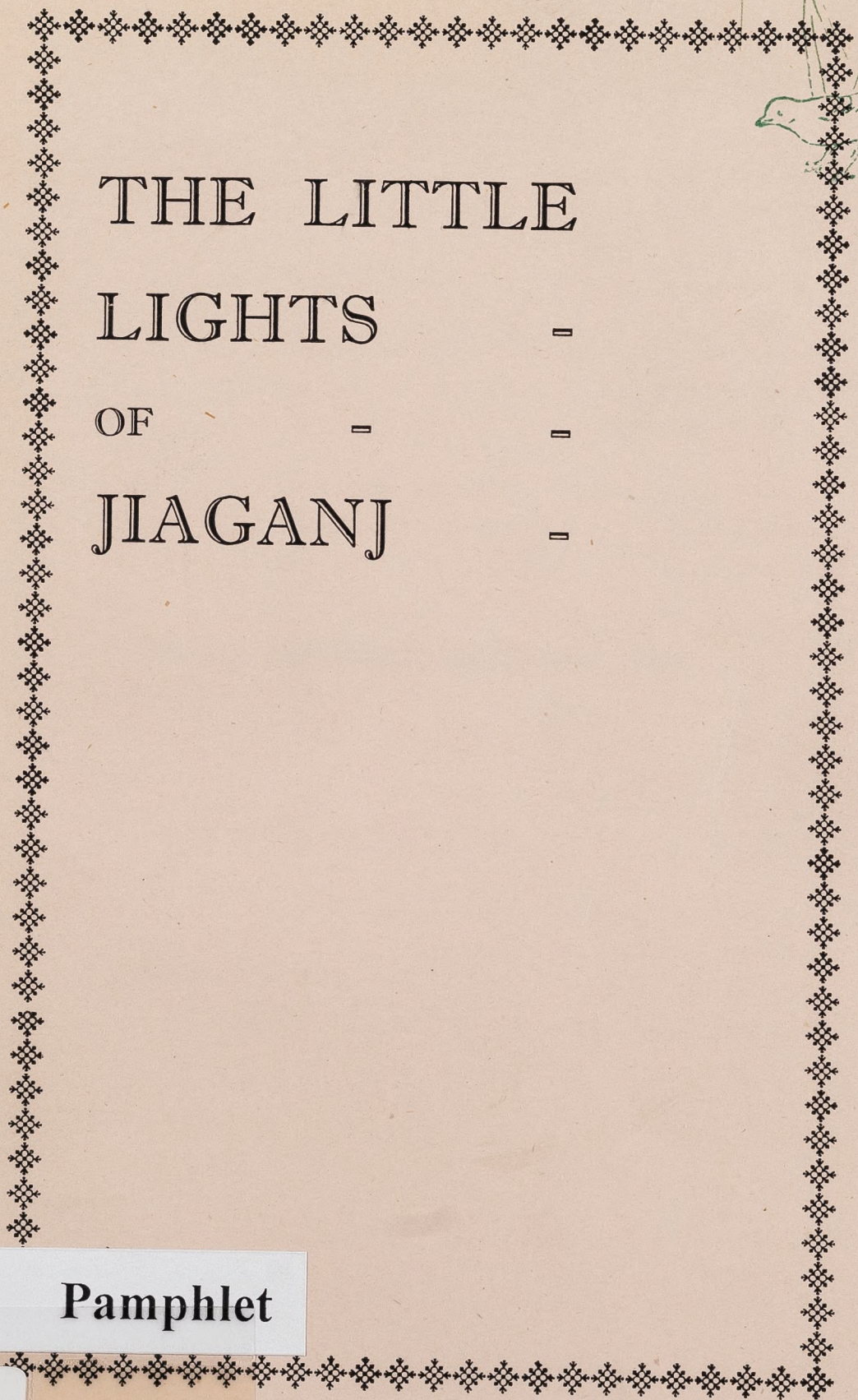


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THE LITTLE
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OTTO H. STURZENEGGER
Hon. Treasurer : Jagann Women's Medical Mission,
Barrabangore,
Mushkhabad District,
Bengal.

266.0095414 LIT

The Little Lights of Jiaganj.....

You can read about them on page 8 and page 13.

Tiny common earthen saucers,
with a bit of rag floating in mustard oil:
tiny, common, cheap.
But they make a Hospital look like a Fairy Palace.

Mustard oil and rag wicks are splendid for that.
But kerosene lamps in the Wards and the Theatre
are far from splendid.

We have nearly enough money for an electric installation,
but we have no money to run it when installed.
Till we have money to keep it going, we dare not set it up.

