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ANYTHING

BUT - -

HANDSOME

*Haigang Women's Medical
Mission, Bengal.
(Dr. Sturtevant)
Annual Report
(year 1933.)*

Pamphlet

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ANY

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Anything but Handsome.
That was what the Lady looked like when the Cow had finished.
The Cow had taken exception to being tied up.
So the Lady had to be beauty-treated in the Japanese Hospital.
But no treatment retarded her recovery.
For some must always be patient.
Read the story on page 12.
And read the stories, news and sayings of many other patients
relieved and restored during another year of work
in the Japanese Medical Mission for Women and Children.
Read it all.

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by sending further donations to the Extension and Endowment Fund.
You can choose how to send your donation:
To the undersigned, by Cheque or Money order.
Or to the Westminster Bank, Ltd. Forest Gate, London, E.P.
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Livingstone House, Grosvenor, Westminster, S.W. 1.
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O. H. S. S. S. S.
Hon. Treasurer: Japanese Medical Mission
Birmingham.
Munich, Germany.
Bund.

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Anything but Handsome. .

That was what the Lady looked like when the Cow had finished.
The Cow had taken exception to being tied up.
So the Lady had to be beauty-treated in the Jiaganj Hospital.
But no resentment retarded her recovery,
for Cows must always be forgiven.

Read the story on page 13.

And read the stories, grave and gay, of many other patients
relieved and restored during another year of work
in the Jiaganj Medical Mission for Women and Children.

Read it all,
AND HAVE YOUR SHARE IN THIS LOVELY WORK
by sending further donations to the Extensions and Endowment Fund.

You can choose how to send your donation :—
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.
Or to the London Missionary Society,
Livingstone House, Broadway, Westminster, S.W. 1,
earmarked for Jiaganj Medical Mission Extensions and Endowment.

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

3800121855

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 year

over 21,000 Out-patients and over 600 In-patients
received treatment. These Patients came

from near and far,

and represented many different races and com-
munities.

*Remarks by the Magistrate of Murshidabad in the Medical
Mission Visitors' Book.*

Dr. Stursberg and Miss Gifford kindly took me round the Medical Mission buildings.

I was impressed by the admirable planning and construction, more so by the perfect cleanliness and efficiency, but most of all by the ingenuous and spontaneous cheerfulness of everyone—nurses, patients, etc. as well as medical staff. It is certainly a model hospital.

Another interesting point is that it has outlasted two other female hospitals in the District—Berhampore and Murshidabad—which were founded on the transitory sands of private generosity. This is owing to the stability of a world-wide society, and is a ground for giving (and for asking) pecuniary support to its funds.

19th June, 1933.

(Sd.) O. M. REES,
District Magistrate, Berhampore.

JIAGANJ WOMEN'S MEDICAL MISSION.

In-Patients.—

Hindu	..	..	424	
Jain	..	..	8	
Mohammedan	..	..	102	
Christian	..	..	98	
Total	..	..	..	632

Private Patients attending Hospital.—

New Cases	..	..	534	
Return Visits	..	..	85	
Total	..	..	..	619

Dispensary Patients.—

New Cases	..	..	9,553	
Return Visits	..	..	11,162	
Total	..	..	..	20,715

Visits to Patients in their own Homes .. 45

THE STORY OF A YEAR'S WORK.

Report by Dr. Alice M. Hawker, M.B., B.S., Senior Medical Officer.

In reviewing the history of this Medical Mission during 1933, and comparing it with the hopes and plans with which the year began, one is forcibly reminded of the old adage, "Man proposes but God disposes"; for, in all the disappointment over frustrated plans, the sorrow over loss sustained, and the uncertainty as to the future, one still believes that it is God Who is overruling, and that in His infinite wisdom and love He will turn a seeming calamity into a means of blessing to His work here.

At the beginning of the year Dr. Newell was still at Erode. Dr. Porter, having passed her first language examination, was taking a share of work in the Dispensary, the Hospital Wards, and the Laboratory, and continuing the training of the pupil compounders. Our Assistant, Dr. Indubala Banerji, was still here.

Soon after Dr. Newell's return in January, we parted with Dr. Banerji, in order to save the expense of her salary.

Two furloughs fell due during the year, Dr. Newell's in July, and Miss Gifford's in September, and my retirement was to take place at the end of 1933. Although by keeping to programme the European

staff on the spot at the beginning of 1934 would be reduced to one, namely, Dr. Porter, who would be only just entering her third year of service, it was thought well that the furloughs should be taken when due, in view of the fact that I, though no longer on the Missionary staff in 1934, hoped still to remain at Jiaganj to help Dr. Porter in the absence of her colleagues.

Our plans therefore were:—That Dr. Porter should attend the Language School in Darjeeling for the four months March to June inclusive; that Dr. Newell should go on furlough in July, and Dr. Porter take over her work; that Miss Gifford should go on furlough when the Hospital closed for the annual vacation in September; that, if possible, an Assistant Doctor should be engaged again on the re-opening of work at the end of October, so as to give Dr. Porter an opportunity to prepare for her second language examination, which was due in December. That examination over, it was hoped that she would be able to give all her energies to the heavy responsibilities that would come upon her in 1934. Then, towards the end of 1934, with the return of Miss Gifford and Dr. Newell from furlough, the full staff of three would be on the field, ready to go forward in carrying out the many plans for the development of the medical work, which the extensive new buildings have made possible.

The plans seemed reasonable, and we rejoiced that it was possible to make such provision for the carrying on of the work without a break.

The first check came in March, when after two weeks at the Language School Dr. Porter had to return on account of ill-health. In April she went to Ludhiana for treatment; and after two months, though she was improved in health, it was thought advisable for her to have a prolonged rest and change. She went, therefore, to her sister at Bangkok, and soon wrote saying that her stay there was having the desired effect, and that she was very much better.

Meanwhile plans here had to be altered. Dr. Newell postponed her furlough till September; and Miss Gifford, in the uncertainty as to how we should be situated later in the year, decided to put off her furlough until some time in 1934.

On October 30th Dr. Porter returned to Jiaganj, happy at feeling quite well again. She was given a glad welcome, and we hoped that in a very short time all the activities of the Hospital would be in full swing once more. There was no hope of her taking her language examination, in December, as her illness had interfered with her language study; but she had a useful knowledge of Bengali, which not only carried her through her medical work, but also enabled her to take part in religious teaching.

We had not been able to secure an assistant doctor, but thought we could carry on until a suitable one was found.

Our hopes were soon shattered. Only two days after her arrival Dr. Porter began to feel unwell. On November 4th, alarming symptoms set in, and by November 6th, she was very ill. The Civil Surgeon, Major S. K. Nag, I.M.S., who was called in from Berhampore, was

unremitting in his efforts to save her, and she had the most devoted nursing; but she never rallied, and early on the morning of November 10th she passed away.

