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FORTY YEARS' WORK AT LUDHIANA

MISS MILDRED CABLE, IN HER FOREWORD, says this volume ought to be read by the Christian public. Why? Because it tells about one whose work knows no denominational limits, and whose influence has penetrated throughout the length and breadth of India. Dame Edith Brown, M.A., M.D. has trained doctors and nurses for most of the large missionary societies and some of the smaller ones.

“Ludhiana” is an honoured name in the medical world and has won high praise from Government officials. At the same time the chief aim of the Founder and her staff is the evangelization of India's untaught masses, the dwellers in her myriad mud villages.

This book deals chiefly with mothers and babies. It describes conditions accurately and vividly. Of necessity there are dark shadows in the picture, but in blessed contrast we see “the light of life,” illuminating and transforming those on whom it shines, till in many cases they become God's messengers to their own people.

INDIA'S WOMANHOOD

** By the same author*

BITS OF CHINA

A BUDGET FROM BARBARY

RIDGELANDS CALLING

HOPE FOR THE LEPER



The Ludhiana Assistant Staff (Dr. Brown in the centre)

INDIA'S WOMANHOOD

FORTY YEARS' WORK AT LUDHIANA

by

CHRISTINE I. TINLING

With a Foreword

by MILDRED CABLE



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FOREWORD

THE Ludhiana Women's Christian Medical College is a child born of the parentage 'Necessity.' Dame Edith Brown as a young enthusiastic pioneer medical missionary saw that she could accomplish nothing unless she had the assistance of competent Indian colleagues.

The direct result of her own personal need is that she has now been engaged forty years in preparing, training and equipping Indian women to be medical missionaries to their own people. A few years ago as I walked with her in the spacious compound of the Medical School, she told me of the conditions which existed when she was driven to the conclusion that some training must be given which would enable Indian girls to assist her in the medical and surgical work with which she was overwhelmed. She little thought, when she made her first effort, that it would lead to the establishment of a school of medicine for women whose fame would become world-wide.

It is comparatively easy, after forty years, for others to enter into the labours of the pioneer, but she it was who, at a cost unrealized by any save herself, drove the ploughshare through the tangled roots of ignorance and superstition which held the minds of those to whom she came. The very suggestion that women could do such work for their sisters was so revolutionary that her spirit might well have failed before the difficulties of the task.

Yet Indians, as well as Europeans, have come to understand why she did it, for I remember standing in the shop of an Indian merchant in the Ludhiana bazaar, who spoke with me of Dr. Brown, her toil, her perseverance, her patience and her accomplishment, and he said, 'She does it all in the strength of her God.'

My friend Miss Christine Tinling has recently spent some time in Ludhiana, so as to see for herself the women's Christian and medical training, and to write the story, this being

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the fortieth anniversary of the establishment of the College. As I read it, I was back again in the large compound, doing the 'grand tour' with Dr. Edith Brown and seeing things which settled once and for all in my mind any question as to the veracity of *Mother India*. In memory I was again losing my heart to the golden-hued babies sprawling on the nursery floor, and drinking in fresh experiences as I visited homes, in company with an Indian nurse-evangelist.

Miss Tinling has described it all in accurate detail and has not missed some priceless touches of humour, such as do so much to lighten the missionaries' toilsome days. We of the East all recognize the man who, looking into the ward where the English nurse happened to be attending to some small want of his own infant, could write his naïve appreciation: 'I was very pleased to see when I came into the ward, that you were in personal attendance on my son.' Also the father who filed the complaint: 'I wish to know what you are doing to my baby so that he is getting so dark in colour.'

It is most encouraging to read of the work done by the graduates, for if the evangelism of a land is ever to be finally accomplished it must be by the hand of the people of that land, and in order that this may be done, training is essential.

Miss Tinling makes quite clear in her story that the purpose and aim of Founder and Staff is to win to Christ those with whom they come in contact and so to help the students to develop the gifts that have been bestowed on them, that they may become workmen who need not to blush for their work.

The Women's Christian Medical College would not lack financial support if God's stewards could see for themselves what the staff of consecrated women is doing and how widespread is the influence. This volume ought to be read by the Christian public that it may know how its representatives are trying to meet the responsibility of training Indian doctors and Indian nurses to care for Indian women.

CHAPTER ONE
INDOORS AND OUT

WOMEN'S CHRISTIAN MEDICAL COLLEGE,
LUDHIANA,
PUNJAB, INDIA.
Christmas Eve, 1934.

MY DEAR LYDIA:—

When I was writing to you from 'Barbary' a twelvemonth ago last summer, I little dreamed that the close of the next year would find me in the Punjab. Yet here I am, spending Christmas in Ludhiana with Dame Edith Brown, and seeing a little of her marvellous work for the women of India. This year marks the fortieth anniversary of the Women's Christian Medical College, which she dared to found with only fifty pounds in cash. She had cheques, however, in the form of divine promises sufficient to justify a big venture.

It was 'in the chill before the dawning, between the night and morning' that I had my first glimpse of Ludhiana. The trains arrive at unearthly hours in whichever direction you are travelling, and it was after two nights and a day on the Punjab Mail that I tumbled thus early out of the sleeper with my baggage and bedding. One of the staff was looking for me on the platform and quickly towed me to a waiting car. I had heard and read so much of this place and the great woman whose genius and faith have built it up, that you may well suppose it was not without a thrill that I passed through the gates.

Tall chrysanthemums lining the drive peered at us out of the darkness, shadowy palm-trees stood sentinel before the house and the arches and pillars of the verandah gleamed white amidst the foliage. There was light within, and at the sound of the motor some one crossed the hall and came down the steps. I knew at a glance that this was Dame

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Edith Brown whom I had come so far to see. With quiet graciousness she welcomed me and made me feel at home.

It seemed too bad to disturb so hard-worked a woman at such an early hour, but one of the Sisters said to me later, 'Dr. Brown rises at four o'clock every day, has her *chota hazri* (little breakfast), and then applies herself to the Book. 'How does she stand it?' I asked, thinking of the tremendous tasks she faces and the fact that she is no longer young. 'Nobody knows,' was the reply. Perhaps, after all, those quiet hours behind closed doors may account for her power to do and bear so much. Thus it has ever been with the saints.

But I am going too fast. As we stood on the verandah I saw that beyond the shadows of the garden a long two-storey building was lit up from end to end. 'The dormitories are over yonder,' said the Doctor. 'About a hundred and fifty students room there and for the most part they have separate cubicles.' Since there was no break in that double line of light, clearly every one was up and doing, preparing for the new day.

As for me, I was glad to have my *chota hazri*, much-needed bath and a couple of hours between the sheets. Perhaps you would like to peep into my room. It is lofty, some eighteen feet high I should guess, with screened doors, timbered ceiling and stone floor spread with rugs. The bathroom opens out of it and is somewhat different from the one I use at home. The floor is of brick and one corner is cemented and enclosed by a low parapet. It slopes slightly, so as to allow water to run away through a hole in the wall. On it is an imposing zinc tub. My arrival was the signal for the sweeper to appear with a small charcoal stove on which he set a can of hot water. This was none other than a kerosene tin, with a wooden bar fixed across it for carrying. The *bhistie* had already furnished the cold water from his kidskin.

None of these things were novelties to me, for, as you know, I have spent several years in the East. I mention them

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so as to give you a clear idea of local conditions. Electricity gives a modern air to the compound, but this is somewhat misleading. The *bhistie* must still carry most of the baths. You can't turn on the tap except in the newer buildings, and even then only for a part of the day. A great deal of labour is required for the things to which we rarely give a thought, hence the necessity for a large staff of servants, though this is not the only reason for it.

The kerosene tin suggests the practice of strict economy. One is apt to think of an institution like this as having, to say the least, no lack of equipment. On the contrary, without cleverness and care the supply even of essentials would soon run short. They call the carpenter the *mistri*, and I think it is a good name for him, for it is certainly a mystery how he manages to make things for next to nothing which would cost a fair amount at home.

You have seen the plan of the College grounds and buildings, but that does not give you much idea of the place. Five minutes' stroll tells you more than hours of reading. I don't wonder that many people say, 'I never dreamed it was like this!' although they have perused years of reports, and well-written ones, too. For one thing, reports never have space for more than the essential facts about the work, whereas in a letter like this one can ramble on *ad lib*. Let me, then, take a minute or two to describe the garden.

From the point of grandeur the pipal tree is the chief feature. Its smooth bark reminds one of our beech; its broad shiny leaves rustle in the wind, making a sound like rain. The Hindus hold the pipal in great veneration and it is said that one should never tell a lie beneath its boughs! The gol-mohr, a mass of feathery fronds, towers above the adjoining buildings; it must be a lovely sight when covered with red bloom. The cottonwood tree is another fine specimen. Two tall mangoes stand, one on each side of the entrance to the dormitory: the neem offers welcome shade and the bottle-brush waves its tufts aloft. There is a glint of gold among the trees, for the oranges are ripe; the papayas have not yet turned, but are hanging in heavy clusters, a

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dozen or more huddled together under their umbrella of big leaves.

The purple bougainvillæa drapes one end of the verandah; the red one vies with it in beauty but will not soon catch up with it in size. The Sandwich Island creeper is doing its little part in tapestry weaving. This is not, however, the best time for seeing the garden, for the flowering trees put on their beautiful garments in the spring and early summer, and the chrysanthemums are getting past their prime. The chief glory just now is the poinsettia and the Red Walk is a galaxy of splendid stars, first magnitude ones like those we see in Southern California.

Perhaps as you cannot come here you may wander through this garden in your dreams, and I hope as you do so you will meet three charming Indian girls, in soft *saris*, gathering the blossoms for the Christmas decorations. Otherwise the picture will be incomplete.

As I am too far away for us to correspond back and forth during the limited period of my absence, I think I will write straight on and post the story of experiences and impressions at one time. But I will divide it into sections and number and name these like the chapters of a book, so that you need not lose your way in the labyrinth of my tale. I already see that one could write reams about Ludhiana and still leave much unsaid.

CHAPTER TWO

THE OPEN SECRET

THUS far I have tried to give you the setting of the picture, but its essential elements are less easy to depict; indeed, I despair of being able to put them on paper. At prayers this morning I saw as many of the student body as have not

gone home for the holidays, a company of Indian girls, educated and refined, who have come here from far and near, inspired by a common purpose.

The service was held in the Chapel, a chaste little building which was largely the gift of Mrs. MacWorth Young, whose husband during his lifetime had contributed the operating theatre. Looked at lengthwise, Gothic arches are its leading feature. It is furnished in dark brown shisham wood, all the benches having been made on the spot by the college *mistri*. They certainly do him credit, being comfortable to sit upon. The beautiful communion table and chair were the gift of Miss Warburton Booth and came from Kashmir, which is famous for wood-carving. The College crest, worked in silk by Kashmiris, hangs on the wall. The motto is 'Gold, frankincense and myrrh,' suggesting precious treasures offered to the King.

As I entered the Chapel they were beginning to sing that dear old hymn, 'O little town of Bethlehem,' and naturally the whole service had a Christmas significance. It was conducted in English which, strange as it may seem, is the only practical tongue for the mixture of races and languages which the students represent. They include Urdu, Hindi, Punjabi, Mahratti, Bengali, Tamil, Telegu, Malayalam and Singhalese. The girls are drawn from all the provinces of India, even distant Assam, and from some of the native states. Two come from the North-West Frontier Province, while a fair proportion hail from the far South. In fact there are more applications from that section of the country than can be considered. Last year Burma was on the list. Hence English is the unifying language, the only one in which they can make themselves understood to each other, Indians though they be.