Outside the Hospital
the Little Lights on the parapets and cornices,
glittering in the dark,
are lovely and cannot be surpassed.

But inside we need Electricity.
THAT IS WHAT WE WANT YOUR HELP FOR NOW.

You can send your gift to the Undersigned,
by Cheque or Money Order,
or to the Westminster Bank, Ltd., Forest Gate, London, E. 7,
for credit of the Jiaganj Medical Mission Fund.

OTTO H. STURSBURG,
Hony. Treasurer : Jiaganj Women's Medical Mission,
Berhampore,
Murshidabad District,
Bengal.

3800121882

In this Hospital

Women and Children of all castes and creeds receive
medical aid, and Indian Young Women are trained
as Nurses.

The work is entirely done

by British and Indian Women. It is Work for
Women and Children, done solely by Women.

In the past five years

100,455 Out-patients and 2,902 In-patients received
treatment. These Patients came

from near and far,

and represented many different races and com-
munities.

The Black Watch at Jiaganj.

*Remarks in the Medical Mission Visitors' Book
by the Commandant and the Medical Officer
of the 1st Battalion of the Black Watch Royal Highland Regiment.*

While wandering round the outskirts of Jiaganj I came across quite unexpectedly what appeared to be a brand new and very up-to-date hospital for Women and Children. A few days later, when the Battalion was in camp near by, Dr. Stursberg very kindly introduced me to Dr. Hawker and her lady assistants and I was invited to go round the hospital the following day. The impression formed after seeing the outside only was more than confirmed when I got inside. The first thing that struck me was the quietness and perfect cleanliness everywhere. The next was the air of happy confidence and genuine friendliness. As a soldier who has done a good many years in India and visited many other countries I came away with the very definite knowledge that here in this tiny wayside spot was a thing of real beauty, worthy of the wonderful faith and devotion which have made it possible. The supporters of the work at Home can rest assured that everything possible is being done with what their kindness has provided. They can also tell their friends that even a little more will help enormously in the lightening of the burden of what I think is the greatest tragedy in this land of tragedies—the hideous suffering of its womanhood.

A. S. DUNCAN,
Captain,

BERHAMPUR
15th February, 1935.

Comdg. 1st Bt. The Black Watch,
Royal Highland Regiment.

When I asked that I might be shown over the hospital, I had no idea of the pleasure there was in store for me. I have rarely seen a hospital of this size so well equipped, so well organised and run as this, and I was particularly impressed by the scrupulous cleanliness and tidiness of the wards and their personnel. The operating theatre, dressing-rooms, and out-patient department all struck the same note of well-ordered efficiency and cleanliness. The patients themselves all have a very cheerful air confident that all that could be done for them was being done.

Comparisons are odious but the wards of a London hospital could seldom show the cheerful aspect combined with efficiency such as these, reflecting very great credit on the principal and the staff, under very trying conditions.

The women in this and in the surrounding districts are indeed fortunate in having such an institution in Jiaganj, and I express the hope that the progress made by the London Medical Mission will be continued and their cause not unavailing.

J. C. BARNETSON,
Officer in Medical Charge,
1st Batt. The Black Watch,
Royal Highland Regiment.

15th February, 1935.

(There is a paragraph on page 6 about the visit of the Black Watch to the Medical Mission)

JIAGANJ WOMEN'S MEDICAL MISSION.

JIAGANJ MEDICAL WORK, 1934 and 1935.

<i>In-Patients.</i> —	1934	1935
Hindu	427	441
Mohammedan.. .. .	92	97
Jain		11
Christian	80	138
Total	599	687
<i>Private Patients attending Hospital.</i> —		
New Cases	573	630
Return Visits	95	78
Total	668	708
<i>Dispensary Patients.</i> —		
New Cases	8,475	7,311
Return Visits	8,025	8,375
Total	16,500	15,686
<i>Visits to Patients in their own Homes</i>	48	36

INCIDENTS AND IMPRESSIONS FROM TWO YEARS' WORK.

From Rev. Dr. Otto H. Stursberg's 1934 Report.

On the 16th January, 1935, came the greatest of all our Red-letter Days, when His Excellency the Governor of Bengal visited the Medical Mission and declared all the extended premises open, and named the Maternity Ward block the Isabel Mellor Ward, in memory of Mrs. Mellor and her benefactions to Jiaganj, and named the Out-patient Dispensary the Lucy Joyce Dispensary, in commemoration of Mrs. Joyce's work as the Founder of the Medical Mission and especially of her loving service to poor women.