It was a staggering blow. Not only had we lost a dear friend and colleague; but one on whom so many hopes had been built, who seemed so specially qualified for the work, and on whom it seemed so great a share of the future success of this Medical Mission would rest, had been suddenly removed.

Even now it is difficult to see the meaning of this loss; but from it one fact is gradually emerging, and that is, that the young life that was given to the service of Jiaganj for intermittent periods over less than two years, will not have been given in vain. Slight though her contact with people outside the Hospital had been, striking testimony has been given from time to time of the warm place she had in the regard of the neighbourhood. Her name is always mentioned with appreciation, and sometimes even with affection. One Hindu gentleman perhaps summed up the general opinion by saying, "She was a true Christian girl".

Her unaffected friendliness endeared her to the Christian staff of the Hospital, who think of her as one who always spoke gently, did kind deeds, and was thoughtful for others. They were especially impressed by her patience and her thoughtfulness for others during her last illness. In trying to understand the meaning of her death one said, "Perhaps she was taken in order that when we are tempted to be impatient or unkind we may think of her and try the harder to be like her in kindness and gentleness of word and deed".

She was gifted in many directions. In her profession surgery was her *forte*, and she gave promise of becoming a skilled surgeon. She was deeply interested in and a keen student of economics, and all questions that affect the social welfare appealed to her. She had a facility for learning languages and was making marked progress with Bengali. Already she was making efforts to improve upon the Bengali translation of favourite passages in the Bible, which she thought were not easily understood by the common people; and it was her ambition to write Bengali hymns. She had strong opinions on many subjects, and sometimes expressed them with great force, but in such cases would always end by laughing at her own vehemence. Her music was a great delight both to herself and to others, and the days were punctuated by brief musical intervals, a source of refreshing to all.

All that is gone, and one naturally asks "Why?" The answer is veiled in mystery; but strength that has been given to carry on day by day, and the knowledge that this Medical Mission is a matter of concern and prayer to so many Christian people both in the homeland and out here, give one confidence that He Whose the work is will surely provide for its needs in His own time and His own way.

During the year the main Hospital building has been completed, providing us with room for ten more beds. Good use has been made of this increased accommodation (of the conveniences and benefits of which Miss Gifford has written in her report). The number of

in-patients has advanced by more than a hundred over last year's total.

One interesting feature of the in-patient work has been the admission, for the first time, of Jain patients into Hospital. The members of this rather exclusive community, now that they have ventured into the Hospital, have been so pleased with the arrangements, especially at the time of child-birth, that they have raised the question of building a ward for Jain patients only, or failing that, a cook-room for their exclusive use. It was said that if this convenience were provided, many Jain women would be glad to come into Hospital for their confinements. Our Jain patients and their friends have been a joy to us. They have seemed to be very much at home in our midst, and delightfully happy.

The end of the year saw also the first representative of another community in Hospital, namely, a Marwari.

In December we were very glad to hear from Dr. Banerji that she would be able to return to us. She joined us again early in January, and her arrival has considerably eased the situation.

So the year 1934 begins hopefully.

ALICE M. HAWKER.

Report by Dr. Honor O. Newell, M.B., Ch.B., D.T.M. & H. (Eng.).

When the year began, I was away from Jiaganj, in Erode, South India, but I returned to Jiaganj at the end of January. Now I am writing in England at the end of December. For the past three months I have been on furlough,—my first. In some ways it is easier to see the work in perspective, as one reviews it in the light of the contrasts one notices in England between the experiences and sights that one has grown accustomed to in India and what is accepted as normal in England.

I fancy that contrast must be even more striking to a Medical Missionary than to other Europeans who return from India, for it is, perhaps, in the realm of suffering and sorrow that the difference is most apparent.

As I write these words, I am reminded of something that I have just read in the L.M.S. December "Chronicle", in a letter to the Churches in Monmouthshire, in which the writer says:

"My heart yearns over the suffering in my own country, but I think of the Untouchables of India, and I say, 'These have suffering without comfort'; and the lepers in many countries, and I say: 'These have pain and know no healing Spirit of Love'. Then I know that with Christ in the heart the men and women at home will say, 'We know suffering, but we have Christ; we know pain, but we have learned of the Great Physician; therefore let the work of proclaiming Christ and His love go forward; we will do what we can'."

As I ponder over the experiences of the past few years and of the past year in particular, many are the vivid pictures that leap to

the mind,—sunshine and shadow, both so striking in the outward world in India.

The first thing I noticed on my return to Bengal last January was the much friendlier atmosphere; the cloud of suspicion and indifference was lifting, and there seemed to be a new trust and eagerness. For instance, the response of the patients to the preaching of the Gospel was more decided; many were those who eagerly asked for teaching or for Gospel portions to take away to their villages when they left Hospital. One such patient said, as she took the Gospel in her hand, "Are you sure that the whole story of the Lord Jesus is in this book? I cannot read, but there are people in my village who can, and they will be able to read to me. No one in my village knows about the Lord Jesus. No one in my village says words such as I have heard here".

Or take the case of the patient who left the Hospital a few days before I left for England, who told me that her brother-in-law wished her to ask that we should call at their house to give Christian teaching, and added "And I should like it too". When I suggested that in the meantime they could make a start for themselves by reading the Gospels, she eagerly bought them.

There was the occasion when Dr. Hawker went into the Midwifery Ward one Sunday afternoon and asked the patients there if they would like her to read and talk to them: "I am going to tell you about God, about Jesus Christ". And one woman said, "That is what we want to hear; we want to hear about God, the words of God".

Another time we had closed the door of the Midwifery Ward at the time of morning prayers, held that day outside that Ward, on the verandah, because we thought that certain patients in that Ward might not wish to be obliged to be present for Christian worship. But no sooner had the opening hymn begun than there was a clatter and commotion,—the relative of a patient was determined to take part in the prayers and intended that the door should be opened without delay, so that the sick woman could hear. It was the same Jain woman who wanted the Staff Nurse of the Ward to tell them what Jesus Christ meant to her, and I have no doubt that the Nurse, who is a convert from Hinduism, told a striking story about her faith, her Lord.

But once begin on reminiscences of this sort, and it is difficult to know where to stop. Partly because there was this friendlier atmosphere to return to, and also because I had been in the country for several years and become less of a foreigner in the eyes of many of the people, in the succeeding months before furlough I found it easier to enter the lives of the people in a friendly way as a messenger of the Lord and Friend of Men.

In February, I began to take over from Dr. Porter the work in the Hospital and elsewhere that she had undertaken during my absence in addition to her language study and her other special work.