Dr. Brown herself takes College prayers and it was interesting to note her method and to see what kind of teaching these young women receive. Usually, I understand, they go straight through some book of the Bible, but to-day was a special occasion and the topic was 'Bethlehem.'

It is evident that to Ludhiana girls the expression 'Col-

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lege prayers' means much. It suggests no mere facile reading of the Scriptures but serious study. In her discussion of Bethlehem this morning Dr. Brown threw out questions and received ready answers. She took up the historical and prophetic references to that hallowed spot and said that where it is mentioned by Jeremiah as Chimham's 'habitation' the word probably means a 'resting-place' or 'khan.' The suggestion was that David granted to the son of the loyal Barzillai this piece of land as his reward and that on this very spot David's Greater Son was born in the process of time. Could Barzillai have looked into the future he would have said with even deeper meaning, 'Why should the King recompense it me with such a reward?'

This was interesting, but I need not dwell on it. I mention it to give you some idea of the careful and thorough Bible teaching these girls receive every day. They are taught not merely to read but to search the Scriptures. It is their privilege to learn from one whose delight is in the law of the Lord and who brings out from His store-house treasures new and old. No wonder so many different missionary societies send young women to Ludhiana, for they receive, in addition to thorough medical training, that spiritual instruction which is even more important, if they are to be a blessing to their own people.

CHAPTER THREE

MERRY CHRISTMAS!

TH**ERE** are three reasons, my dear Lydia, why I want to try and give you a somewhat detailed account of Christmas Day. For one thing, if you can make the Grand Tour of the Hospital with Dr. Brown, though only in imagination, you

MERRY CHRISTMAS!

will get a general idea of it, and I can tell you more about the different departments later on.

In the next place you will realize that 'Ludhiana' is no mere institution but a very happy home for all concerned, and thirdly you will see how highly it is appreciated by the various classes of the community.

The joyful season was ushered in with carols. A party of a dozen students went to sing on Christmas Eve in the neighbouring compound of the American Presbyterians and also visited the Civil Lines and the homes of several Indian Christians.

Early on Christmas morning others were carolling at the doors of members of the staff and they did not omit the guest-room. After listening to their sweet song I noticed the little brass bowl and asked what the collection was for. 'For China,' they said, 'and for Kashmir; for the lepers and the Jews.' They have their own missionary society and their sympathies are wide.

Chota hazri is usually served to the staff in their several rooms, but on Christmas Day they foregathered in parties of four or five. Beside the chair of every individual was a pillow-case of presents: a stocking would have been quite inadequate. Even visitors found themselves remembered with dainty gifts, characteristic of the Punjab.

Dame Edith Brown started on the Grand Tour, as I call it, at nine o'clock. She would not thus have named it: she is simplicity itself, moving about as the mother of a vast family, knowing each one personally, and interested in the welfare of each. Nevertheless, this *was* a triumphal procession and highly privileged I felt to be able to witness it.

All the Free patients who could be moved were assembled in the inner porch of the compound, and with their friends made up a company of about two hundred. A table in the midst had a mysterious air, being hidden from prying eyes by a large sheet. After a Christmas hymn had been sung, the Doctor gave a brief Gospel message, emphasizing the fact that the Christmas joy is only possible because the Lord Jesus has made atonement for sin.

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The sheet was then removed and behold! a host of dolls, of many sorts and sizes, each one tagged with the name of a patient! Make no mistake: they were not for children but for old women, and young women, mothers and grandmothers. Each was delighted to have a doll. Even blind women, and aged ones whose eyes were too dim to see, took pleasure in the gift and showed it by the way they handled the dolls and fingered their clothes. It seemed a pity that those who dressed them could not see what joy they gave.

As for the sufferers who could not get to the service, the Doctor visited them in the wards, accompanied by the Sister of each, and gave them their presents. She also went to the Tuberculosis and Eye Departments and the Students' Sick-room: then on to the Maternity Block where they had been singing hymns in Urdu while waiting for her to come. Here, too, she distributed dolls, for even the women who had real babies wanted a toy one besides, so you may guess that in mental development they are rather backward. Though, after all, a doll is a curio to them as any foreign article is to us. The real babies each received a woolly vest.

Thence Doctor proceeded to the Nursery, where the children had their own little Christmas tree, and aside from one small chap who wanted all the good things for himself, they were a happy party. Then to the Baby-fold, where there are forty-five mites under three years old, of whom thirty have not completed their first year. Five of them weigh less than four pounds each and many are poor, wee specimens of humanity, who would not have a chance of life apart from hospital love and care. This is not to be wondered at when one considers that many of their mothers were young girls upon whom a burden fell that they were physically unfit to bear.

The tender, patient care of unwanted babies offers one of the strongest evidences of the truth of the Gospel. It is an object-lesson ever before the eyes of the non-Christians, challenging their attention and appealing to the hearts of women as nothing else could do. Just now two bonny little girls have come here for the holidays, who began life as

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hospital babies. Later they were adopted by members of the staff and were given the advantage of a good education. Though they had such a sorry start, they are now better off than most girls of their age and can look forward to a useful career.

After leaving the Baby-fold Doctor moved on to the Private Wards. Here a large company was gathered and offered among other things a study in fashions. I ought really to have qualified as a Society reporter before attempting to describe such a medley of lovely garments. They were of delicate fabrics in all shades of colour, with gorgeous trimmings in gold and silver—real, too, so they tell me. Exquisite embroidery in artistic designs in many cases bordered the entire *sari* or *chaddar*.

The typical costume of the Punjabi woman consists of long trousers, a *kurta* or loose blouse reaching almost to the knees, and the *chaddar*, which is thrown over the head and shoulders. But many hereabouts are robed in the more graceful *sari* which entirely covers them.

I noticed a Mohammedan lady in a white *bourkha*, made with many fine tucks and edged with lace. The head-piece was thrown back while she was in the courtyard, but in the street it would cover her face completely, and she would have to peer through a tiny grill of drawn-thread work to make her way along.

Other Moslems were wearing gorgeous *chaddars* of chenille georgette, the material being most likely imported from England and the gold trimming made in Ludhiana. One lady had a gown of purple velvet with a white pushmina Kashmir shawl thrown over it. Another wore a transparent blue *chaddar* spangled with gold stars. It seems they make this sort of thing themselves, punching the stars through the material as we fasten paper clips at home. It is hard to believe that they are real gold, but one must remember that this is the way they keep their capital. They put their money into jewellery instead of depositing it in a bank as we should do.

One girl was magnificently arrayed in red velvet, the yoke

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and cuffs of her dress being of gold thread, doubtless worked by hand. She wore a massive gold chain which might have rivalled that of the Lord Mayor. But for the fact that this was a *purdah* party none of the ladies would have been thus grandly gowned.

All the above were paying patients, occupying private rooms. Dr. Brown evidently has the confidence of Punjab society: many of her patients, indeed, come from far beyond the borders of the province. In that gathering on Christmas Day there were three families of government officials, viz. those of a member of the Legislative Council, a district inspector of schools and a judge. Besides twenty-nine different villages the patients represented three Indian States. There were, moreover, women from Afghanistan and from sixteen towns of North India, including Simla, Lahore, Amritsar, Amballa, Ferozepore and Delhi itself.

Because, woman-like, I have been betrayed into describing their gowns, you must not imagine that these who gathered in the compound on Christmas morning were all well-to-do. Far from it. There were humble women in flannelette *kurtas* and *chaddars* of something like butter muslin. There were also a few dirty ones, out-patients no doubt, who had not come under the nurse's hands for the wholesome discipline of the warm bath.

But more striking than the mingling of rich and poor was the fact that Hindus and Mohammedans sat side by side in friendly intercourse and that caste mixed freely with caste. While barriers are breaking down on all hands, largely in consequence of the coming of the railway, it is in a Christian atmosphere such as this that one sees the most hopeful signs of better relations between the different sections of society.

A feature of the celebration which has not yet been mentioned was the presentation of rewards to midwives for bringing cases to the knowledge of the staff. As a matter of fact, they get one rupee at the time for doing this, but at Christmas they have an extra tip of one rupee for every ten cases they have brought. One woman actually brought 130

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during the year, and so earned a bonus of thirteen rupees. These midwives working in the city have for the most part been trained by Dr. Brown, but if they were not supervised they would inevitably deteriorate. Also, if they had all the city practice the students would fail to get the necessary experience. When they notify the Hospital, there is mutual benefit to the College girls and the midwives, as a doctor or nurse accompanies them and gives instruction. Hence it has seemed a wise policy to offer financial encouragement.

While Dr. Brown was handing out rupees, the Sisters in their several wards were having little parties with their nurses and making their own gifts. At noon there was an informal reception in the drawing-room, with coffee and Christmas cake, and the guests on this occasion were people from the town, Indians of the educated class, for the most part railway employees and Civil Servants. The Hospital has touch with the community at many different points and none of these contacts can be ignored at Christmas-time. The English service followed this pleasant function.

From time to time family parties came in to greet the Doctor. A grateful Kashmiri lady brought the baby whom under God she owed to her skill and which could not have been born without a major operation. She herself was born here in the same way some twenty years ago. Four Afghan gentlemen of princely descent arrived together to pay their respects. So you will see this was a crowded day.

But the biggest function was the Christmas dinner in the evening at which some three hundred people sat down, all connected with the College and Hospital. They included the Staff, the Assistant Staff of Indian doctors and lecturers, those of the College students who had not been able to go home for the holidays, nurses, midwives and Bible-women, also a small group of children who were happily accommodated on the floor.

Then followed the Christmas tree and an informal programme for which all adjourned to the Physiology Labora-

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tory. It is one of the more modern buildings and being cleared for the occasion it was just capable of accommodating the crowd. Most of the girls were in their best *saris*, but nurses straight from Hospital came in uniform, looking very attractive in their big white caps. The foreign staff were in Indian dress for this function. Stools and benches soon being used up, some of the girls climbed into the window-sills, while scores of them stood round the sides like rows of beautiful wallflowers. Under the tree were baskets and trays and cases, all packed and piled with Christmas gifts. Every member of this great family was provided for, and every present was wrapped in coloured tissue paper and tied with silver ribbon. One could but dimly conceive of the amount of labour entailed in preparation for this event.

With the assistance of colleagues, who sorted out the parcels and called the names, Dr. Brown personally presented each gift. Some one truly said, 'It was a marvellous *tamasha!*' It is quite impossible adequately to describe such a scene, and hopeless to try and convey the atmosphere, but perhaps even this poor attempt may enable you better to sense what Ludhiana means. Every student, every nurse, every midwife, every child is made to feel that she matters to those in charge of this place. In consequence it is not difficult to believe that she matters to God. To the second generation Christians this beautiful thought comes natural, but to those accustomed to be treated like dirt, and not credited with the possession of mind or soul, it is an amazing revelation. Only by slow degrees can they come to believe it.

Nineteen years ago a girl baby was left at the Hospital on Christmas Day. Nobody wanted her, so she was dumped here for the queer foreigners to keep if they chose. Christmas 1934 finds her here again, a happy girl in training as a nurse. 'And a very good little nurse she is,' said one of the Sisters.

That wee baby might correctly have been described as a 'throw-out': she excited no more pity than a stray kitten

H. R. H. THE BRAHMINI BULL

would do at home, though she had not even a kitten's instinct for self-preservation. Now she stands on the threshold of a life of service, because some of Christ's own people took her to their hearts and lavished on her some of His own love. Surely she illustrates in a living way the implications of the Christmas Message.