Our Act of Prayer at the beginning of the ceremony was our final comprehensive Dedication of the whole of the Medical Mission, its premises and equipment and its personnel:

Almighty God, Whose will it is that we should serve Thee by serving our fellowmen,
we thank Thee for the service of nursing and healing that is rendered to Thee in this place;
and we thank Thee for the co-operation in this service of those who serve Thee by their gifts of money.
Be pleased, now and always, to bless this Medical Mission in all its departments, we beseech Thee, and to use it for Thy glory in the healing of sick bodies and sick souls.
In the name of the Great Healer the Lord Jesus Christ we present this our Prayer. Amen.

His Excellency showed great interest in the work and expressed himself in terms of warm appreciation of what is being done. I think he realized something of the greatness of the public service that is being rendered by Dr. Hawker and Miss Gifford and all the others who work with them. And if one of the faithful maidservants was surprised when he shook hands with her, and if he did so, not fully understanding who they were who were being presented to him, I think it was fine and fitting that His Excellency should show particular honour to those industrious and patient women on whose work the well-being of the whole institution depends.

Musical honours were supplied when, not many days afterwards, the 1st Battalion of the Black Watch marched through the compound of the Medical Mission and through the kindness of the Commanding Officer, Captain Duncan, halted at the entrance to the Hospital for ten minutes whilst the Band played to the patients and staff, giving great pleasure to all.

For the first time the Hon'ble Minister, Local Self-Government, Sir B. P. Singh Roy, visited the Medical Mission on the 23rd February, 1935, attended by the District Magistrate, the Subdivisional Officer, the Assistant Superintendent of Police, and the Chairman of the District Board. It is hoped that this visit of the Minister may lead to outstanding applications for capital grants from Government being taken out of their pigeon-holes in the Secretariat and examined with sympathy.

From Dr. Alice M. Hawker's 1934 Report.

At the beginning of 1934 we were still under the shadow of the recent death of Dr. Frances Porter. Dr. Newell was on furlough in England; therefore it was necessary for me to remain in charge of the medical work for another year. Miss Gifford postponed her furlough

once more in order to help us through the year. Dr. Banerji, our old Assistant, joined us early in January. It has been possible, therefore, to carry on all the usual activities of the hospital; but the newly started Training of Compounders (Dispensers) has been in abeyance, the only training possible being what our Compounder, Mrs. Esther Das, could give to her young colleague.

During the first half of the year the number of patients attending the Dispensary fell off considerably. This may have been due to the opening of a new dispensary by the Municipality in the town of Jiaganj. This would be likely to draw patients from our dispensary, which is a mile distant from the town. Later on the numbers improved, and though the crowds were not quite so great as in previous years, they were quite large enough to keep two doctors busily engaged throughout the working hours of a day. From one point of view it is a thing to rejoice over when the number of patients is not so great as to prevent each individual from having all the attention she needs.

The In-Patient work was also rather slack during the early part of the year, but later on the hospital filled up, and was sometimes over-full, the number of admissions being only a few short of the previous year's total.

The Midwifery work continues to grow, and on several occasions the Maternity Wards have been very busy.

The Children's Ward is almost always full. The old fear of leaving children in hospital is giving way to a confidence that they will be better looked after here than in their own homes. In fact, we have sometimes to guard against this being a dumping ground for any children who cause trouble at home. If a patient in one of the adult wards has a small child at home, it is wonderful how soon that child is reported to be sick, and brought to hospital for admission. This is also sometimes looked upon as a crèche for motherless babies. It is often difficult to refuse such children, when one reflects that they will probably suffer from neglect if we do not take them in, so the Children's Ward has to be elastic. I am sure all friends of Jiaganj would like to see these little patients at meal-times, when as many as are able sit in a semicircle on mats on their bright verandah, with their plates of rice or their bowls of bread and milk before them, all very busily and happily engaged. Two or three nurses feed the very little ones.

The fine Nurses' Hostel, though the most striking, is only one of many new buildings which we have seen come to completion during the year. The maidservants have also been provided with a Hostel, the dispensary patients and their escorts with a Shelter, the Hospital with a much needed Drying Room, the Children's Ward with an additional Bathroom; and Covered Ways in keeping with the rest of the structures have been put up connecting all the various main buildings, so that it is now possible to wheel a helpless patient attending dispensary, on one level, past the Hostel right into the hospital ward into which she is to be admitted. Some additional servants' quarters, boundary walls, new roads and gates, and a general levelling of the whole compound, have all contributed to bring almost to completion

our present scheme of buildings. We hope the future will see the installation of electric light and a system of pipes conveying water to all parts of the buildings. (We are still dependent on oil lamps for lighting, and all our water is drawn and carried by hand.)