In March Dr. Hawker, Miss Gifford, and Dr. Porter went to Calcutta for the few days of the Annual Meetings of the Bengal L.M.S. Church Missionary Council, whilst I remained in Jiaganj to "hold the fort" during their absence. We particularly rejoiced that Dr. Porter

had the joy of attending these meetings, as she had not before had the opportunity of doing this.

Shortly after this Dr. Porter left us for her second year's four months' period at the Bengali Language School in Darjeeling. Unfortunately the ill-health that she had been suffering from for some time past made it unwise for her to stay more than a couple of weeks at the Language School. She returned to Jiaganj and proceeded to the Women's Christian Medical College Hospital, Ludhiana, Panjab, where she was admitted for observation and treatment. In June, she was able to return to Jiaganj, but in July went to her sister in Bangkok for four months rest and further treatment. The rest and better climate in Bangkok had the hoped-for effect in restoring her to health and strength once more, and it was with eager hopes that her colleagues in Jiaganj welcomed her back at the end of October. But the great joy of that return was a few days later changed to sickening anxiety, when the beloved colleague was stricken down by one of those terrible illnesses that only flourish in the tropics. I cannot tell about those days, of the fight to save her for Jiaganj, and of the "passing" of that true, gallant servant of Jesus Christ. The loss is a grievous one, but we rejoice that she was with us in Jiaganj even for so short a time. She has left us a rich legacy, an inspiration to noble endeavour for Jesus' sake.

The promising pupil-compounder, of whom we wrote in last year's report, married shortly after the report went to press. We missed her sorely in the dispensary and the laboratory and in all the activities of our life in Jiaganj. We immediately set to work to find some suitable girl to train in her place, but it was the end of June before we obtained anyone. This girl came from our L.M.S. Girls' School in Kaurapukur. She is young, and also has very little knowledge of English, so it is unlikely that she will ever be able to take the Government examinations, but at the present stage in Bengal it is most difficult to obtain girls of higher educational attainments who will take up Dispensing. In July two other girls of much the same educational standard joined the Compounders' Class. One of these two girls has since then had to leave, to return later perhaps if she can. She was very young, and should have stayed in school for a couple more years. The third new pupil compounder is delicate, and one wonders if she will be able to meet the demands that must be made upon her.

Soon after the last year's report went to press, we had the official Government recognition of our Hospital as a training school for "Female Compounders". It is somewhat strange therefore to have that official recognition but be unable to get suitable pupils. Perhaps it is well that we did not have the responsibility of placing such a pupil in some other school, for with the serious reduction in our staff this year owing to the loss of Dr. Porter, and on account of furloughs, it would have been impossible to continue the teaching of pupil compounders for a public examination.

Usually with the onset of the hotter weather the operation

numbers show a considerable "falling off", but this year that was not the case. Probably the main reason for this was that the hot season was shorter and less intense than usual; also the earlier part of the cool season had been too cold for many of the patients to consider leaving their homes until the warmer weather of Spring or early Summer. Of course this is only the case in regard to operations for conditions of a chronic nature. From a medical point of view some of these operations were of considerable interest, and one is glad that there is a Christian Hospital in Jiaganj that can bring relief to suffering women and children, and new hope and peace.

The in-patient work generally has been busier than ever before; a crowded Hospital and a happy tone has been usual. The work of the Midwifery Ward has been very encouraging.

Christian teaching has been given regularly in the Hospital and Dispensary, several members of the staff taking part in it. Outside the Hospital the Sunday School and various Bible Classes have been carried on as usual. The men's Sunday evening Bible Class, begun last year, has continued and has developed into something that should be of permanent value in the life of the Christian Church in Jiaganj, and we hope it will be an evangelistic force in the days to come. The class is an unusually mixed one,—Christians, Hindus, Mohammedans, of different stations in life, seated side by side, all learning of the Saviour of the World, and all reverently taking a share in the worship and discussion.

I cannot close the report without referring to two visits I paid in August, within a short time of leaving Jiaganj for furlough. One was to the neighbouring district of Rajshahi. The links between the work of the English Presbyterian Mission in Rajshahi and our L.M.S. work have always been many and intimate, and it is difficult to think how closer effective co-operation (such as has been suggested) can be possible without more resources in men and money.

The other visit was to our village of Itore, where there is a small Christian community, and where the late Rev. J. A. Joyce did so much splendid work. Time was drawing near to my sailing, yet the weather showed no signs of improving, so in spite of the heavy rains and the almost impassable roads I arranged to go. It was a visit well worth-while, even though the return journey from Itore was impossible for several days, and I was water-bound there, unable to return on the day arranged, and even though it was difficult to move about whilst I was there.

As the day for leaving Jiaganj for England approached, it was with feelings strangely mixed that I bade good-bye to my friends in Jiaganj. Those gatherings where we all re-dedicated ourselves to fresh endeavour for the Kingdom of God,—I in England in the coming months and they in Jiaganj,—and the farewell at the station at midnight on one of those wonderful tropical moonlight nights, are memories that can never be effaced. The work in England and the work in Bengal are a part of the one whole.

Without the support, sympathy and prayers of those in England the work in Bengal would be greatly the poorer. One longs that some of one's fellow Christians in Bengal could have the chance of the inspiration that comes with the Christian atmosphere of England, the constant contact with a much larger company of Christian people than is possible in Bengal.

Thank God for the refreshment of soul and body that a furlough brings.

HONOR OLIVE NEWELL.

Report by Miss Florence N. Giffords, S.R.N., Matron.

"There were 365 days and you don't know what to write about!" "Is that not just why? There were 365 days. Had there been fewer!" "Write about me," says January. Secretive January, disclosing never a hint as to what was to follow, letting us make plans and dream dreams. Yet some of the plans and dreams have come triumphantly true.

Let us think what their coming true has meant to some: some whom we shall discover as patients in the Surgical Ward, some as patients in the Medical Ward, some to be found in the Maternity Wards, some in the Children's Ward, some in the Isolation Ward, some in the Theatre, some in the Consulting Rooms and in the Out-Patient departments.

P. was only 6 years old. She was admitted to the Children's Ward, suffering with kala-azar, hookworm, malaria, and intense anæmia. She had been ill for two and a half years. Meanwhile her hair had become very scanty and her spleen very huge. She was put on the scales, which showed her weight to be thirty-five pounds. She was put into a little cot by the door, whence she could be easily wheeled on to a verandah, to spend most of the day in the open air and sunshine. Ugh! the medicine was horrid: morning and evening quinine; other special medicines, no nicer, to be taken at intervals of a few days. Then medicine glasses appeared less often, but a horrid looking syringe fitted with a tiny sharp needle kept coming nearly every day. Such a vicious little thing it was! Then it took to coming every day, varying its contents, but never its vicious temperament. Medicines poured down the six-year-old's throat, thrust into her muscles (apologies for the misnomer), rubbed into her tissues. Then one day great interest, looking for veins: there was medicine to be injected into these. Life hardly seemed worth living for a time; when happily a change began to take place. P. began to feel so different. It was not only the thermometer that said she was free from fever.