CHAPTER FOUR

H. R. H. THE BRAHMINI BULL

THE Christmas service was in progress in the Chapel, which was decorated for the occasion entirely in poinsettias. Doors and windows were wide open and we were singing 'O come, let us adore Him, Christ the Lord.' Just then I caught sight of two great beasts loping along the drive, with the College orderly behind them. He was not driving them but was politely accompanying them by way of escort and evidently going to show them the door. 'Those must be Brahmini bulls,' thought I, and in order to make sure I put a question to one of the Indian workers as we came out of church.

For answer, Sister Mall stopped a passing tonga, a sort of two-wheeled dog-cart, and told the driver to take us to the abode of the Brahmini bulls. The little horse trotted along for a mile or so, threading his way *en route* through a dense herd of buffaloes, and landed us at the gate of the institution. Through the bars I saw large numbers of the sacred creatures and the keeper said that about 650 resided here, but some were away from home, having gone to the pasture grounds.

He gave a peculiar call which they were quick to recognize. They came lumbering up to the gate in hopes of getting a cake of coarse brown sugar, poked their noses

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between the bars and threw out long tongues in mute appeal. I was allowed to feed them and got my fingers by mistake into one of their sacred mouths.

I should have been perfectly satisfied to make their acquaintance through the bars, but the keepers were eager to take us round. I was told in China that water-buffaloes disliked foreigners, and I could only hope that Brahmini bulls would prove less prejudiced. In we went and wandered about in this weird crowd of horned and hump-backed brutes, to whom is accorded the worship that is due to their Maker. One of them, poor thing, was deformed, and another had lost a leg. They cannot be put out of their misery as it would be considered a crime to kill them.

Care for the cow is an integral part of popular thinking among the Hindus. Women who dread the daily dressings after an operation will crave gentle handling in these words, 'Treat me as you would your white cow!' It sounds comical at first, but there is another side to it. Think of women asking as a favour that they may be treated as well as cattle!

When I was in India ten years ago I visited the Cow Temple in Benares and saw the animals comfortably munching their fodder in the building itself, while men were measuring their length on the floor and making the circuit by repeated prostrations. Men made in the image of God were actually bowing down before the cow.

Women after giving birth to a child are counted unclean and must be purified. The method of cleansing is almost too horrid to contemplate. They must partake of a draught compounded of five sacred ingredients, the products and excrements of the cow. One sees such beautiful and refined women sitting about in the Hospital courtyard, and considered in connection with them the nastiness of these heathen notions strikes one with fresh force.

The cow is associated with death as well as birth. Its tail is supposed to serve as a passport to a higher life, since the virtues of the sacred animal may enter the departing soul. There is an authentic story of a cow on a certain tea planta-

tion which was used to help a hundred coolies in this way, each poor fellow in his turn holding on to the tail as he breathed his last.

When we had said good-bye to the Brahmini bulls and been invited by the keepers to come and see them every day, Sister Mall took me into the Hindu temple hard by. There we saw in the shadows two hideous idols, dressed in gaudy garments trimmed with tinsel. The old crone in charge gave a respectful salaam, for the Sister is friendly with all these folk and has often helped them through their troubles. But even she was surprised at the words of the old woman: 'This is the day your Christ was born . . . born to conquer the world.' Strange indeed that this glorious truth should come from such lips! Of course it set me wondering, 'How soon?' Have we not good reason to hope that in the near future He will take His great power and reign?

The headman of the temple came to do the honours to the visitors and was not averse to having a chat with Sister. So we sat us down upon a string bed in the courtyard and there she sought to offer him the Gospel of the grace of God. Like most of the Ludhiana staff, she does not, I imagine, lose many opportunities.

As we climbed into the tonga again, this man told Sister of a friend who was needing X-ray treatment. It did seem an anomaly that anyone should be acquainted with the marvels of science, even to this extent, and at the same time be bowing down to a dirty doll. 'It is very strange,' said Sister, 'that they still cling to their idols, specially as the Gospel has been preached in their midst for so many years. Ludhiana has had it for fully a century. But there is a stirring of heart among them, and many in secret are searching for the Truth.'

CHAPTER FIVE
A GUIDED LIFE

December 28, 1934.

THE Christmas festivities are over and Dr. Brown has just been to my room for a chat. Sitting in the wicker chair before my log fire she has told me how the work began, and though I had read part of the story in Miss Craske's interesting book, *Sister India*, it was naturally more vivid coming from her own lips.

Perhaps you will be surprised at the log fire. People expect it to be hot in India at all times and seasons, but I can assure you that here in the north the mornings and evenings are just now quite chilly and it is only comfortably warm in the middle of the day. The Punjab is noted for its extremes of climate. There are night frosts and cruelly cold winds in January while in June the thermometer will register 115° in the shade.

But this is a digression: let us return to the log fire and the Doctor's story. Her father was a Bank Manager in the town of Whitehaven and here her early years were spent. Her parents had a summer home at Keswick, so the three children became familiar from babyhood with England's choicest scenery. Peaceful lakes and noisy waterfalls, primroses and hyacinths in woody dells, and cloud-shadows chasing each other over the mountains, these were the pictures first printed on her receptive mind.

Both parents were earnest Christians, and loving service for the Lord and His needy ones was the dominating interest of their lives. When she was eight years old Edith definitely gave her heart to Christ. Here is one more illustration, dear Lydia, of what you have always so strongly held, that children may and do grasp spiritual truth and should be encouraged to make an early decision.

Little Edith's interest in foreign missions was of very natural growth. Her older sister married the son of a

missionary in the Godavery District, South India, and her letters used to tell about dear little brown babies, and about bright girls who could not go out in the sunshine but were shut up behind a curtain. When Louie came home on furlough her stories fired the heart of her young sister with a longing to go out and help. The realization of India's need deepened all through her school-days.

Mildmay, too, was an influence in her life. Her other sister was a friend of Mrs. Pennefather and that saintly woman was revered as an ideal Christian by these girls. The varied activities of the Mission opened their minds to the possibilities of service.

Edith Brown was never very strong and when she thought of taking up medicine she was advised against it, this being considered too arduous a vocation for one of her frail physique. She won a scholarship for Girton and went there, still cherishing the hope that she might finally become a doctor. She took the Honours Tripos in Science, but in those days Cambridge did not grant degrees to women. In consideration of the work she had done, however, Dublin conferred on her, some years later, the degree of M.A.

After her brilliant college course a choice of various careers was open to Miss Brown. Attractive positions were offered to her in the educational world and she was not without ambition. Just then, however, she received a special message from the Lord: 'Seekest thou great things for thyself? Seek them not.' As she thought over alternative careers she realized that fame and honour are not substantial or lasting and the only thing that is truly worth while is to find out the Will of God and do it.

So, turning her back on what the world had to offer, she decided to be a missionary, and of all phases of missionary service it was the medical which chiefly appealed to her. It became her mature purpose to spend her life as in childhood she had hoped to do.

The health difficulty was still there but it was not insuperable to faith. 'Behold, I have set before thee an open door and no man can shut it.' Once this conviction has been

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given of God, difficulties become transformed into opportunities for the working of His mighty power.

However, as you might expect, things were not easy even apart from the physical hindrance. There were other lions in the way. Medical training would cost a good deal of money and this was not available. Nothing daunted, Miss Brown decided to take up teaching and thus save money for fees. Before leaving Girton she was offered the post of Science Mistress in the Exeter High School for Girls, and this she accepted.

She had not been teaching much more than a year when friends in Bristol, hearing of her missionary purpose, offered their assistance. These ladies belonged to the committee of the Baptist Zenana Mission, and they raised the funds necessary for medical training so that she was able to begin her preparation at once. By this act priceless years were saved for India.

The removal of the financial hindrance was a fresh indication of God's leading and it was with great joy that Edith Brown entered upon her course at the Royal Free Hospital. In those days there were few women students: they numbered only fourteen in her year. They therefore had the benefit of plenty of practical work, which is impossible nowadays with eighty to a hundred in a class. Moreover, extra privileges and opportunities were extended to her in view of her need for all-round training for service in India. The chief dentist, for example, gave her practice in extractions and private help in his own house.

Miss Brown of course desired to get the M.D., but Cambridge would not grant degrees of any kind to women, and London University required her to progress backwards and take its Matriculation examination, which would have been waste of valuable time. So she took the Scottish diploma of L.R.C.S. and P. and then went across to Brussels and got her M.D. there. She had taken the examinations in England and was on the Register; she only needed to obtain the sign and token of the work actually done. It seems too bad that she had to go abroad to secure recognition and it does not

redound to the honour of our country. Happily times have changed since then and women have won equality with men.

Thus it came to pass that, after meeting one difficulty after another, and conquering them all by faith and perseverance, Miss Edith Brown, M.A., M.D., sailed for India in 1891. She went out under the Baptist Zenana Mission, which has since been merged in the Baptist Missionary Society. She was appointed to Palwal to open up medical work there, which she eventually did. But before she could begin, a special need arose in Ludhiana and she was loaned to that station for one year, as the missionary, Miss Greenfield, had been obliged to go home.

When at last she proceeded to her own sphere to take up the medical work for which she had made such long and thorough preparation, it seemed as if all the difficulties of the past were as nothing to those which now confronted her. Here she was, a fully qualified doctor, but debarred from doing anything except the most elementary work for lack of trained assistants. Surgery in the ordinary sense seemed ruled out. Dosing with a few drugs for the common complaints threatened to sum up her medical practice: critical cases would be liable to die on her hands for lack of proper nursing. There was nobody who knew anything of asepsis, no one who could administer chloroform. It looked very much as if the years of preparation had been thrown away.

If you have read *Sister India* you know that in a case of life and death with splendid courage Dr. Brown ventured to operate. You remember that a corner of the ward was made as nearly aseptic as possible, an untrained missionary gave the chloroform while a couple of girls held up a towel that she need not see the operation, the scream of an Indian woman unnerved these two and the doctor had to get through as best she could. The marvel is that the patient 'got through' also and her life was saved, the doctor acting as nurse. But can anyone conceive of the physical and mental strain involved in such an experience as this?

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Previously Dr. Brown had met difficulties; now she was faced with an impossibility. Surgery in the sense of major operations simply cannot be done by one pair of hands alone. She conferred with the head of the Baptist Women's work in Delhi as to the practicability of having helpers trained. The Mission reply was, 'If you will train them yourself you can have as many as you like, but we dare not send them to Government schools.' This attitude was quite natural in view of the facts. Studying in a Government College meant attending classes with men students, Hindus and Mohammedans, being taught by men, and getting experience in hospitals where men formed the majority of the patients. Some girls had done this to their detriment. At best it was prejudicial to their reputation; sometimes it was disastrous to their character.

Dr. Brown called a conference of medical missionaries and they met in Ludhiana, thirteen women representing seven societies. They spent three days in discussion and prayer and came to the unanimous conclusion that the only thing to do was to train girls themselves. While they were of one mind as a group of medical women, they did not receive unqualified support, even from those keenly interested in missions. One prominent man said to them, 'You are attempting far too much: you should at least wait until you can get some rich man to back you.' These women felt, however, that they had a rich God, which was better still. After all, His work is not dependent on the wealth of man and one cannot imagine His permitting it to be so.

A friend sent a gift of £50; and the B.Z.M. promised a similar sum annually for three years, but, for the initiation and maintenance of a college, this was as a mere handful of meal. The B.Z.M. released Dr. Brown for a period of three years, so that the project might have a fair trial, and if it failed she was to return to that society.

Ludhiana was chosen as a suitable centre for the institution and a school building which happened to fall vacant was rented at £70 a year. Miss Greenfield, who had been bravely doing medical work, although not fully qualified,

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was glad to offer the use of her small hospital with thirty beds. Six girls presented themselves for training, four of them as medical students and two as compounders.