It was fitting that the completed buildings should be officially opened by His Excellency Sir John Anderson, Governor of Bengal, in a happy little ceremony on January 16th, 1935. A special feature of the occasion was the naming of two blocks of buildings after two friends to whom this mission is deeply indebted. The Lucy Joyce Dispensary commemorates the devoted service and wise administration of Dr. Mrs. Joyce, who was the Society's first woman medical missionary and the founder of this Medical Mission. The Isabel Mellor Maternity Block is named after the late Mrs. Enoch Mellor of Lancaster, whose deep interest in and generosity to the medical work here culminated in the first gift received for the erection of new buildings—namely, a sum of £1,000 for the hospital and £70 for better quarters for the nurses.

From the beginning of the year we were looking for news of a new doctor to take the place of Dr. Porter, but only to be told that all efforts to find one at home had ended in failure. God sometimes, however, sends help from unexpected quarters, and in November we had the joy of welcoming Dr. Marie Wardman, who has come as an honorary missionary to give us temporary help. Her previous experience and her knowledge of Bengali enabled her to take a share of the work immediately on arrival. In addition to the general work of the hospital she has given valuable help in the dispensary and the laboratory, and also in lecturing on anatomy to the nurses.

Before the close of the year, too, an offer of service from Australia was received and accepted, and the vacant post has at last been filled by the appointment of Dr. Beryl Bowering to the staff of this hospital. She arrived in India in February but had to proceed almost immediately to the Language School at Darjeeling for the study of Bengali. It is very fortunate, therefore, that we can look forward to Dr. Wardman being here to share the work with Dr. Newell during 1935, when the staff will again be reduced by furlough and retirement.

For Dr. Newell is here once more. She arrived at 9 p.m. on January 23rd, 1935. We tried to show a little of the gladness we felt by illuminating the porch and verandahs of the house on her arrival; and the patients joined in our rejoicings next evening, when the verandahs and roofs surrounding the central quadrangle of the hospital were lit up by hundreds of little oil lamps, and 'WELCOME', (in Sanskrit), spelt out in tiny lights on the grass.

May those little lights prove to be an emblem of the Light which is to shine on the way of all who are engaged in the work of this hospital during the coming year,—a sure guide to a divinely appointed goal.

ALICE M. HAWKER.

From Miss Florence N. Gifford's 1934 Report.

The great Bihar Earthquake must begin my report. Suddenly the hospital wards became all but empty. In a remarkably short space of time the little grass central plot open to the sky above was full of patients. Some bedridden patients somehow or other vacated their beds, others were helped. Some among the Hindus were calling 'Haribol', 'Haribol', Moslems began to invoke Allah, crying 'Allah', 'Allah', though all were subdued and quiet. We Christians realised we wanted God in the earthquake by whatever name He was called. One of our nurses, after a big operation, was a bedridden patient at the time. She had not the strength to leave her bed which was on the verandah, but she told us afterwards that when she saw the ceiling above her swaying, she just prayed to God to protect her. Most had only the sky above their heads and were not feeling at all happy regarding the earth beneath their feet. Another nurse, in the act of feeding a small baby, ran out with the baby in her arms, also the glass of milk in one hand, only complaining she felt unable to continue administering the milk. Minutes which seemed very long passed by, the vibrating earth became still, buildings ceased to sway. But what had so suddenly begun might suddenly begin again. Such was the feeling during ensuing days and weeks. Occasionally slighter vibrations were felt, though happily helpless patients were often unconscious of the recurring slight quakes.

Yet as of old it is not so much the earthquake that seems impressive, as the still small voice with its persistent enquiry 'What doest thou here?' Here,—in the common routine, in a little quiet country spot with the still small voice of God heard again and again in the routine by day, during the routine by night.

There are comings and goings, the comings introducing the hospital, and not infrequently the Christian community, for the first time to the new-comers, and the goings being often with very mixed feelings on the part of grateful patients, well and happy in returning to their families, yet asking to be remembered and expressing hopes of coming again, though not because of being ill.

There was the grateful mother who had not meant to come into hospital by all, but only to the dispensary for medicine. But on her arrival by bullock cart at the dispensary gate she gave birth to twin babies on the roadside. A nurse from the Out-Patient department came hurrying to the hospital, saying she had put the mother and the babies back into a bullock cart and all would be arriving at the hospital gate in a few minutes. Straightway a bed, with bedding well protected, was wheeled to the gate, and the cart arrived. The mother and infants were lifted from the cart on to the bed and promptly despatched to the maternity department. The two babies seemed quite content with their reception into the big world. Their early contact with roadside mud and bullock cart straw they seemed to accept as a matter of course, and the mother was very relieved and grateful that her

miscalculations as to the time of their arrival seemed to have caused no real harm to anyone.