A year and a half had gone in getting ill and more and more ill, but now it really seemed at last as though she were going to have a chance in life after all. Her hair began to grow, and she could look into the mirror and smile at her renewed youth. Presently the little cot was seen to be empty, and P. was taking a walk. Later

on she would be running. And that huge spleen was no longer always preceding her wherever she went. Then came a day when she found it impossible to run, for her father arrived, overwhelmed with joy at being able to take her in his arms and carry her home; though she could, and probably did, walk some of the ten miles journey to their village.

D. arrived at Hospital, looking anything but handsome and feeling far from happy. Three days previously, while she was tying up a cow, the animal had showed her displeasure by lifting her up and throwing her down. Now she arrived with a swollen face and several cuts about it, including one on her upper lip. She had pain all over her body. She could neither take her food properly, nor digest what she managed to take. In short, she was thoroughly upset and wakeful by night as well as by day. But the cow was sacred and had to be forgiven. So no bitterness of mind was allowed to retard her gradually regaining both ease of body and beauty of countenance.

A. came: not because she had fever. She had been having that for a long, long time. They were all so used to fever in her village home, that her Granny had not brought her for that. But she had now developed a swollen face, and the tissues of one cheek were ulcerating. Soon there was a hole right through her cheek. She was a little girl of seven years. This was a catastrophe, and something must be done to repair the damage and restore good looks, or she would stand a poor chance in the marriage market. She would have to be very cheap or have a ne'er do well husband.

So A.'s eyes grew bigger and bigger with apprehension, as she was admitted to the strange new surroundings of Hospital, which became her home for over two months. During this time hidden damages to internal organs, as well as the more superficial and disfiguring ones of her face, were repaired. The time came when quite boldly she would open her mouth, no longer fearful at seeing instruments and medicines. A few teeth had to be parted with, also little fragments of jaw, but she finally left a happy, handsome, little girl with plenty of energy, all smiles and full of fun. There is only one apprehension in our minds: will she some day need to return? For some bone of the lower opposite jaw was bare.

L. was going to enjoy a lovely bath in the river. How she did enjoy that early morning time, when, with garments to wash and the water pots to fill, she made her way along the well-trodden winding path through the jungle to the riverside! The sun was shining and she was happy. But alas, as she was descending the steep slope to the water's edge, just as she had done many a time before, the bank suddenly gave way under her, and she was thrown down a height of many feet. She could not get up. Fortunately her mother was soon on the scene. But the strength of one was not sufficient. It took several neighbours to help lift the paralysed body and bear it to the little mud hut.

But as days went by, it proved an impossible task to nurse one so helpless there, and the patient was one day lifted on to a string stretcher and a party of men bore her to the Hospital. As soon as the story had been related, anxious parents and relatives wanted to know at once what the ultimate result would be. Would she get better, or would she die? She had hurt her spine and lost the use of her lower limbs. It was a matter of time. It was hard to be patient. Later on her face would suddenly brighten up, as she realized feeling was returning to her paralysed body. Weeks of treatment ensued, until she had hopes of soon being able to walk again. It was then decided that she should return home and continue there treatment for which it was no longer necessary to remain in Hospital. She was able to read and made good use of the opportunities she had while with us, and took home with her several gospels, although she had read each one several times as she lay in bed; or rather, *because* she had read them several times, she wanted to read them again at home. Others may read them there too.

S. and Q. arrived together. They clung to one another. They were mother and daughter. They were very poor, very ignorant, and very frightened. Both were afflicted with eye trouble and found it difficult to look about them. Five days of increasing suffering had brought them from their distant village home to seek relief. Their fear of being separated in a strange new place, to which in their distress they had ventured to come, not being realized, they gradually settled down to accept as a matter of course the frequent washings and applications for their eyes, and for the mother the two operations necessary for her. The result of the treatment made them not only able to see, but also able to smile and able to talk and able to feel quite happy and at home. Their coming had meant for them a fearful adventure into the unknown. Then one morning they laughingly recounted the fears with which they had set out, and happy and grateful they started off on their return journey home.

[An interruption to investigate the meaning of a sudden crash. An uninvited guest was found helping himself to fruit, but as he sat on the sideboard instead of up to the table or down on the floor, the dish was soon in fragments on the ground; hence the crash. The uninvited guest then tried to get away through a window but found it shut. However, he soon escaped through the open door by which he had come. Shameless, he then proceeded leisurely to enjoy more stolen fruit, this time sitting on a garden wall. Thereby hangs a tail, by which he may be identified as the monkey he is. But we won't let him get among the patients.]

Mrs. L. "Here she is again". Mrs. L. has a way of turning up. But as she says she cannot get well in her own home, there seems nothing to do but admit her. It is usually only for a few days. Asthmatic attacks and other troubles disappear, and she smilingly starts off for the little railway station to return home. But once when relieved, she seemed still to want to stay. She explained she

could not keep well in her home. However, she returned to have another try.

M.'s temperature on admission was high, and she was suffering with acute rheumatic fever and hookworm. She was only 13 years of age, but her expression seemed to hold a long history of suffering. What joints didn't ache? She had pains all over. Not that she often said so. Her limbs were stiff and swollen. She was feeling very ill and absolutely helpless. Eagerly she swallowed her medicine; she realized everyone was concerned to banish her pain, and this was soon relieved. The irregularly beating heart required rest; and the little mind, free from pain, was restful too, and she slept and woke, and slept and woke.

She soon became quite merry, and although she could not leave her bed nor yet sit up, she was wheeled out into the sunshine on the verandah, and there were lots of people to come and talk with her, and life was becoming very interesting. Granny had gone home after a few days staying by her side, but she had lots of new friends and did not feel at all lonely or homesick.

One morning she was found looking very serious. Two grannies had arrived. Were they meaning to take her home? She had only just been promoted to sitting up for a little while at a time. It had to be explained to the two old women that although they might bring a bullock cart as they suggested, it would be still a very frail little passenger they would be taking away, and taking her then might mean her beginning to be badly ill all over again. Our arguments did not seem to them very weighty, but when M. herself was found to be unwilling to go, her grannies at last returned home without her. The smiles returned. At least no one would come again very soon. It was a long, long walk.