The next problem was to secure a teaching staff. Just at this time the American Presbyterian Mission was reinforced by two women doctors, and it was arranged that they should take their language work in Ludhiana and each give one hour a day to teaching these girls. Dr. Balfour, who was in charge of Miss Greenfield's hospital, also helped in this work. Thus, including Dr. Brown herself, there were four medical missionaries, who shared to a greater or less extent in the effort of organizing the College.

Truly this was an unpretentious beginning: one whole-time and three part-time workers, six students and hardly any money. 'BUT GOD . . .'

The next year Dr. Brown wrote to the Provincial Government, telling what she had done and asking that her students might be examined. Officials came down to inspect the work and manifested great interest. It was arranged that the girls should go to Lahore and take the same examinations as men. When the first four had completed the course they all passed and obtained their diplomas. Inspectors expressed the conviction that the School was run on right lines and would in time be an institution of great value to the state.

They reported the need for further equipment and government voted the sum of R.10,000 for the purpose. It also gave a capitation grant, which was a real help but required much book-keeping as every day lost by any girl involved a proportionate reduction of the amount. Eight years later, the Governor of the Punjab, Sir Michael O'Dwyer, arranged for an annual grant, which was a welcome improvement.

In 1900 Miss Greenfield gave the first buildings of the present Hospital in memory of her sister, Miss Bessie Greenfield, who was much interested in the enterprise. Since that time the work has steadily grown and with it the need for larger premises. Hence there have been additions to the plant as funds have permitted, and the wonder is that

having developed in such an indeterminate way, the Hospital and College present so orderly an appearance.

While it is now a large and complex organization, requiring some £16,000 a year for running expenses, Ludhiana is still as dependent as ever on faith and prayer. The budget is always much in excess of the assured income and Dr. Brown can never guess where the money is coming from. But it does come.

This is the fortieth year since the founding of the College, and as I write at the end of December it is swiftly slipping away. The staff and students and grateful patients celebrated Dr. Brown's last birthday with special honours, but I doubt whether her home supporters realize that forty years of history have been completed. They have been forty years of marvellous development and undreamed-of success, and as you are aware, the King was pleased to recognize Dr. Brown's achievement by making her a Dame of the British Empire.

I have tried to give you some of the reminiscences that she was good enough to share with me, as she sat here looking into the fire, seeing more pictures of the past than she could ever describe in words. Now that she has gone and I ponder over the wonderful story alone, can you guess what it is that specially impresses me? It is that word that came to her in early womanhood, 'Seekest thou great things for thyself? Seek them not.'

If she had yielded to natural ambition and lived for worldly success and fame, what would she have won? No doubt an enviable reputation and financial prosperity, but surely not the special and peculiar distinction that is hers to-day. God has granted her not less than she could have desired for herself but more. It is as though He had said, 'I have also given thee that which thou hast not asked, both riches and honour.' Certain it is that she is rich in the affection of thousands, scattered far and wide, and she has received well-deserved recognition from her King and Country.

Is it not the Lord's way, first to claim absolute surrender and what looks like utter sacrifice and then to give un-

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dreamed-of rewards to His yielded ones even here and now? What are our human ambitions in comparison with the splendour of His purpose? Dr. Brown has certainly proved the truth of those words: 'As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts.'

CHAPTER SIX

A TOUR OF INSPECTION

WHILE you have mentally made the Grand Tour of the Hospital, you have scarcely had a glimpse of the College. That must come next so that you may get your bearings. After the Christmas festivities were over, I had a leisurely stroll with Dr. Brown, all round the estate, and I cannot do better than retail to you what I saw. Little bits of history crept in here and there, so that one began to understand how, in a very quiet and natural way, the work had developed.

When the College outgrew its quarters the Arthington Fund made a grant of a thousand pounds, for this was aggressive missionary effort, such as it was intended to aid. This gift served to build part of the cubicles and the foundations of the students' dining-room. When the money was gone the work had to stop, for it is against Dr. Brown's principles to go into debt. The buildings in their unfinished state acquired the name of 'Melrose Abbey,' surely a more attractive designation than is sometimes given to such arrested enterprises.

No harm was done by waiting, however, for in this climate it is an advantage for foundations to stand through the 'rains.' Meanwhile, friends here and at home were praying for funds to complete the buildings. Sir Louis Dane, Lieut.-

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Governor of the Punjab, came with Lady Dane to open the first cubicles and showed a lively interest in the scheme. The Government grant of R.60,000 sufficed to build the rest of the cubicles and the dining-hall. The latter is a pleasant room furnished with small square tables to accommodate six students each. They sit as they choose for meals, and when any six have finished the table can rise.

The cubicles might with equal truth be called the Cloisters, for like most such buildings in India it is characterized by a deep verandah with arches and pillars. A very pleasant picture is presented by this dormitory, especially when the sun is shining on it. It is some 250 feet in length. The divisions between the cubicles are solid walls, but they are not more than six feet high, so there is ventilation from end to end.

The students usually sleep on the verandah, protected when needful by the chicks or blinds of pampas grass which run the entire length. Each brings out her *charpoy* or Indian bed in the evening and puts it away next morning.

This is the most simple and inexpensive thing imaginable, yet admirable in more ways than one. It consists of four bamboo poles, four wooden legs, and a network of rope or string, rough enough but strong. What is more, it can be tightened up in a few moments, unlike our spring mattresses which have to be sent away for repair. Moreover, its lightness makes it very easy to move.

Indian girls are not as strong as English ones. They have not the same stamina and arduous study is apt to tell upon their health. The doctors keep a constant look-out for that insidious foe, 'T.B.,' which has carried off many young women at the outset of a promising career. Sleeping outdoors is of course one of the best safeguards.

Another menace is malaria. The parasite carried by the anopheles mosquito is one of the most persistent enemies and is hard to combat once it has gained a foothold. Therefore, from June to November, the girls are required to use mosquito nets.

We step into a few of the cubicles and glance at their

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simple furnishings. Each has a cupboard, a table and a stool, and a corner is curtained off as a hanging-place. Also, you will be surprised to hear, each has an iron bedstead. A consignment of these was secured cheap after the Delhi Durbar.

Indoors and out a bed seems to be the leading article of furniture in India. Sofas and settees, arm-chairs, straight chairs and benches can easily be dispensed with, but beds are always in requisition. You see them in the villages out in the open, and even in the public street in a city like Ludhiana. The College girl is glad to have an iron bedstead in her cubicle as well as a *charpoy* hanging on the wall of the tiny courtyard behind.

Each little brick yard is the width of two cubicles, and these being ranged in a double row, with the yards between, it follows that there is one to every four girls. Opening on to it is a bathing-room on either side. Since the Cubicle Building is a modern one, there is water on tap for twelve hours in the twenty-four—namely, from six in the evening till six in the morning. Perhaps it would be more true to say it is ancient by day and modern by night.

Girls decorate their rooms according to their own taste, and manage to make some of them very pretty. The Students' Common Room is airy and attractive and boasts of at least one unique feature. It was necessary to have an extra strong wall to support the roof, but the thickness was not required throughout its length, so a series of recesses was devised, each large enough for two persons. These being cushioned in blue cotton offer inviting seats to tired students when lectures are over for the day.

But the choicest resting-place is the roof, whose length, including the L, is not far short of five hundred feet. Here you get a new view of the surrounding country with the town of Ludhiana in a wide-spreading plain, well dotted with trees. Near the house there is the pride of India, which at another season will be covered with red blossom, while all around there are clumps of oaks and neems.

Green parrots flit among the branches, or darting into the

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sunshine flash it back from shining wings. One can't admire the kites and crows, but no doubt they serve their purpose and disease would be more rampant without them. On the far horizon gleam the snows of Simla, but I cannot journey thither, so its glories must be enjoyed only in imagination. Still, the mere hint of them in the hazy distance is inspiring.

Coming down from these heights to life's common levels, we visit the playground, the *dhobie* quarters, the farm-yard and the kitchens. Let me tell you about them in turn. The recreation ground is bordered with trees and has three courts for tennis and nine for badminton. This was well enough when numbers were smaller, but it does not now suffice to give the students the amount of recreation that they need. More land will have to be secured. It is a pity there was no sign in the early days of the wide expansion of the work, for ground could then be obtained for one anna a square yard, the equivalent of a penny, and now it costs five rupees or eighty times as much.

Oddly enough, however, there is a hopeful feature in the fact that the jail is next door, for the government intends moving it. If they do so, it is quite possible that a piece of land will come into the possession of the College on satisfactory terms. Apropos of recreation one should add that any girl so disposed can vary games with gardening and can have her own plot for the asking.

The *dhobie* quarters are interesting to a new-comer. It is essential that the institution should have its own laundry, not only on account of the large numbers to be served, but also for safety's sake. The public laundries use the river and the clothes are open to contagion from dysentery, cholera and smallpox germs, which are always more or less abundant. Here the work is done in large concrete tanks which are filled afresh every morning, the water being pumped from the College well by electricity.

The clothes, after being washed, are disinfected in a peculiar way. In a large receptacle something like a copper, built of mud and bricks, a charcoal fire is lit. There are no flames, just a glowing mass which thoroughly heats the

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container. Upon its outside the wet clothes are piled up and effectively steamed.

You see charcoal again used in the ironing-room, for though electricity is available for certain purposes, the more economical Indian methods are in vogue here. The nine great irons must weigh some ten pounds each and it is a man's job to wield them. They are filled with charcoal, which burns slowly as but little air is admitted through the holes in the side. Adjoining the *dhobie* quarters is a wide open space on which nothing grows beyond a few bushes and here the washing is put out to dry.

Not far away we find the farmyard. Years ago the College owned cows and buffaloes, but this is an expensive plan unless one has fields where they can graze when not giving milk. So now there is an arrangement by which certain farmers keep their own cows in the College compound and Dr. Brown buys their produce. This insures purity of the milk and hygienic treatment of the cattle. The cows have their long brick dining-table in which each keeps to her own fodder-basin and duly observes table manners.

The servants' houses must not be left out of the picture. They accommodate about eighty employees with their families, a total of perhaps 400 people. Passing by one sees coloured pictures on the walls and little impromptu fire-places of half a dozen bricks protecting a few balls of charcoal, while the iron pot simmers above.

The College kitchen seems a small place to be turning out so many meals, Indian and European. But it contains a big mud oven with a fire inside it, and when this is hot they rake out a part of the glowing charcoal and spread it on top, and thus the meat is done to a turn between two fires. There is also a large brick stove, covered with a sheet of iron in which are cut about a dozen different openings; charcoal is burned under these and as many dishes can be prepared at once. Then again a good deal of the cooking is done out of doors on the verandah.

One of the greatest difficulties with which Dr. Brown has had to cope has been the lack of drainage. Sanitary science

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has not advanced very far and few places in India have any sewage plant whatever. So the open channel running along behind this property is a sign of success after years of agitation. It is flushed with water from the city and as a temporary arrangement is not as bad as you might suppose.

Parallel with it is a dry channel about twenty feet wide and four deep whose purpose is to carry off the storm water from Ludhiana. Nothing else that I have seen or heard has made me realize so vividly what 'the rains' mean. That deep and dusty bed becomes filled to overflowing, so they tell me. On one occasion nine inches fell in a single day and many of the servants' houses were demolished. Dr. Brown went out in the midst of it all and tried to encourage them to dig channels to carry off the water, but she had to give up in despair. The shovels could not keep up with the downpour.

I trust you have now some idea of the lay of the land and can imagine the original house where Dr. Brown still lives and has her office, the beautiful little Chapel, the cubicles or cloisters, the playground, *dhobie* quarters, farmyard and dairy, servants' houses and kitchens. To complete the picture we must now put in the background.