Another nurse arrived from the Private Patients' Department. She reported how a woman and her two little children were lying at the entrance to the waiting room. This is a little room for such patients as come to be seen by appointment, whose relatives accompany them for consultation with the doctor, who pay fees, receive prescriptions, and buy their medicines elsewhere. But this woman and her two children were evidently of the very poor. No one had accompanied them. They seemed to have been sent in a hired conveyance by neighbours who wished to be rid of them. The children, aged about 2 and 8 years, had nothing to say. Their mother had very little to say either. But it was hardly necessary just then to explain much. It was very evident that they were all ill. So they were admitted, the three of them together, to the Children's Ward, where they lay side by side on the floor of one of the verandahs.

That evening at dusk the little 8-year-old was found to have vanished. However it was discovered that she had not gone far. No longer able to secrete their wealth, she had slipped away and was digging a little hole in the ground at the foot of a tree. Alas, she was discovered in the very act of burying the family's resources. Their whole capital seemed threatened. She protested to the young nurse that it was 'theirs'. Her relief was great when she discovered there was a hole in one of the hospital walls for just such treasure. The ten pice (about 2½ pence) could still be theirs and be really secure, kept in this hole. With big rounded eyes she saw it wrapped up and labelled and locked away in the hospital safe. Then she crept into bed again, her responsibilities contentedly handed over.

For some days the mother seemed about to die, but gradually all recovered and left.

Lazarus arrived. Two words, but some event. It took one of our imaginative young nurses to discover it was 'Lazarus'. What a spectacle she presented, as with a stout bamboo stick she hobbled up to the entrance gate. It was impossible to admit her and have her come along the verandah in view of other patients. She was covered with festering sores and very scantily wrapped around with a filthy rag. The sight and smell were ghastly. Maggots were plentiful, and some escaping from the wounds. (I am simply reporting, and so sparing you no particulars.)

So she was admitted by a back gate and taken across the grass behind the wards and put into a tub of lotion. Her rag was burnt. Cleaned up, vermin dealt with, she was dressed and bandaged. Blessings meanwhile showered by us upon you in England who had sent us old rags and bandages. Her whole body needed them, and Lazarus was put to bed. The bed was on a verandah and away from other patients.

The next day was Sunday. Several of us had to be up extra early in order to get Lazarus's ablutions and dressings finished and be in time for Church at 8-30 a.m. It usually took a good hour. As she

sat in the tub morning by morning she sang a dirge. It was a low-keyed dirge, 'I am dead, I have died, I have died, I am dead'. It seemed to comfort her, so she sang on as her wounds were cleaned and dressings and bandages applied. After a few days she stopped, and was quiet for a moment or two, as she scrutinised her arms and saw that sores were healing; there were no more maggots; then gradually a little less bandaging was necessary.

Was she grateful? Yes, I am sure she was. But not so grateful, though now after some three weeks considerably healed superficially, not so grateful so as to be willing to be dieted for more internal and hidden trouble. She wailed and protested and said she would go. Gentle persuasion was useless, she must have her own way. So one morning after the dressing,—and now nearly all sores were healed,—she took her bamboo stick, though no longer having to hobble along, and dressed in a clean saree, she walked off.

Where was she going? No place, no one claimed or owned her. She claimed nothing. What has become of her? I hope she is dead. But I am very glad she came. I don't know exactly who will read what I am writing, but I am sure it is someone who helped to provide a refuge and treatment and nursing for Lazarus.

Yes, Lazarus came to the L.M.S. Hospital gate. Otherwise she might have been left to the pariah dogs. There are plenty of those about here. There was no man here from whose table she received scraps, but there was (and is) a rather poor young woman learning nursing who recognised and named 'Lazarus,' and who seemed to take a particular interest in ministering to her. But it really is that 'Inasmuch' of Christ's that does it. It seemed that as many as were appointed to the service of Lazarus understood. How otherwise would they have found such joy as they evidently did in that ministry?

FLORENCE N. GIFFORD.

From Dr. Honor O. Newell's 1935 Report.

"And where did the Good Samaritan take the wounded, half-dead man who fell among the thieves?" prompted the teacher to a little Itore child who was retelling the Bible story she had heard a previous day. A pause, then a bright smile, "To Jiaganj". Why, of course, who would stop to think that the London Missionary Society's Hospital for Women and Children, Jiaganj, could hardly be the 'Inn' where a wounded *man* could stay until he became well! Though the Hospital could hardly refuse help in binding up the wounds of such an unfortunate, but like the Good Samaritan of Our Lord's story they would have to take him or send him where he could stay until he became strong and well.