She was safe to be able to get well. When presently some members of the distant household came again, though we would like to have kept M. still longer, she had to go. She was still weak, but if she received all the care promised, she would do well. However, the promises were not fulfilled. Probably no one realized the care needed. M. was brought ill again two months later. This time she stayed until she looked and felt well when she left.

E. was a regular little "budmash" or terror. As we got to know him in Hospital, we were not surprised that in his village he had received a kick from a horse. He had a large cut on his chin, which gave him a decidedly down-in-the-mouth expression. Under an anæsthetic his wound was cleaned and stitched up, then while he felt it uncomfortable to move, he lay quiet and had little to say. But as healing continued and pain vanished, his voice was often uplifted to announce his determination not to stay. It was too cramped and imprisoned a life for his wild nature. One morning he was as good—or as bad—as his word and fled. Towards evening a very determined mother armed with a huge stick brought him back and dared him to leave again until he had permission. We approved of her prompt action in bringing him back, and almost envied her

methods, though we could hardly identify ourselves with all her threats.

The following day, seemingly having softened a little towards her rebellious son, she appeared without the stick and brought instead an offering of sweetmeats. We hoped such luxuries as would not be likely to be very frequent in E's diet at home would not encourage him to run away again. However he probably knew his mother too well for that. Later he was able to leave, quite healed and well.

B. had had an abscess on her. But she had not thought to come a journey of many miles for that. Nearer her home she found someone who incised it for her. But she arrived here some days later. She was very dirty, and the wound a discoloured slough. She was thoroughly toxic.

The bullock-cart driver who brought her suggested leaving the opium he had also brought along with her. The patient had evidently been drugged, and she did not regain consciousness, but died two days later.

Poor Mrs. M. ! She could not settle down. It was on the advice of others that she had travelled from Calcutta. It was a long journey, and she had brought a lot of luggage : all her own bedding for a bed that must be made up very specially for her. That seemed quite a natural desire ; but that achieved, then, where could she have her bed ? First she tried one corner, then another, in a ward, on a verandah, first to the north, then to the south, then to the west, then to the east, but something was always not quite right. Where could she sit to have her meals ? Who could serve them for her ? Had the Nurse changed her *sari* before serving her her meals ? Was the Nurse administering the medicine giving her the prescribed dose for the particular symptom of the moment ?

Poor Mrs. M. ! How much better it might be if her mind were bigger and her body smaller. It was tiring walking about, when she was so stout and heavy, yet her restless mind would not let her stay still.

So after a fortnight she began wondering, should she return to Calcutta or should she go to her married daughter somewhere in East Bengal ? Where should she go ? When the matter was finally decided, then, since the train left at 8 A.M. and all her possessions, including the bedding, must be packed up and ready in time, could she pack up her bedding over-night ? What a hustled life she had to live, with seemingly nothing to do, no one to care for or think about except herself, full of self-pity ! Yet could she but have compared her lot with that of many around her, she might well consider herself fortunate. However, she was very grateful in her own way and spasmodically bright with an effort.

M. A. was the eight-year-old little daughter of a villager. She was a much loved and petted child in her home, particularly by her old granny, who brought her but could not think of leaving her. However, when she understood it was necessary for her pet to stay,

that no bottle of medicine taken home to be administered however regularly would effect a cure, she consented on the condition that she should stay too. Daily manipulations for an arm that had been disjointed and then left to magic which had not worked, meant daily brave struggles to cry only silently if the tears persisted in coming.

Granny's tears always came and flowed freely. But both seemed together to understand it was the inevitable process if the use of the arm was to be restored. Then gradually with its returning flexibility and use, tears and smiles mingled, until, pain and tears banished, a smiling granny made her grateful speech and with her charming little granddaughter set out on the nine miles walk back to their village.

R.'s husband knew that she had phthisis, and, very frightened for himself, refused her a home any longer. But R. had many friendly neighbours. She had a fine spirit, and they were all fond of her. So several of them brought her to Hospital, and she was given a bed on one of the verandahs. Her hopes rose. Why should she be treated and nursed if there were no hope of her recovery ?

Then she heard the Gospel story, and eager to learn all she could, and being able to read, she had one Gospel portion after another, and in her seclusion she read much. She not only read ; she believed and prayed, and her face would brighten up as she asked us to pray for her recovery. Yet she knew now, because of that gospel, that she could not conclude she was going to get well because we were all working for her. We should do that in any case. She came to the point one day of being resigned. If she were to die, she said, she had no fear. This did not sound like a Hindu talking. She said she had come to know such love as she had never known before, and if God so loved her, what had she to fear ?

One day, all on the quiet, her friends brought a photographer and propped her up in bed for her photo to be taken. The result was shown to us with much eager excitement. Was it not evident she was getting better ? Poor R. did not want to die. She supposed her husband would let her come back if she were cured. And she had many friends. R. made sufficient recovery for her husband to be persuaded to give her a home, but he very soon arranged to send her away to her parents' house. There she died a few weeks ago.

Seven-year-old R.B. was too much for his mother to manage in addition to three others younger than himself and two not much older. So his father took him along with him when he went with his bullocks and cart to the fields to work. Such a day was greatly enjoyed by R.B. until in the evening he fell from the cart, and in falling the lobe of one of his ears was nearly torn off. (The worst of such protruding ears as his unfortunately were !) What commotion ! The Hospital was miles away. But as soon as possible the following morning R.B. was deposited at the Hospital gate. It was not long before he was lying unconscious on the Theatre table and the operation of removing earth, etc. and getting the cut clean and stitched up was in process. Other slight cuts and abrasions about his body soon healed and the result of the operation was quite satisfactory. He went home perfectly

healed after fifteen days, much to the relief of his anxious parents as well as his own.

K. with her mother sat in the crowd of out-patients, and as she had never been before, was very interested in learning what was the usual procedure. You went from the Waiting Room into the Consulting Room, where sat the doctor. You were asked several questions and then something was written down, and you went next with the written paper and your medicine bottles and deposited those at one little window, and then went on to another little window, where you received back the paper and the bottles, but now the bottles were full of medicines. Then someone told you just what you had to do to get well, which medicine you had to drink and how many times a day and how much each time, and which medicine you had to apply outside but not drink, and just how you had to do that, etc.

Well, that did not seem much of an ordeal. But was it always so simple? For instance, if you had a big tumour inside you? Well, she would see when her turn came. But she could not help feeling a bit apprehensive. She knew people sometimes had to be cut open. And as she waited her turn, she grew tired and hungry and was almost wishing she and her mother had not come.

Then suddenly, as it seemed, just as she was dozing off, it was her turn, and almost before she knew what she was doing, she was in the Consulting Room and telling the doctor all about the big lump inside that had been growing bigger and bigger and sometimes was rather uncomfortable. Was it going to keep on growing and hurting? Would it not disappear with medicine? Her fears were realized. It would not. But she could go home, and there the family could discuss together the necessity for an operation and a month's stay in Hospital.