This consists of sandy hillocks, comprising a large Mohammedan graveyard. During the plague, when from one to two hundred persons died every day, the missionaries used to see funerals passing all night long, and mourners going back and forth swinging their lanterns. People had a strange idea that if they could only persuade the plague to attack some one else it would leave them in peace, so they would throw infective material over the garden wall, not having any notion of loving one's neighbour as oneself. In consonance with this belief somebody put a child's skull on a piece of wood and stuck it up in the playground. Dr. Brown herself happened to find it, but neither that trick nor anything else brought the plague to the College.

The missionaries did what they could to show the kindness of God to the stricken people. They put up grass tents on the waste land and nursed a few patients there, and took

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others into an isolated ward in the Hospital. For the rest, they and the girls under their care were wonderfully protected from the pestilence that walketh in darkness and the destruction that wasteth at noonday. During that solemn season they dwelt in the secret place of the Most High and abode under the shadow of the Almighty.

CHAPTER SEVEN

OLD WIVES' FABLES

As in every women's hospital, so here in Ludhiana, maternity work occupies a large place and nothing is more calculated to win the confidence of Indian mothers than the skilful and tender care they receive in their hour of need.

It is a many-sided piece of service. One may study it in the Maternity Block of the Hospital, where there is a large proportion of abnormal cases, in the Fort Dispensary on the far side of the city, to which crowds of women resort as out-patients, or one may watch a doctor or nurse as she visits individuals in their homes.

The Maternity work is at present in charge of Dr. I. M. O. Allan and it was my privilege to accompany her the other day when she made a couple of calls. We went first to see the wife of a *bhistie* or water-carrier. Her home was a mud hovel, very dilapidated, on a bit of waste land dotted with prickly pear. Not only were the walls of mud but also the floor, the mantelpiece and even the bracket for the lamp. There was no chimney and the hut was filled with acrid smoke from a fire of leaves. Over this the old granny, stone blind, was making shift to cook a meal. There was not a chair, table or stool in the place, nothing but the *charpoy* on which the patient was sitting, bolt upright, her baby in her arms. But

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for some old vests, made out of stocking legs and brought over from the Hospital, the mite would have had no clothes at all.

On leaving her we went on to see another woman, who had been at the point of death the night before. In spite of living in poverty and filth, she was keeping *pardah* and we had to pass behind the curtain. This consisted of a flimsy muslin rag, which being too short for the purpose was joined to a piece of waterproof. There was a big hole in this tatterdemalion contraption, but this apparently did not matter, as it fulfilled the letter of the law.

The patient had had two severe hæmorrhages; nurses had stayed with her all night and the doctor had been twice, and now, thanks to them, she had turned the corner. The *dai* was still there and it was she who had called the Hospital workers to the case. I looked at her with interest, remembering the typical *dais* of whom I had read in *Mother India*, and their horrible atrocities. In response to a remark of mine, which was translated for her, this woman promptly and proudly held out her hands. Her fingers and wrists were free from rings, bracelets and such-like gee-gaws, though she stuck to one or two decorations in ears and nose. She had had partial training and said she had learned to be clean in her person, not to wear jewellery on her hands and to call the doctor to difficult cases. When once these three ideas have been assimilated by *dais* in general, there will be a great drop in maternal and infant mortality.

One motive which operates for the improvement of the midwife's methods, is the fear of losing that rupee which I mentioned the other day. She gets this reward for notifying the Hospital, but if she is found to have employed any barbarous means she forfeits it. Hence she abstains from plastering her patient's body with melted butter or putting cow-dung inside her. Forgive me, again, my dear friend, for referring to such things; I feel that people at home need to know what practices the missionaries have to combat.

No doubt a fair-sized book might be written on the superstitions connected with child-birth and the ceremonies that are observed beforehand, during the event and afterwards.

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The evil eye must be avoided, therefore no childless woman is allowed in the room or any whose experience with her own babies has been unfortunate, and on no account must a widow cross the threshold. As you know, the expectant mother is considered unclean and is relegated to some filthy corner, and made to lie on rags which have been saved for the occasion.

Under the bed the relatives place a bag of wheat or other grain, containing 11 pice or 11 annas or 11 rupees, according to their means, to be distributed after the birth to the pundits. If the woman is suffering much pain they also give food and money to the neighbours and sweet to their children, in order by this pious act to make things easier for her. Another device is to unlock all doors, windows and boxes and to put beneath the bed knives, scissors and anything else made of iron or steel. These are supposed to scare away evil spirits.

Sometimes they will cause the patient to sit up while they burn a snake-skin in a pan of charcoal beneath her or they make a plug of spider's web, unwittingly infecting her with an accumulation of dirt and germs.

Or perhaps one of the relatives will take to the temple a vessel of brass and get the pundit to draw upon it a picture of Krishna or some other god. This is shown to the woman in solemn secrecy, no one else being allowed to see it. Then the vessel is washed and the dirty water is administered as medicine. The above precautions are observed for the most part by Hindus. Mohammedans will go to their *maulvi* and obtain, instead of a picture of an idol, an extract from the Koran, which they will treat in much the same way. After tying the paper on the woman's right leg, they will soak it in water and give her this to drink. There is surely not much to choose between the degrees of superstition. Both religions alike recommend that the woman should take her plait of hair in her mouth.

If all goes well and a living child is born, credit will naturally be given to the strict observance of these old wives' fables. More than half the time, however, things go

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wrong, the women know not why. They have not the remotest idea that their religious customs are responsible for a ceaseless slaughter of the innocents. Even if they heard that infant mortality in India was twenty per cent, they would simply sigh and say that it was so ordained.

When the baby is born, the next thing is to protect it by further rites from all malign influences. Boys, just because they are prized, are especially likely to incur the ill will of the gods. Therefore, the *dai* will sometimes take a needle and thread and pierce the baby's nose. The sight of the little hole for the nasal decoration may be expected to turn away the attention of any ill-designing deity. A mother has been known to dress her boy as a girl up to the age of five years, by way of protection.

What most deeply impresses one in all this hodge-podge of nonsensical notions is the people's opinion of their own gods. The beings whom they worship with gift and sacrifice, to whom they pray with belief in their power to bless and curse, are more stupid than the stupidest of themselves, more easy to hoodwink than any half-wit.

However, if the gods are fools the pundits are not. Here is a recipe they give to insure good luck to the new baby and all concerned. 'Take wheat and weigh him against it, until, seven successive times, the grain has tipped the scales. Hand it over. All will be well.' Mr. Pundit is certainly wise in his generation, able to secure fifty pounds of good corn for the price of a worthless word. But why do they not lose faith in him, I wonder, the first time that a baby dies?

Can you imagine what patience and tact are needed by the nurse who visits in such homes as these? She goes there, medically clean, with her complete outfit in her basket, prepared to conduct the case efficiently. But she finds herself surrounded with old witches who insist on having a finger in the pie, grannies who have killed so many mothers and babies in their time as to deserve a respectful hearing. If things do not move fast enough for them they will bring ashes from the fire, mix them with water and demand that the concoction be administered at once.

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Nurse reasons, working away the while, and perhaps she gains her point. At any rate, she refuses to do what would be positively harmful, though she may humour them in things that are immaterial. Not long since a boy was born under these conditions and was a healthy child. But some two months later, he contracted smallpox and they put his death down to the nurse's failure to observe one of the usual practices at birth.

I am filled with admiration at the way these Indian workers accept responsibility and tackle difficult situations. They are equal to emergencies and 'throw out the life-line with hand quick and strong.' When I was out with one of them the other day we came to a particularly squalid group of grass huts and she told me that there in the open, under the tree, she delivered two women in the night. Crouching down in the dust by the light of her lantern, with the wild dogs prowling round, that girl of twenty-four did her work. There was no other way and she would not balk at the difficulty or leave those poor things without help.

Dr. Brown remarked to me this afternoon that it was better to lead other people to do things than to do them oneself. I wonder how many women she has led during these forty years into service for their fellows. How many lives that otherwise would have been fruitless are to-day being lived to high ends because back in 1894 she dared to be a pioneer in this most difficult field?

CHAPTER EIGHT

SAVING THE MOTHERS!

WHEN one comes to know even a little about the sufferings of Indian women, whether by reading a revealing book or by personal intercourse with them, the natural reaction is

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one of horror. It takes a fine brand of courage to face the worst and determine to do something definite to improve matters.

Do you recall Mrs. Browning's lines in regard to this?

It takes a soul
To move a body; it takes a high souled man
To move the masses, even to a cleaner sty;
It takes the ideal to blow a hair's-breadth off
The dust of the actual.

In view of the blind belief in old wives' fables, resulting in the yearly death of multitudes of mothers and babies, education in simple hygiene is evidently one of India's most crying needs. Dr. Brown realized this from the start, and knowing that foreigners could reach comparatively few, she set herself to train doctors, nurses and midwives who might gradually educate their own people.

As you are aware, when she first began there was no opportunity for women to take a medical course except in mixed classes taught by men. Now there are separate Government Schools and Colleges for women in Delhi, Bombay, Madras and Agra. There is also a Union Mission Medical College at Vellore. But in only two of these five is the teaching done by women doctors. Considering the size of India, which is as large as all Europe excluding Russia, it is evident that Ludhiana is still engaged in pioneer work.

The training of nurses and *dais* is of necessity bound up with the ministry to mothers and babies. As I have already said, one can best realize what is being done by visiting the Maternity Block and the Fort Dispensary. These acquire additional interest if Dr. Brown is there to put in a word about the old days and the difficulties that had to be overcome.

The substantial and attractive Maternity Block was put up only ten years ago. Previous to this there was no place set apart for mothers except the one essential room, and they had to go into the general wards, which was an unsatisfactory arrangement. There seemed no alternative and

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Dr. Brown adhered to her policy of doing the best she could with what she had and never getting into debt.

On one of his annual visits the Inspector-General noted the need for more accommodation for maternity cases and at his suggestion the Government generously voted R.60,000 to take up land and R.80,000 to erect and furnish a separate block.

With unfeigned delight the Doctor drew up plans for this much-needed building. As usual, she worked them out herself, with the help of the staff, in order to save architect's fees. After all, she knew what she wanted better than any mere man. These plans were sent to the Government, which forwarded them to the Public Works Department for the purpose of an estimate. It was rather a damper to learn that they had been returned with the statement that the work could not be done with the money that had been voted. The lady's ideas were too large.

Instead of cutting down the plan or recalling the grant, those in authority did a wise thing. They told Dr. Brown to take her R.80,000 and do what she could with it. Nothing loath, she began to build. A contractor would have expected twenty per cent of the outlay to come to him, so she calmly dispensed with that supposedly indispensable agent. She did her own buying with the aid of an intelligent Christian man, who also superintended the work. When she needed advice or information on any point she consulted the local Office of Works and received ready assistance.

In due course the Maternity Block was completed and a much-needed Pathology Laboratory was also built, all out of the 'insufficient' Government grant. One of the officials laughingly said to Dr. Brown, 'When you are out of a job, let me know!' It looks as though she ought to have some extra letters to her name, since M.A., M.D., and D.B.E. do not cover architecture and building.

Sometimes when there is a big buzz on our terrestrial ball and everybody seems to be wanting money at once, and there is not enough to go round, I should like a few minutes on the B.B.C. I should cry, 'Oh yes! oh yes! If you want

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to make a gift go as far as possible hand it to a woman.' Now that I have been here I should add, 'Give a lump to Ludhiana!'