In a country where service to sick and unfortunate women and children in the Name of Jesus Christ is so especially needed, one rejoices

in all that this Hospital has done and is doing. We know, too, that the Patients who have stayed in Hospital are many of them so drawn to the Saviour of Men that they buy gospels and tracts to take home. "But you cannot read," we sometimes remark. "My husband can." The stories they heard in Hospital they tell to their relatives at home.

Inseparably linked and part of the whole work and meaning of the Medical Mission are the treatment of the sick, the advice regarding healthy ways of living, the training of Bengal's young womanhood to serve the sick efficiently and lovingly. Of necessity this includes teaching of the Nurses and others, and preparing for examinations, discipline and also much that is more in the nature of play and fun. "How to make a custard pudding," a poor distracted Nurse preparing for a practical examination the next day was heard to read aloud on a quiet corner of a verandah. Learning nursing is a serious business!

The medical work in the Hospital and Dispensary has been carried on as in other years; and the "Private Patients'" work for those willing to pay a small fee for private examination, advice, prescriptions, etc. has throughout the year been done by Dr. Hawker.

From March Miss Gifford (our Hospital Matron) has been on furlough in England. We cannot but express our great thankfulness that although Dr. Hawker officially retired last April, she has been able to stay on in Jiaganj to help us through a difficult period. Dr. Hawker's help and advice have been available in the medical work and all the wider work and service of the whole Mission in this district.

Our work in Jiaganj has been strengthened by the addition of two new colleagues. Dr. Marie Wardman came to us at the end of the previous year before I returned from furlough. Her intention was to stay with us and help Dr. Hawker and Miss Gifford until my return, but we are thankful that she will be able to stay on until Miss Gifford's return, to do the work of the Nursing Superintendent, which includes the training of the Nurses. We are indeed grateful for her help in this important department of our work, the more specially as for all of us Doctors this is work for which we have no special training. The other addition to our professional staff is our new Doctor, Miss Beryl Bowering, who has joined us in succession to Dr. Frances Porter who died of Blackwater fever at Jiaganj in November, 1933. We gain through Dr. Bowering more intimate links than ever before with Australia, her own home country.

At the end of January I returned from furlough in England, and a few weeks later my boxes arrived, many of them packed with bandages, etc., for the Hospital, from the good friends at home. What fun it was opening up the boxes and beginning to use the things! Not long after that, in February we had the joy of welcoming Dr. Bowering, but a few days later she had to go to the Language School in Darjeeling for a few months.

"The little lights of Jiaganj Hospital"—the pretty way we have of showing special rejoicing,—have been lit four times during the year 1935: on my return, to welcome Dr. Bowering, to mark the Jubilee of our late Sovereign King George V, and to welcome Dr. Bowering's Parents who were able to pay us a visit from Australia at the end of the year. There is something very appealing, something very joyful about the hundreds of little lights, each only a little common oil, a common rag wick in a tiny earthenware saucer, yet producing together such a wonderful effect. The Hospital roofs and verandahs are ablaze with these tiny flickering points of light.

Before Miss Gifford's furlough a special Service of Dedication of all of us who work here was conducted by Dr. Stursberg. Some of the Staff Nurses were raised to the rank of Hospital Sisters, and others were dedicated to other posts or rededicated to work they had been doing faithfully for years. We all solemnly recognized before God the work to which each of us had been appointed.

Economic and social changes have greatly affected the statistics,—there are smaller Out-patients' numbers because of new local Dispensaries and also on account of the present economic depression. In-patients' numbers continue to steadily increase; confidence in us and in our decisions for the Patients also steadily increase. Operations are advised and usually readily agreed to, even those involving risk to life.

But what of the Patients, those for whom we are here? They are the same pathetically needy ones, most of them knowing little of sound health and happiness. Malaria and numerous other diseases undermine the physique of the nation, and insufficient and poor quality of food fails to build sound healthy bodies to stand the climate, germs and all the many other enemies to good health. Even we, Europeans or Bengalis, on the Hospital Staff, have some share of malaria and other ills: that is, I suppose, the "normal" for this part of the country at certain seasons of the year. There are so many complicating factors, so much to undermine the body, mind and soul in Bengal. We who have been fortunate to have contact with the healthy life, physical, moral, and spiritual of Christian Britain, do well to remember the handicaps under which our Bengali colleagues work: so much that is sweet and lovely has mixed with it that which is bitter and unlovely.