There were others at home who must be consulted, and arrangements must be made if the mother and daughter were to stay together in Hospital. The father must not remain miles away with no means of communication; yet the household at home must continue its routine, and the little plot of land must be looked after, or they would presently have nothing to eat, and the cow and the goats must all be cared for, to say nothing of several old people and a number of little folks. Could they not try medicines for a fortnight?

Yes, if they wished, but they should come then if the tumour had not become any smaller. It was bigger. So there seemed no alternative, and one day they arrived to stay. It was reassuring to find other patients in the ward, who had had operations, and some seemed quite cheerful. "Did she cut you open?" No details were spared as they chatted together.

Necessary preliminary treatment occupied sufficient days to enable K. to get to feel she was among friends, and she grew trustful and calm. After the operation she occupied an isolated verandah. She did not want talk and excitement then. But as the days passed, she regained strength and became most happy, realizing the big tumour had gone. She made a good recovery. It is not always that patients' relations and friends are really helpful. Some decidedly retard progress and are a hindrance to recovery; but K.'s mother was

a most sensible and helpful attendant. She was always calm and bright, and if she had anxieties, she managed not to communicate them to her daughter.

K. was now getting so well, she would soon be beginning to walk about again, and that meant she would soon be going home. So the "fee" seemed to be something that must now be taken very seriously. She had received her life, this daughter of theirs, yes, her life, agreed the husband, but they were all poor. How could they pay? What might not the bill amount to? Doctors, special Nurses, a big operation. So they seemed greatly relieved to find that when between them they had collected all they possibly could in coins and garden and farm produce, we were satisfied. They had done their best and done it eagerly. On their departure they paid reverent homage to the love of Jesus Christ as the recognized source of all the help they had received. A few weeks later they returned with more offerings.

It was almost dark when we caught sight of a motley procession wending its way to the Hospital. Several men were carrying a palanquin. Excitement was high, and no one person was allowed to tell the whole story; many contributed. We lifted the palanquin "curtains" and saw a wizened little old woman lying in a mass of gory rags, her jaw well tied up with a particularly soaked gory wrapping. A mad jackal had attacked her. The animal had first seized a goat and the old woman had rushed out of her house to rescue the goat and had fallen into a hole in the ground. The jackal had repeatedly attacked her. Forced to leave go in one place, he had seized her in another place. Many scratches and scars resulted, but one side of her jaw and her lip were torn so badly, that part was torn quite away. There were deep jagged wounds here and there. Operating straightaway, wounds were cleaned up, and in some areas, especially in the face, stitches were put in. Prompt communication with the Pasteur Institute in Calcutta led to the patient being taken there. Her condition on leaving for Calcutta was fairly good, but she was very weak and still suffering from the shock received.

Another excitement of a happier nature came later, when the same old lady, returned from Calcutta, hobbled in from the Hospital gate to make a friendly call and demonstrate to us the glad news of her recovery.

The advised operation for the removal of big tonsils had been put off long enough, and G.S. was brought by his fond parents to Hospital. His mother introduced him to us as a perfect little devil. But we rather took to G.S. He was a sturdy little chap, who knew his own mind. It seemed unfortunate that his and our ideas during the first two or three days could not seem to agree about anything, and still more disturbing that he should frequently protest with a good lusty bawl. But G.S., endued with good reasoning powers, altered his methods and adopted the plan of arguing most politely. He then soon discovered that we had many interests in common, and he began to co-operate quite enthusiastically, until one morning he quietly went to sleep to order, while the offending tonsils were removed. A little

later he found he was again in his cot but was feeling like being very very quiet and still.

The operation over, we knew he would soon be taken home ; but it was not until the morning of his departure arrived that we realized what a joy it was to his family to receive him back again. Some hours before they needed to start for the train, G.S. was ready, not simply ready, but gloriously ready. He sat in state with a big garland of bright yellow flowers around his neck and shoulders and another circlet of bright yellow blooms crowning his head. His parents, proclaiming their joy that the treatment was successfully over, really did "say it in flowers", and little G.S., who had long before this gone up in the estimation of us all, made a polite little speech and was ready to depart. The bill was also paid ; gratitude was not only said in flowers.

They tried again—one more resource—and arrived for consultation one afternoon. No one said so, but it was evident that huge Mrs. B.H. as a patient was the despair of her husband as also of a local doctor relative. The consultation had to be leisurely, but the sun went down as usual, and the result was to find everyone in happy agreement as to the advisability of staying in Hospital for the night. The lady had a few stipulations to make, which however seemed fairly mild. The husband and the doctor relative went away to return again the next morning.

The following morning the patient had one stipulation to make, to her husband, and this we were quite expecting and it seemed not to take him by surprise. The patient's husband listened and understood that they must go home, starting by the first train they could catch. He had taken a lodging in the town, and his widow sister had cooked a very savoury meal of rice and curries, and bringing this for the patient she too arrived in the morning.

But Mrs. B.H. was not hungry. She and her husband sat and talked. Meantime the widow was delighted to be shown over the Hospital. We expressed to her our regret that her sister-in-law did not feel able to stay, and she replied that it was her habit in such circumstances never to say a word. We decided to follow her example.

She had much to say, however, as she went from room to room. One of the junior Nurses, acting as guide, found she was not to be hurried. She recalled her experiences of how she was once a patient in the Hospital of the Zenana Bible and Medical Mission at Patna and had there undergone an operation. Yes, she knew so-and-so and so-and-so, and when she was a little girl, she went to a Mission School. "Yes" she said, "I am one of you. I know all about Jesus." We did not feel able to claim as much, but we did feel that here was another instance of how Jesus Christ in the Mission School had so won the love of a little child, that all through her life she knew Him to be her Friend. She recognized Him again in the Mission Hospitals and rejoiced to see His work. When in the end she had to hurry up, the others had already preceded her and were waiting. Sitting in the conveyance at the gate, she looked back over her shoulder as she

hurried off and said with a smile : " I shall always pray for you. Pray for me ; don't forget me."

It was done in an instant. The busy Compounder was suddenly put out of action by slipping and spraining her foot. It was considerably injured, with much swelling and discoloration. So for a time she was unable to do her usual work in the Dispensary. But she did other work. Bedridden, she was by no means confined to any one ward or verandah.

We had now a Teacher on Castors. Her bed was wheeled here and there. She would conduct ward prayers in the morning and in the evening, and in the afternoon speak of Jesus Christ in this ward and that ward, to one and another patient on the verandahs, being wheeled about according to the need and opportunity. She made good use of the enforced "leisure". Then as soon as possible she was carried on a stretcher to the Dispensary for a few hours at a time until she was able with a bandaged foot to be walking about again.