The Maternity Block accommodates thirty patients, twelve in private rooms, who of course pay, and eighteen in two free wards. There is always a staff nurse on duty with several senior nurses, and a Sister on call. One of the assistant doctors lives on the premises and one of the Senior Staff is on call. Four students sleep there every night to be ready for cases, whether in the Hospital itself or in the city, whence the *dais* come to fetch them.

The service and sympathy given alike to all are truly appreciated. 'You are so different from us,' they will say; 'we love our own people and perhaps a few more, but you love everybody.' Every day at Ward Prayers they hear from Sister or nurse something of the Gospel, and the Bible-woman comes round to each individually and sitting beside the bed explains it in fuller detail. So they begin to understand that the tender touch and the kindly word have something to do with the Story in that Book.

Among Mohammedans the women are not supposed to leave the house for forty days after a confinement. So those who are strict in their religious observances must stay six weeks in hospital. This gives them a very good opportunity of learning the truth if they are interested at all. Village women, on the contrary, like to go home in three days.

So much for the work done on this compound. The Fort Dispensary is on the opposite side of the city, so between the two no woman is very far from help. It is a roomy house with an inner courtyard capable of accommodating a considerable number. Three staff nurses who are certificated midwives live on the premises, as does also a Bible-woman, and four students sleep there every night. They go by rotation and carry their bedding, according to the custom of the East. Two and two they respond to any calls that come, while one of the staff supervises their work. Every girl is required to handle twenty midwifery cases during her training. Just before Christmas some of the staff were on

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holiday, and with almost impish mischief seven babies arrived in one night and the nurses in charge had to go to them all as fast as tongas could take them. This somewhat trying incident served to illustrate the fact that the workers are in demand.

In the past year more than a thousand maternity cases were treated in connection with the Hospital and Dispensary. Roughly speaking, every other baby born in Ludhiana was attended by one of Dr. Brown's staff, a remarkable proof of the growing confidence of the people. There has been a great change even during the past five years. In the city the women are no longer afraid of the foreign doctor and her colleagues, although those coming in from the villages may still be timid and fearful.

To return for a moment to the Fort Dispensary, which by the way is named from the round tower just outside the town. Besides the consulting-room, used chiefly for maternity work, it has Eye and Ear Departments and a Surgery, where minor injuries are treated. There is a Gospel service every morning at which the Bible-woman tries to make known to these weary and heavy-laden ones the love of Jesus and His power to save. Certain it is that they listen with attention and some do believe in their hearts. But it is terribly hard for them to confess Him in their homes, as they are expected to be the slaves of their husbands with no right to an opinion on any subject.

After the birth of a baby the nurse visits the mother daily for ten days. One of these workers tells me that the poor are very grateful and often exclaim, 'You are just like a god.' 'Do not put your trust in us,' she says to them, 'we are nothing; we have only learned a little medicine and know how to do the right thing. Believe on the true God of whom we have told you.'

On these occasions she cannot do anything very definite in the way of evangelism. She must not attempt a service. She goes simply as a nurse but she 'takes what little chance there is of giving the Message in the home.' Those are her words. So there, my dear Lydia, you have a peep into a life

of quiet usefulness, of which there are many examples among our Indian sisters. If we all took 'what little chance there is,' day by day, of witnessing for our Lord, no doubt we should experience a wave of blessing in our own land.

The story of this young woman—one of many—is an instance of the way in which the medical work has spread. Her father was a Christian pastor in a place where there was no doctor. His wife was grieved to see so many women dying in child-birth, so many babies sacrificed. She therefore applied to Dr. Brown for training and took the course of compounding and midwifery in the College. After two years and a half she went home and her services were soon in demand. She now has her own dispensary and practises in two native states. This daughter of hers has taken a similar course and another has been trained as a nurse and is working in Karachi. Three women in one family have thus been developed into efficient medical workers.

Besides the Maternity Block and the Fort Dispensary there is a third building of strategic importance in the campaign for saving mothers and babies, and that is the *Dais'* School. You know something of the *dais* or midwives and how they fall into two groups, the indigenous ones and the nurse-*dais*. The former are the poor, filthy creatures of whom Miss Mayo tells, who follow this calling from generation to generation, having no preparation for it except the viva voce repetition by mothers and grandmothers of the tricks of the trade. The nurse-*dais* are women who have no hereditary connection with this sort of work, but have chosen it as their profession and taken the necessary training.

You will doubtless remember the story of Dr. Brown's first attempt to teach the *dais*. Time: a June afternoon with the thermometer at 115° in the shade. Place: a room in the bazaar twelve feet square with mud floor. *Dramatis personæ*: one doctor, one *dai*. From that most unpromising beginning a great work has grown. After slowly winning the confidence of a few women so that they were willing to be taught, Dr. Brown took a house for them and put in charge

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of it Dr. Magania Singh, one of her early graduates. Later, a gift of R. 5,000 was made to the College from the Victoria Memorial Fund and it was decided to spend this in building quarters for the *dais*. Some years elapsed, however, before it became possible to secure the land.

The school is now successfully established and *dais* come from all parts of the Punjab and even from other provinces for training. Their two years' course includes elementary anatomy and hygiene, also first aid and simple nursing. They take the normal cases in midwifery and learn how to recognize abnormal ones so as to call for skilled help in time. Eighty students are at present on the roll.

Dr. Singh is still in charge of the School. She has been twenty-two years on the College staff and is an indefatigable teacher. For ten years she had not a single failure among the candidates she prepared for the government examination.

When they first arrive, the Hindus are caste-proud and exclusive, but within a month they are mixing freely with the Christians and are even willing to cook and eat with them. New students are sometimes rough in manner and untidy in dress, but it is remarkable how quickly they learn better ways when exposed to refining influences. They have a happy home life and get on together surprisingly well, considering that they belong to four different religions.

All attend morning and evening prayers and so have a good opportunity of becoming acquainted with the truth. Not seldom they come to Dr. Singh before bed-time and ask her to pray with them about some difficulty or need, saying that they do believe our Lord Jesus will hear and help. It is a case of 'line upon line, line upon line . . . here a little and there a little,' but one is sure all the patient teaching cannot be in vain.

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Since I wrote that last sentence I have heard that the husband of one of the *dais* has just given Dr. Singh a precious unexpected testimony. 'You are not only making

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better midwives here,' he said, 'you are making better wives.'

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Now you will have grasped the fact that the work for mothers and babies centres round the Maternity Block, the Fort Dispensary and the *Dais'* School. There is still one branch of service which I have not mentioned, namely, that of the Health Visitors. As aforesaid, the attentions of the nurse to mother and baby cease after ten days, but they are not left without further care. There are three Health Centres in charge of these trained Visitors. For two hours each morning and two in the afternoon they go to the homes, calling on those who cannot come out. From ten o'clock onwards they stay in their Centres and receive the mothers who come with infants and toddlers, doing the sort of work with which we are familiar at home.

Taking it all in all, is not this a wonderful programme of child welfare and mother-craft, especially when one considers against what odds it has been developed, what prejudice and opposition it has had to meet? You will rejoice to know that it is not merely medical, hygienic or social, but that interwoven with all the teaching and the care is the Message of the Son of Man, who for us and our salvation humbled Himself to become the Babe of Bethlehem.

CHAPTER NINE

BABIES AT A PREMIUM

THERE came a woman into this Hospital one day who had been suddenly and totally blinded. Her trouble could not be diagnosed under any of the common headings. She had to confess that her husband had deliberately put out

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both her eyes with a knitting-needle because she had failed to bear him a son. This will make you shudder, I know; it seems cruel to tell it, especially to anyone of a sensitive and sympathetic nature. Yet I feel if these other women can endure such horrors as they do, we Christians should be willing to hear about them, if only that we may the better pray.

This particular form of cruelty is, I suppose, quite exceptional, but the fact remains that women who are so unlucky as not to have a son are made to suffer in many ways. Such a one may any day see a stranger brought into her home and may be forced to become the servant of this interloper. Or she may be turned out altogether and compelled to beg her bread by the roadside. Therefore the desire for a son is very different from the natural and tender longing for motherhood. It is bound up with a horrible fear of disgrace, starvation and death. Thus it happens that, roughly speaking, boys are wanted but girls are not; which does not, however, alter the fact that many Indian lassies are dearly loved by their parents.

I wish you could see the Ludhiana babies, boys and girls, in the Nursery and the Baby-fold, treated of course with equal care and tenderness by workers who have had special training in Infant Welfare. There are forty-five of them here at present. The Baby-fold takes those under two years of age, and the Nursery those between two and four.

The department is in charge of Miss Marjorie A. Nott, M.P.S., who, by the way, also lectures to the College students in *Materia Medica*. She has specialized in the Truby King methods of infant feeding. But I am told she has what training alone cannot give, namely a positive genius for baby culture.

Her charges fall naturally into three classes, motherless mites who have been brought to hospital by their fathers; fatherless ones whose mothers are unable to care for them, and babies who have been born diseased and in many cases are beyond hope or help.

The first group, whose mothers are dead, are mostly boys.

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The explanation is simple: had they been girls their fathers would not have troubled about them. But boys must, if possible, be saved, since the future of a man's soul depends in large measure on the religious ceremonies performed in his behalf by his son.

Moreover, if a boy be not needed for that purpose, it is quite easy to dispose of him at any time. Some sonless family will be glad to adopt him and will even pay for him. A child thus adopted can be brought up to perform the required religious rites and his service is considered as effective as that of natural issue.

On the whole, then, it can be said that boy babies are wanted, whether from parental affection or the lust of filthy lucre. Often they are devotedly loved both by father and mother. The former more particularly makes a great fuss of them and a man carrying his baby is a very common sight in the bazaar.

One proud parent, looking into the Baby-fold, found Miss Nott in the act of putting clean things on his little one. He wrote and expressed his appreciation in these terms: 'I was very pleased to see when I came to the ward, that you were in personal attendance on my son.' He might have been the Great Mogul himself.

It is only fair to say that some fathers are fond of their little girls. One poor man whose wife had died sent his newborn daughter to the Baby-fold and when writing about her said, 'Please take special care of my little girl as she is the only memorandum of her mother.' This was surely pathetic, and the quaint way of putting it does not lessen the pity of it.

But Miss Nott sometimes has all she can do to keep a straight face when interviewing anxious fathers. Only yesterday a man came to make a complaint in respect of his baby, a little creature weighing less than five pounds, whose mother is dying of tuberculosis. 'I wish to know,' he said, 'what you are doing to my baby that he is getting so dark in colour.' He himself is as dark as possible, but evidently it had not occurred to him that this had any-

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thing to do with it. People not infrequently think that if they bring the baby at once to the missionaries it ought to become fair.

When Miss Nott was taking her Midwifery course she happened to be the only English woman in the class. Prospective patients would send word to Dr. Brown, 'Please let the white student take the case as we want a white baby.' You see they sometimes expect rather too much of the staff. Considering their way of thinking, it is a wonder that they don't go a little farther and order in more detail.

Did it occur to them so to do, there is one stipulation they would certainly make, namely, no teeth. When such an anomaly presents itself as an infant born with a tooth they imagine it augurs the death of either father, mother or child within the year. And if it must be one of the three, it had better be the little one! A baby was thus born here in Hospital some years ago. The doctor removed the tooth before the relatives could get a look in, fearing that were it allowed to remain the child's life would be forfeit.

Affection is sometimes shown in a rather strange way. One of Miss Nott's little family died last year and she broke the news to the father by letter. It was useless to send a telegram as he was a long way off and funerals in hot weather have to be held the same day. A week later she received this wire: 'Have you still got corp if so please photograph.' This implied real affection though the expression of it was somewhat startling.