There was sweet, lovely, cultured Teenoo (Tinu), who came into Hospital in good time so that she might do all in her power to have a living, healthy baby. She was always a little apprehensive, her mind rarely absorbed in her surroundings, afraid lest that which she so much longed for might not come to pass. These half-expressed fears turned to veritable panic as she realized that she was to become the Mother of a very much premature infant. We tried to comfort her with the assurance that we would do our utmost to rear the little infant if it should be born thus early, but fear, deaf and unreasoning, dealt a death-blow. At the moment when the little son was being born, the

Mother died, and a few minutes later the little infant ceased breathing. An awestruck, sorrowing Husband followed out of the Hospital mortuary the bodies of the Mother and child. No more were there to be fears and worries for Tinu.

Radha Gopal was an intelligent, bright little boy, who was a free pupil in a Hindu school in the town of Jiaganj. When suspicious marks appeared on his skin, none of his Hindu friends took any further interest in him. He came to our Hospital, where the diagnosis of leprosy was confirmed in our Hospital Laboratory. A Mission Leper Asylum was prepared to give him a welcome, and a home, and a chance of expert treatment, and happy companionship, and further schooling. The day came for him to leave. A faithful old Christian servant of this Hospital was his escort, but it was a solemn lad who set his face to new adventures. A wrap given to him by a friend here, and a Bible quietly given to him by the Nurse in whose charge he had been in our Hospital, were among the treasured possessions he carried away under his arm. Letters come from him, first of all rather home-sick ones, then happier ones. He does not forget the friends who have helped him here.

HONOR OLIVE NEWELL.

From Dr. Marie Wardman's 1935 Report.

It does not seem at all easy to review my side of the work for 1935. Originally I came (at the end of 1934) with very vague ideas of what I should do. My main purpose was to help my friend Honor Newell for a few months, over what promised to be a rather difficult time. For Dr. Hawker was retiring, and Dr. Bowering had not then arrived.

At first the need seemed to be just doing odds and ends of work: Laboratory Tests, Anæsthetics, help with Out-patients, and so on. Then an Anatomy Class was suggested (the first teaching I had ever done). Then Matron's furlough drew very near, and the question arose—who would take over the responsibility for the Nurses' training, and supervise their work. This was (to me) something quite new and unforeseen. Still it did want doing, and I was free to try, as Dr. Bowering had come and Dr. Hawker had not gone. So I became a substitute, of sorts, for the Hospital Matron, during her furlough. This meant prolonging my stay; and my few months have already become one and a half years.

What I should have done without the help of the Senior Indian Staff, I don't know. Sister Gouri especially helped to pull me straight many times at first. Almost before I had time to turn round, Matron had gone, and I was left floundering in a sea of numerous new small jobs. Nurses' timetables!!—I never planned such a thing before. Syllabus and timetables of classes, and I hadn't taught till I came here! Poor Nurses!!! Then came hot weather short holidays

for the Indian Staff. How does one get work done, and plan timetables when essential people are missing for a few days holiday? And, oh dear! the end of the month—the Night Nurses' change-over—more upsets to the timetable. However did Matron manage it all, and so efficiently and quietly too? What a lot of mistakes I made at first, until I got used to it! And how longsuffering were the victims! Sometimes one Nurse would be put down for work in two places at once, and come to me with a puzzled look, to ask which I meant her to do. Sometimes a luckier Nurse would have her name left out, and come to ask if by any chance I really meant her to have a holiday. But by degrees I grew used to the work, and made fewer mistakes.

When Matron left, we were awaiting the examination results of four Nurses, who had sat for their Second North India Board Examination. Later we heard that all but one had passed, and that one would have to sit again for Anatomy in October. At first she was so downcast that she refused to try again. But after a while she consented, and passed well. Meanwhile those four Nurses had to be prepared for their final Examination, and this teaching—of Anatomy, Hygiene, and Nursing—all fell to my share. As well as these there were two others we wanted to enter for their first Examination. Later the number increased to five, for three more came and begged to be allowed to try. These three had a poor educational background, and though quite good at practical nursing, were considered unequal to the study required for this Examination. However we sent in their names.

These five had such varied times of duty, that they had to be divided into two groups for classes; which were taken by two of the senior Indian Staff. This teaching was done very well and conscientiously, and their pupils studied very hard. One day as I was touring round on odd tasks, I passed a small ward which had only one Patient that day,—a Junior Nurse down with malaria. The Senior Nurse on duty there, having little to do, was sitting beside her with a book. Looking closer to see what the book was, I discovered that both Patient and Nurse were studying Anatomy for the approaching Examination.

From time to time during the year there came letters applying for Nursing Training. Towards the end of the year these came thick and fast. By making careful inquiries we tried to find out the ones who were most suitable, from both educational and Christian standpoints. The year ended with one Probationer already arrived, and five more due during the first week in January, 1936. We have great hopes of these new girls. They are a bright, laughing, happy little band, and keen to learn. One is a Garo girl, from a hill tribe. She has had to fight great opposition and prejudice, on the part of her parents and neighbours, to get here for Training. There was to have been another Garo girl, but the opposition was too great, so the second never arrived. Then there is a young married girl, the mother of three children, who hopes to help her husband support the family when her three years' Training is up. It must be a great sacrifice to leave her home and children for so long. She is a very sweet girl, and we are already very fond of her.