They were in the Consulting Room : the deformed mother, who said she had been deformed and handicapped since she was two years old, and was now only able to hop with the help of a stout bamboo or to get about squatting ; and in her lap her little daughter, aged about six ; and in the little daughter's lap the big swollen broken arm was being carried, the arm that had been broken six months ago. Now it was a huge heavy festering mass of no use, but the weight of it having all the time to be supported. The ghastly sight was hidden by a filthy cloth, but some hidden trouble could be easily detected from the first by the almost unendurable smell. No wonder H. looked ill. No wonder she was terrified when lifted out of her mother's lap.

They were both placed in a wheel chair and taken to a ward verandah, a verandah that they occupied until after the operation. Then, freed of the amputated arm, H. and her mother were put into the Children's Ward. As she woke up from the anæsthesia, she discovered the septic load had gone ! What terrible suffering she had known since she fell six months ago ! She was glad to be rid of that limb. She had already grown used to the use of only one arm. Yet now she might have the use of one and a bit.

Her mother was used to begging for a living, and when she came to the Dispensary prepared to stay, she brought some of the results of her begging with her. In one dusky rag were several pounds of rice ; in another some spices ; and there was a little screw of salt and a few vegetables. These things she meant to have cooked for them, and she brought an older child, of about twelve years, to do their cooking.

There were a few cooking pots and a not very meagre wardrobe. Though beggars, it was evident they were not quite the very poorest. It seemed desirable to do a little sorting out and to institute a few tins for storing food in place of rags, which were sent to the washerman. The twelve-year-old proved attentive, sometimes busy drawing water from the well, sometimes helping her very deformed mother to bathe and wash her head under the pump, sometimes cooking and serving

the meals, and sometimes just sitting by her little sister, who lay in bed.

After some days H. began to enjoy life. She had only one arm, it was true, and occasionally her baby face looked very sad; but she was naturally of a merry disposition and as she grew well, became very alert to share in all the interests of the other children around her. One day a small brother arrived. He was evidently the man they had sent for, when they wanted to get a move on. They had to discuss with him the bringing of a bullock cart to take them to their village home. They seemed to have friends, and "home" was calling. Little H. went away healed and smiling, smiling because although she had only one arm, yet with that one arm she was hugging a beautiful little doll. Somebody had sent it from England.

The townsfolk might well have been asking among themselves: "Do ghosts ride in cars?" The Padre was nearly late for Church one Sunday morning, having obligingly offered to bring a passenger, who was destined for the Hospital. The sight of her on arrival was enough to scare the other children, as she walked into the ward, wearing her white mask. But she proved to be a little schoolgirl. It was hot steaming weather, and she was in a desperate plight with her whole face in an oozing eruption. It was evident that she was not fit for ordinary society, but she was very sad as she thought of all the days she might have to miss going to School.

She loved going to School. So she considered it better to be business-like and say she had only come for one week. We promised to do what we could in the time, but were glad when after a few days she seemed to be able quite cheerfully to contemplate staying a little longer. After all, if you had to be in Hospital and were really not ill, it could be quite interesting. Even when you had to be quiet in the middle of the day, there were some beautiful books to read and lots of pretty pictures to cut out. Some of them had been sent all the way from England. And it was worth a little longer stay to be able to return to School looking quite respectable.

She sat in the crowd at the Dispensary, nursing her tiny infant. There were also two other children. She was taken into the Consulting Room with her little family. The tiny baby had been born only the previous day. Both mother and infant looked very ill and very dirty. They had all come by train from a town some thirty miles away. The mother and infant were fit patients for admission; the other two unable to travel home by themselves; no one else with them. So they were all taken into Hospital.

The tiny baby died a few hours later. The mother was anæmic and had high fever. She explained that she had wanted to come before, but it was not easy, as wherever she went, she must take all her children: there was no one else to look after them. Not that she could do that very well now that she was ill, but at least they were all together. She knew they were all right in their made-up bed on the verandah floor, while she now had hopes of getting well. A few days later she was transferred to a Municipal Hospital some fifteen

miles nearer her home. We had to close the wards for a few weeks, the inevitable pity every year while we get to the Hills for a holiday away from the enervating and malarial climate of the Plains.

It is a great lack that there is no suitable holiday resort sufficiently near for the Indian Nurses. They go away and get a change, some of them to their distant homes and see their parents and brothers and sisters and other relatives and friends, but their health is not sufficiently set up. Some of them, moreover, have poor homes where they work rather than rest. So it is usual on re-opening the Hospital to have to work for several weeks with a depleted staff while one and another of the Nurses has to be admitted as a patient. A Holiday Home for Christian Workers within the means of very slender incomes is a crying need.

There have been 632 patients, of whom about 68 have been women who have come for their confinement and of whom it has been able to be recorded that their labours were normal. They were happy and relieved to discover that it was not necessary to become ill and have high fever and distress. They were happy and well in Hospital and went home in due time with their little babies, understanding that these too need not be ill: both mother and baby can keep well. This was to many a happy discovery, and they went home to recommend others to come into Hospital when their babies were due to arrive.

Unfortunately however, probably twice the number of those who have come for their confinement to take place in Hospital normally have had to come in because of abnormalities: some during the early months of pregnancy, but the majority as the result in their own homes of mismanaged labour and lack of understanding and care during the ensuing days. Some have come in within a day or two of the confinement having taken place, some several weeks or months afterwards, having been getting very ill in the meantime; and not a few have come one or more years later for operative treatment and have been enabled to regain health and strength; while some have come after long delays only to find the damage sustained is beyond repair.

Not only have they suffered much physically, but so often they are very, very sad because there has been no living or surviving little baby: it seems to have been all for nothing. And in addition to the loss of the child, it is not infrequently seen that the mother-in-law is disgruntled and the husband estranged, and the life of the patient is pitiable in the extreme. So it has been encouraging to find that during the past year more women have been coming into Hospital in time to prevent such tragedies.

The tiny babies born in Hospital are a great joy both to the mothers and to the Hospital staff. They often become easily the greatest attraction to visitors wanting to see over the Hospital. The halt during the tour of inspection is usually most prolonged by the tiny cots, where on the verandah the new-borns are seen peacefully

sleeping; or it may be where they are arranged in a row and are being oiled and bathed in the sun. Not a few mothers and grandmothers with little babies in their homes squat down as interested onlookers—and we hope, in the interests of the babies in their charge.