I am trying for the moment to tell you what I have heard about babies who are wanted, whose parents would rather have them live than die. Even these are in countless cases sacrificed on the altar of Ignorance.¹ Not a few babies when brought into hospital are mere skeletons, sights to draw tears from a heart of stone. Miss Nott says they often make her think of that question in Ezekiel, 'Can these bones live?'

A Pathan came in one day carrying a bundle like a small

¹ It is no uncommon thing for a woman to come here, saying she has had ten or even fourteen children and none are alive.

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bolster which he handed over to her. On examination it proved to be a roll of webbing containing a little baby of whom nothing could be seen but the eyes. The man explained that he was a military tailor; his wife had died and there was nobody to look after the child. Would the Hospital people take it?

Miss Nott began to undo the webbing but he shouted in alarm, 'Don't touch that. It must not be removed for at least a year. I have taken a vow to that effect.' 'We can't accept it under those circumstances,' she replied. 'If we may not clean it you will have to take it away.' Thereupon he yielded, saying, 'Very well, do as you like; I only hope I shall obtain forgiveness for breaking my vow.'

Never as long as she lives will Miss Nott forget the sight she next saw, which she left to my imagination and I will leave to yours. That infant had been thus rolled up for three whole months. From that moment, though, the little mass of misery had the same tender care as is given to the children of our Christian homes. Abas, as he was called, was a very sad baby. He would never smile, though Miss Nott and her Indian nurses exhausted all their tricks and charms upon him.

'The day that Abas smiles,' she said, 'I am going to have the flags put up.' Things did not look hopeful, for she was leaving on furlough and the time of her departure drew near. Then suddenly one morning, like a shaft of light out of a cloud-covered sky, a lovely smile illumined that baby face. It was such a sweet surprise that Miss Nott had to call all the nurses to come and see.

Shortly after this, when at home in England, she had word of an epidemic of measles in the Baby-fold. Among others it carried wee Abas away, but she did not grieve for him. She has learned to thank the Lord when He takes His little ones out of this present evil world.

What strikes one here in Ludhiana is the wealth of individual love lavished on these poor forlorn little creatures. There is no institutional spirit, no mere cold efficiency, but real mother-love, genuine attachment, untiring patience.



Left: Sharif, the railway coolie's baby son who was starved and merely skin and bone when he came. *Right:* After care and treatment

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upon them as she wailed in her anguish, 'He is no more! He is no more!' All day and all night she continued in this state of madness, until finally taken away.

'Having no hope.' How truly those words describe the Christless multitudes! Mingling with the thought of their infinite misery and unrelieved darkness of despair, there comes the memory of a certain lady I met on the mail train coming up from Bombay. She considered it wrong, she said, to try to make Christians of the Indian people, who had their own religions. May the Lord have mercy on her soul and show her the crime of keeping to ourselves the only remedy for earth's infinite agony!

CHAPTER TEN

BABIES AT A DISCOUNT

I HAD an unexpected visit just now from a small boy who was accompanying his 'Auntie' on an errand, the auntie being Sister Lilian Carleton, author of that charming book, *Unto the Skies*. In his clean white suit he looked very huggable as he stood there with a flower in one hand and a rubber doll in the other. He spoke up like a little gentleman and told me his name was Gulam-Razul, which being interpreted means Slave of the Prophet. His dolly squeaked, he said, and proceeded to demonstrate the fact. It was given him by Dadaji, which signifies Grandpa. This might well be puzzling, since Ludhiana is a woman's settlement and there are no old gentlemen in the Hospital compound. It is the children's name for Sister Mason and why they gave it her one can't say, unless it was on account of her snow-white hair and her fondness for them one and all.

In spite of being a boy Gulam belongs to the group of little ones who are not wanted. His mother died when he

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was a baby and his father has taken no notice of him for a year and a half, so the missionaries are beginning to hope that he may ultimately belong to them. They dare not count upon this. Many a child, who is not wanted in helpless infancy, is sent for when it is a few years old and will not need much care, especially if instead of costing money it can bring a little in. How will it be with this bonny boy? Will he be given up to those who will teach him evil or will he continue to have Christian training until at length he is able to make his own free choice and declare himself no longer a Slave of the Prophet but a servant of Jesus Christ? Knowing only too well from what manner of homes the children come, the missionaries find it heart-breaking to part with them as they are often called upon to do.

As I have said, the unwanted ones are usually girls. Some of them are loved by their mothers who would fain keep them, but cannot, as they have to go out to work and could not get a job if handicapped by an infant. Then there is the sadly large number of babies who are not owned by any father and whose girl-mothers know not how to bear the burden of their support. These unwanted children are sometimes thrown away, sometimes killed outright and sometimes sold to women who bring them up for temple service, to know evil from their early years.

It is no uncommon thing for one of them to be brought to the Hospital. They come in queer ways. One day when Miss Nott was going along the street a man accosted her and put a newspaper parcel into her hands. She felt something move inside it and found it was a baby girl, weighing scarcely three pounds. The man said he had discovered the package in an empty house, which may or may not have been true.

Another day a policeman saw a cloth swinging hammock-wise from a tree. There was no loving mother crooning as our own used to do, 'Hush-a-bye baby on the tree-top. When the wind blows the cradle will rock.' Baby was deserted so the officer brought her here.

Yet another wee thing was found under the seat of a railway carriage and she, too, was despatched to this refuge.

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A large proportion, however, come from the Maternity Block of the Hospital. As girls are considered a burden the mothers in some cases prefer not to take them home; in others it is the husbands who forbid them to do so. Just as you might say you did not care to keep a kitten or puppy so they say they don't want the baby girl.

You will probably feel that for the Hospital to keep them is to put a premium on wickedness and to encourage desertion. The missionaries are certainly in a puzzling predicament. They do reason with these women and put their duty before them as clearly as they can. They listen unmoved and then reply, 'Well, if you don't want them we will take them down to the bazaar and sell them to the temple women.' They are not bluffing either.

So you see how it is that a doctor or nurse will sometimes assume responsibility for a deserted child. Out of her narrow income she will pay for her clothes and food until such time as she can get her adopted into some Christian family. Or perhaps she will shoulder the heavier burden of preparing her for life, putting her through training as a nurse or a teacher. These women, already spending themselves in sacrificial service, manage by extra self-denials to do this one thing more. They take no credit for it: they do it because they can't help it!

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Of all the unwanted babies the most pitiful are those with congenital disease. They remind one of the saying, 'Some people are not so much born into the world as cursed into it,' to use a milder word than the original. This is the chief factor in India's terrific infant mortality.

When Miss Nott first came she was horrified at the death-rate in her own wards, some years as high as twenty-five per cent, in spite of modern methods and individual care.¹

¹ Figures for different areas vary very widely: average 178.39 per 1,000 live births; cf. England and Wales, 74. Miss Eleanor F. Rathbone writes: 'Nearly half the babies born (45,000 out of every 100,000) slip into death before they reach the age of five.'

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She soon learned that she must spend much of her skill on hopeless cases and after months of nursing hand her little ones over to the kind Angel of Death.

As I said yesterday, she has even learned to thank God for taking them. Did they live, their fate might be far more tragic. One day she accepted a little boy of four years old, who was stone blind. He weighed eleven pounds. No, I have not made a slip. I repeat it: age, four years; weight, eleven pounds. His people brought him in because they believed him to be dying. However, he did not get off so easily. You may suppose he had a wonderful constitution, that he had existed four years in a starving condition. He responded to treatment and the missionary was rewarded for her pains by seeing health come to the sunken cheeks though light could never visit the darkened eyes.

What happened next? His parents came for him. They wanted him again, to sit on the stones and hold the beggar's bowl and save them the trouble of working. A blind child was an asset after all. You may well believe that if the Angel had come to the Nursery that day, instead of the father, Miss Nott would have made him heartily welcome.

I must not forget to mention the opium babies. Many come in thoroughly drugged and if they are left in Hospital the mothers, quite unabashed, will hand over a little wad, saying, 'You will have to give this.' Just the other day a woman called to ask for medicine for her ailing baby and when Miss Nott examined it she found it quite unconscious. The mother explained that this was her first, and she could not look after it much as her husband obliged her to work in the fields all day. She fed the child before she went out, then gave it a heavy dose of opium, wrapped it up and left it in the house all alone. She would come back in the evening as soon as work was done, and as she proudly said, 'It was such a good baby it was still asleep!' But even her dark mind realized that something was wrong, for it did not nurse when she took it up. Poor little morsel! it was of course too drugged to do so.

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Miss Nott begged the mother to leave the child with her, but she refused. What she wanted was a dose of medicine, not to be asked to part with her only son. So she took him away, and though nothing more was heard of her, there could be no doubt about the issue. He would scarcely live beyond a week.

I am thankful to have been able to come here and get some insight into this work. Unless one can see things at first hand, it is hardly possible to conceive of the courage and patience that are needed by these doctors and nurses. To have to witness so much suffering must be terrible. As I have sat and listened to individual stories from the lips of missionaries, I have been appalled. I think of Emerson's words, 'If we could see the real from hour to hour, we should not be here to write or to read; we should have been burned or frozen long ago.' It scarcely seems an exaggeration.

Still, I don't want unduly to stress the sad side of this work, and certainly the missionaries who are doing so much good are not melancholy women. They bring sunshine into so many dark lives that their own are necessarily very happy. They are thoroughly human and when they get together in the evenings they can be as hilarious as a lot of college girls. Best of all, they live in such intimate converse with their Lord and have such definite experiences of answered prayer that the compound is radiant with His presence.

Perhaps you heard of the wonderful escape they had last year from the danger of a smallpox epidemic. Miss Nott has been telling me about it. A baby was brought down from the hills in the height of summer. Its father said that the mother had died very suddenly but he could not tell from what cause. The little one herself appeared strong and healthy and was in fact a lovely child. Usually they put new arrivals into a separate room for observation, but in this case it was not possible as all were full, including the infectious wards. So they were compelled to run the risk of placing her in the general one.

Three days later she developed a high fever and this

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was followed by a rash. When Dr. Brown was summoned she diagnosed it as black smallpox, the worst form of that dread disease.

Imagine the consternation among the Sisters and nurses! A case of black smallpox in a roomful of babies, twenty-three of them in all! They had not been vaccinated, for most of them had come during the hot weather, when it is considered unwise to attempt inoculation.

In this crisis, while of course the staff did everything possible, their ultimate reliance was on the power of God. When everything had been thoroughly disinfected and all the babies vaccinated, the nurses gathered together for special prayer. They asked that no other child should take the disease, and that none of them might be ill with the vaccination. And so it came to pass. There was not another case, and every baby got through the ordeal easily, although it was the height of summer. You may well suppose Dr. Brown and her workers felt like singing the Doxology.

C H A P T E R E L E V E N

A L E P E R V I L L A G E

ABOUT half a mile from here there is a leper settlement, and I walked over there the other day with Dr. Dover. She is ear, nose and throat specialist for the Hospital, but she mothers two villages in her off-time, namely the Christian village and this leper one. Once a week she goes to the latter, accompanied by two or three students, holds a Gospel service and gives medical help.

Our way lay over virtual desert. Only a few scrubby bushes break the monotony of the sand-hills and the plain: they say the river Sutlej once flowed through here and washed the good soil away. The lepers, however, raise lentils, and the

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cereal called gram, as well as a few fodder crops for their horses and cows.

The village is not a Mission institution, neither is it under Government control. It is simply a chance collection of mud houses where live some seventy to eighty people who are virtually under a curse and who, being shunned by the community at large, have found the desert comparatively hospitable.