There are other bits of work also, too numerous to mention here ; but running through them all, like the thread stringing together a necklace of beads, is the spirit in which the work is done. It truly is a joy to see this, and one can both see and feel it. The love of serving others is very real to most of the Staff, and there are few who stop to think of themselves when emergencies keep them late on duty. Such emergencies as, for instance, the following :—

Dukori was noticed to be unusually restless when the last night round was being done. At first it seemed as if she just felt the heat a bit, and was trying to get cool. But closer looking revealed a severe hæmorrhage which was near to proving fatal. At once the Doctor and Night Staff turned to with first aid measures, while the Theatre Sister and another Day Nurse, who were both on the point of going to bed, were called on to boil up the instruments, etc., needed for further treatment. By long hard work on the part of all, Dukori pulled round and regained consciousness. But it took weeks to build up her strength again. Not one of those Nurses grudged a moment of the extra time and work, though they were very tired indeed by the time it was all over.

The Medical and Spiritual Work are closely inter-twined here. In times of special difficulty, a serious case or Operation, two or three of the Seniors will steal away and pray for the Doctors and Nurses in charge, and for the Patient. We do not always hear of this till afterwards. But the effect is there, and sometimes very obvious.

We are now looking forward to Miss Gifford's return, and I feel sure the Nurses will rejoice to have their own Matron once more at the helm.

MARIE WARDMAN.

From Dr. Beryl Bowering's 1935 Report.

"Speak to India tenderly," : so I was advised to interpret "Speak ye comfortably to Jerusalem," when I came to India ; but I am still speaking to her in faint halting syllables and bad grammar. One longs to be able to speak tenderly, and the year seems to have been useless in many ways, but a tongue has to be acquired, and the lessons in patience and humility need not be wasted.

At this stage I find it much easier to speak of India tenderly. That is not at all hard, for Bengali women are very lovable and very pitiful.

Twice a week I help in the Out-patients' Department. Many of the Patients seem to have such faith in the Hospital as the women had who came to Jesus ; they suffer so much and are patient and resigned ; they have so few resources and live little drab lives ; all these things draw out tenderness and have convinced me over again of the need there is for this place, and how worthwhile is the work.

The Children's Ward, where I have been working with Doctor Hawker, has a very special appeal. At present there is a shock-headed baby playing with a marigold hung over her cot. Her Mother disappeared soon after her birth, and we are wondering what to do with "the one of lowly origin" as she has been called, and what would have happened to her had she not been in this Hospital.

In the next bed is a pair of large eyes in a shrivelled bony body which seems somehow to be incidental. This child was a year old and weighed less than seven pounds, when her half-starved Mother brought her. She is getting fatter, and lies smacking her lips and marvelling that there is so much milk to be had in the world.

There is another child, a pale girl of fourteen, who limped in with a diseased hip, and listened while her Mother-in-law explained : "She has been like this for a long time. Her Husband does not want her any more. And see, she is crying all the time." There are many others.

The Senior Missionaries are very generous in sparing me all the time and opportunity I need for study, and so I spend most of the time with Bengali books and a Pundit, looking forward to the time when I can use Bengali, for I want to lift up a voice with strength. Although Bengal seems so depressingly, wilfully deaf, she needs to hear very badly. I am grateful for the privilege of being in such a place as this. One is awed to hear the reputation of the Hospital all through the District, and to see the reverence people have for the Doctor Mas. One feels very needy and inadequate, but there is inspiration enough to try to be the best that one can be.

BERYL BOWERING.

The Most Gracious Order of 'FRIENDS OF JIAGANJ'.

The names are recorded below of those who have helped the Jiaganj Women's Medical Mission with contributions during the period from July 1st, 1934, to July 1st, 1936, some being old Friends, who have come to our assistance again, and some being new Friends.

They are enrolled in our records and our gratitude as

FRIENDS OF JIAGANJ,

for such their gifts have proved them to be.

More remains to be done before 'Finis' can be written to the record of this effort.

As before, the list of names is in two parts. First, the Friends of Jiaganj who have given help in India; second, the Friends of Jiaganj who have given help from Overseas.

I. India.

Asansol	..	'One who is grateful for services rendered.'
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OTTO H. STURSBURG,
Hony. Treasurer.

Berhampore, Murshidabad District,

Bengal : July 1st, 1936.