We continue to rejoice in our fine buildings more and more, as we see them growing: growing in size and growing in usefulness. At a time like this, living, as we do, very near the great catastrophe in Bihar, where the terrible earthquake has shattered innumerable buildings and wiped out whole towns, to say that we rejoice in our buildings is to put it very mildly. They have been built and they have been preserved, although everything here rocked to and fro for several minutes. But this after all is to be 1933's report and the Bihar tragedy did not take place until 1934.

One reason for our rejoicing in our buildings has been the fact that the Jain community has begun to use them. Moreover, from this hitherto very exclusive community have come some of the most appreciative and friendly of patients, and their visitors to see them while in Hospital have been numerous and charming. Themselves comparatively rich, they have evidently felt pity and compassion for the poor.

One little Jain girl of about twelve years of age asked if she might learn nursing for an hour a day! At one time neither as patient nor visitor would anyone of this community have ventured into a Hospital building. As it is, they have always brought all their own bedding and provided all their own food. As regards the former, it is always scrupulously clean. As regards the latter, it is often a mystery that we may enquire into but fail to understand.

To rejoice to be able at last to welcome the rich from their big palatial houses, because the nice Hospital building is appreciated by them, is not to welcome less the majority who come from more ordinary homes. Rather for the sake of the many who have no other means of healing, no other chance of living unless they come from those homes when ill, and stay in Hospital for a time, we are all the more deeply thankful for the nice Wards, the beautiful Theatre, and also for the Verandahs where zenana women can enjoy air and sunshine and beauty, flowers and grass, trees and sky. The Hospital is also as much for the destitute, the women and little children, destitute, homeless and friendless. And dear friends in the Home Churches, we want to thank you again for all your remembrance of us and of the work to which you have sent us.

Near by is the building that we can hardly recognize as "the little old Hospital" that used to be, that started with its eight beds. (There are fifty beds in the new Hospital.) A second storey has been added and "the little old Hospital" has become the spacious new quarters for the Nursing Staff. Here also the Bible Teacher and the Compounder and compounding Pupils will live. I say "will" rather than "do", for until the building is really finished, the Staff is to be found in various directions scattered about the compound.

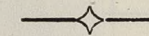
There are at present four Staff Nurses and sixteen Pupil Nurses. One Pupil Nurse finishing her course has just become a Staff Nurse. Three are training for definite work in other Medical Missions; one is filling in time until she may marry; others are in training with no specified career yet in view; and all are challenged by appalling need and countless opportunities of service. As regards the likelihood of all becoming in time able to be really responsible efficient Nurses we are not sanguine. Talents seem differently distributed, but all seem to mean to be "good and faithful".

The Dedication Service of the Matron's Office and adjoining Nurses' Class Room was a special joyous occasion, when the Christian community from the town and friends from Berhampore rejoiced with us.

Near by is the fine staircase leading on to the extensive open flat roofs of the Hospital. This also was dedicated, these all to be sacred to the service of the Great Physician and Teacher and Saviour of Mankind.

Another building just about to be completed is one to accommodate the domestic staff. And we all need to know, as Paul said he knew, "how to abound". I am glad he told us the secret.

FLORENCE N. GIFFORD.



OPERATIONS, L.M.S. HOSPITAL, JIAGANJ, 1933.

<i>Major.</i>		<i>Minor.</i>	
Dilatation of Cervix and Curettement of Uterus ..	54	Tonsils and Adenoids ..	3
Anterior Colporrhaphy ..	1	Dental Extractions ..	12
Perineorrhaphy ..	8	Entropion ..	2
Colpo-Perineorrhaphy ..	8	Excision of Lacrymal Sac ..	1
Incomplete Abortion ..	7	Pterygium ..	1
Uterine Polypus ..	8	Simple Fracture ..	2
Amputation of Cervix ..	4	Whitlow ..	1
Ovariectomy ..	1	Abscess ..	26
Bougie Induction of Labour ..	5	Removal of Sequestrum ..	2
Craniotomy ..	2	Small Tumours ..	4
Forceps Delivery ..	4	Small Cysts ..	2
Turning ..	2	Sinuses ..	3
Manual Removal of Placenta ..	2	Lacerations ..	6
Amputation of Breast ..	1	Amputation of Fingers ..	2
Compound Fracture of Hand ..	1	Plastic ..	2
Bones ..	1	Paracentesis ..	12
Amputation of Arm ..	1	Cancrum Oris ..	1
Vesico Vaginal Fistula ..	4	Foreign Body in Eye, Nose, Ear ..	3
Removal of Large Sebaceous Cyst ..	1	Débridement ..	1
		Injection of Hæmorrhoids ..	2
<i>Major.</i>		<i>Minor.</i>	
Iridectomy ..	1	Fistula in Ano ..	1
		Lacerated Perineum ..	11
TOTAL MAJOR ..	115	TOTAL MINOR ..	100
D. and C. incidental to other Operations ..	10		
Amputation of Cervix inci- dental to other Operations ..	2		

Total number of Operations: 215.

In Memoriam.

With deep regret the Council records the death on November 10th at Jiaganj of Dr. Frances M. Porter, and expresses its sense of the grave blow to the Medical Mission in this early removal of a talented and devoted Medical Missionary.



Dr. Porter had made conspicuous progress in mastering the Bengali language, and she had won the confidence and affection of the members of the Indian Staff at Jiaganj in a way that promised a full co-operation with them in all future work.

She was an enthusiastic Surgeon and an eager thinker about directions in which the whole work of the Medical Mission might develop. Her missionary colleagues looked forward with confidence to a

future when she and Dr. Jewell would together direct the Medical Work, and they believed that its traditions of loving Christian service would be finely carried on and extended by them in combination.

To the members of Dr. Frances Porter's family the Council expresses its deep sympathy in their personal loss.

(Resolution of the L.M.S. Bengal Church Missionary Council.)

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 donations during the period from July 1st, 1933, to July 1st, 1934, 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	..	Mrs. N. K. Basu.
Baranagar	..	Dr. Elizabeth Hansdah.
Benares	..	Prof. H. Philpot, B.Sc.
Berhampore	..	Kali Krishna Banerji, Esq.
"	..	Mr. A. M. Bose.
"	..	Miss M. Bose.
"	..	Messrs. D. N. Pohit & Sons.
"	..	„ Sinha & Co.
"	..	Miss S. Mitra.
"	..	Murshidabad District Board.
"	..	Khan Bahadur Habibur Rahman, I.P.
"	..	O. M. Rees, Esq., I.C.S. ret'd.
"	..	Lt.-Col. Leith Ross.
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Crouch End	..	Park Chapel Women's Auxiliary.
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"	..	A. R. J. Ramsey, Esq.
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O. H. STURSBURG,
Hony. Treasurer.

Berhampore, Murshidabad District,
Bengal: July 1st, 1934.