The dwellings are roofed with the straw of the pampas grass which is abundant in the neighbourhood. One of the roofs had just fallen in and the lepers were busy repairing it, tarring the beams to keep away the white ants. They would add a layer of mud before finally putting on the thatch. In the wide courtyards the pampas grass was piled together like shocks of corn, and dozens of cow-dung cakes were set out to dry. These are an essential feature of Indian pictures and form the chief fuel of the land.

A few cows and horses stood about, and it would seem that though the lepers might somehow procure them they could not feed them properly. The plight of these poor dumb animals was pitiful to see; they were mere bags of bones, fit companions for the most afflicted people on earth. So patient too!

The lepers themselves struck one as rather cheerful, all things considered. Under the eaves of one mud house we saw decorations that suggested rejoicing, straws strung with bits of coloured paper, cut into the shape of flower-petals. This was a sign indicating the birth of a son, and there indeed sat the young mother on the floor with her baby in her arms. We asked if she would have decked the house thus had it been a girl, and she frankly acknowledged that she would not. How she could in any case rejoice over having one more mouth to feed it is hard to see, especially as the little new life must share from the first the misery of the leper's lot. Not that every individual in this settlement is thus afflicted, but the untainted ones, who are tied to parents or other relatives, are constantly in danger of becoming infected.

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It was pathetic to see a bright little lad busily writing his Urdu lesson, apparently with ease and skill. He had something resembling a slate, but it was made of wood covered with a thin layer of mud, and his pen was a piece of split bamboo. Squatting on his heels he worked with a will but came over to show us his exercise when we manifested an interest. What will he be a few years from now?

These people are Mohammedans for the most part and have a little mosque of their own. An aged man was leaving it as we entered and he talked a while with Dr. Dover, rehearsing both his blessings and his trials. The cause for satisfaction was a good day's begging in the city; he had just come back with three pounds of wheat-flour and four annas in money, or slightly over fourpence. Not much to rejoice over, one would think, but it seemed to have been a red-letter day for him.

The doctor introduced me as one who had visited various countries, and he wistfully inquired whether in my travels I had come across anything that might help his hands. He held them out, poor shapeless stumps, with most of the fingers gone. He said his wife and children had turned him out, and he did wish he could find another wife who would rub his numb limbs. Death, when clothed in the garb of leprosy, is very slow in coming to the relief of sufferers; whereas when it takes the form of cholera or plague it passes through a village, smiting whole families at a blow. This old patriarch may have to spend many another weary day holding out his bowl to the passers-by, and may have to creep 'home' many another night to eat his scraps in solitude.

This happens to be the month of Ramazan, during which Mohammedans observe a rigorous fast from sunrise till sunset. The lepers keep it as strictly as others and will not consent even to have their throats painted, lest a few drops should be swallowed by mistake.

When we paid our visit they were preparing their evening meal, peeling potatoes as they sat outside their doors, or cooking *chupattis*. One group struck me as looking forward

to a good feed as soon as the sun should set. They were sitting on their heels around a fire over which was a large iron grid like an inverted basin. Upon this one woman deftly dabbed the wafer or pancake, while another was rolling out the dough for the next one, and the man of the house was feeding grass stalks into the fire.

Near by, another old fellow had a cake of coarse hard sugar, which he was trying to manipulate with his stumps of hands. He explained that he was mixing it with chopped-up monkey-nuts to break his fast. If one could only bear in mind what one's eyes have seen, it should never be hard to obey the command, 'Be content with such things as ye have.'

It seems strange that any human being should ever beg from a leper, but apparently some do. Dr. Dover says that they do not ask in vain. Knowing what it is to be hungry and ill, lepers never turn a suppliant empty away but give him a handful of meal or a share of any food that they have got by begging.

It is about four years since she began regular visitation of this settlement, other Ludhiana workers having been actively interested previous to this. You can imagine that a hospital which caters for so large an area and ministers to the manifold needs of mothers and children cannot specialize in leprosy at the same time. It is not practicable to do more than visit once a week, provide medical help and hold a little service.

Besides giving injections of *chaulmoogra* oil, the specific for leprosy, the doctor and the students treat a good deal of eye trouble and frequently have to dress burns. The anæsthesia caused by the disease leads the people to burn themselves unconsciously and the *hookah* (or water-pipe), which is their sole luxury, is thus a source of trouble. Of course there are various other ailments. A woman told me that she would surely have died ere this if the doctor had not dressed a bad abscess last summer. It involved going across the sand every day during the worst of the heat, and clearly it made an impression on that woman and an opening for the Message.

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At first the village folk refused to listen to this at all, and would shout the workers down. Now they have learned to recognize their friends and will squat in a decorous group and pay attention for as long as required. An Indian woman, widow of a pastor, gave them an earnest talk the day of our visit, and though I could not understand a word, I realized with what urgency the offer of life was made.

Needless to say the *maulvis*, or Moslem priests, do not approve of this. One of them shouted during a service, 'Don't listen to these people. Our Koran is the only true book: nobody can change a single dot or dash in it because it came down from heaven.' A man who had heard of Christ in one of the native states was interested and accepted a copy of the Gospel. 'Give that book back,' cried the *maulvi*. The man meekly submitted, but whispered to Dr. Dover, 'Give it to me again when he is gone.' They stand in awe of their religious leaders and dare not provoke their anger; nevertheless, even a leper may sometimes have a mind of his own, though it be not expedient to express it openly. Said one of them apropos of the *maulvi's* invectives, 'Lots of dogs come and bark and then go away again.'

I shall not soon forget a young fellow who was standing somewhat apart from the rest when we visited the leper village. About twenty years of age, tall, good looking, with an air of quiet self-respect, he seemed out of place there. But when he pulled up his sleeve to show the doctor his arm, the reason for his presence was only too clear. His home is not in these parts. He comes from Kashmir and when he made the awful discovery that he was a leper he started forth to seek healing. After a week's walking and a long journey by train he reached Ludhiana and here he is now living, not in the leper village, but in a little house by himself on the top of a sand-hill. Poor lad! The loneliness of the aged is often pathetic, but it seems sadder still to see a young man cut off from his kind on the very threshold of life. Still, there is hope for him in the drug that has cured so many. This trouble may even turn out to be a blessing in disguise for he is interested in the Gospel and loves to sit and hear it read.

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He wanted us the other day to come and see his garden, so we climbed to the top of his sand-hill, not without curiosity, for it seemed unlikely that anything would grow there. He had staked out a little plot and made a border of broken earthenware around it, and there he had succeeded in raising nasturtiums and sweet peas, and the Indian creeper known as *karela*, which is used as a vegetable. It was a triumph of perseverance and a proof that where there's a will there's a way. Doubtless his few flowers seem like a link with home, the beautiful Kashmir that he has left for this desert existence.

As we turned to go, the sun was setting in glory. Cloud-islands of pink coral lay peaceful in a sea of turquoise blue. Myriads of crows came home to roost, like fleets of black sails, silhouetted against the bright expanse. Above, a dream of beauty, soul-stirring, satisfying! Beneath, squalor and suffering, a waste howling wilderness! Yet we know that the magic of the Message may yet make even this poor spot to blossom as the rose.

CHAPTER TWELVE

HOW DOCTORS ARE MADE

A LADY of high degree was once being treated by her family physician in the approved style, that is, without being seen by him. He, however, with rare wisdom realized that not much was to be learned about the patient without a look at her. So he asked for a consultation with Dr. Edith Brown, who was accordingly called. While she was sitting with the lady the medical man was announced.

He entered with all the ceremony required by the *purdah* system. Two women servants went to the door, bearing a sheet some three yards long and two wide, and with this they

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stepped forward, holding it stretched as a curtain between the doctor and the bed. From first to last he saw nothing except a hand which was extended beneath the sheet. He was allowed to feel the pulse but that was all. But for the presence of Dr. Brown, who detailed the symptoms, his diagnosis would probably have been all wrong.

Having nothing but the pulse to go by in such cases, the physician is apt to magnify its importance. A *hakim* once assured Dr. Brown that it told him all he needed to know. By means of his first finger he learned the state of the patient's circulation, and by the second that of her liver. His third finger told him her temperature, and his fourth . . . alas! Dr. Brown has forgotten what that did! She listened attentively (she could never be anything but polite) and said it was indeed wonderful, but for herself she preferred other methods of examination.

These *hakims* are quack doctors who have inherited a modicum of information from their fathers and grandsires. They have no knowledge of anatomy or physiology but are acquainted with a number of Indian drugs and their effects. Some of these indigenous medicines are decidedly good, but unfortunately it is necessary to know something about a patient as well. Every year many fully qualified men, trained in European and Indian universities, enter upon a medical career, but the old kind still continue to prey upon the gullibility of the public.

However, be he good or bad, old school or new, the *pardah* lady must not look upon the face of man, other than that of a relative. Many would far sooner die than do so. Hence the urgent need of training women doctors to serve Indian women.

What I have tried to tell you thus far has chiefly concerned the Hospital. Let me to-day endeavour to give you some idea of the College. Dr. Brown has gathered about her an excellent staff, including twelve qualified doctors, six Sisters from home, with hospital experience, a science teacher, two lecturers with the degree M.P.S., a superintendent of Bible-women, two secretaries and a Home Sister.

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The latter superintends the house-keeping for the staff and the students with the assistance of two matrons.

These seven-and-twenty women include representatives of England, Scotland, Wales and Ireland; the United States, Canada, Australia, New Zealand and India. They belong to nine religious denominations, but are not troubled by minor differences, having one great purpose in common and one Divine Master. They are assisted by a Junior Staff, consisting of Indian women, twenty-eight in number, all of whom are graduates of the College.

Dr. Naomi Wells and Dr. Grace Dover are joint Vice-Principals, and yesterday I asked the former to tell me something about the training given here and any differences she may have noted between Indian students and English ones.

Matriculation or its equivalent is required for entrance, and the course has until recently occupied four years. It has now been decided to make it four and a half, which will allow the students to have six weeks' extra holiday before beginning their clinical work, and will mean an additional four and a half months of study. Even so, the course will be shorter than an English one by about a year. Indian students cover practically the same ground as do the English, with this exception, that one or two minor scientific subjects are omitted in the first year. It follows that while the course is almost as full as that taken at home, it cannot be quite so deep.

But this attempt to tell the exact truth may, after all, be misleading. In some respects the work done here is even more thorough than at home and the students gain a wider experience than ours do. Midwifery and gynæcology are taught with much more detail, because graduates will work almost entirely among women and children. Also they get more time in the theatre than the students at home. They always hand the instruments, of which twenty or more may be needed in an operation, whereas in English hospitals this duty is commonly performed by the Ward Sister.

When considering the curriculum, it is interesting to wander about the well-equipped buildings and to learn how

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they came into being one by one. We were passing the coal godown the other day when Dr. Brown remarked, 'That used to be our dissecting-room!' Now there is a convenient and spacious building for this purpose: it has no closable windows but only gauze screens allowing a constant supply of fresh air. Anatomy subjects are obtained from the jail and the Civil Hospital; also from similar institutions in other places. They are injected as at home with arsenic, etc., so the atmosphere is not unpleasant.

Then, besides the collection of bones for the teaching of anatomy, there is a roomful of models, mostly French, for demonstration in class. I was amused to note that the complete woman, or mannequin, if you choose so to call her, was modestly clothed in a Moslem *bourkha*.

The Pathology Laboratory is a well-lighted room, excellently adapted for its purpose of discovering the hidden secrets of disease. Eight students at a time work here under Dr. Marjorie Sudds and her assistants, and change over every two months. They put up blood samples, make differential counts, and give all the sera and vaccines required in the Hospital, which last year numbered over three thousand. They get plenty of practice in recognizing germs and other foes of humanity, but the final diagnosis is made by the staff.

Student compounders do a large proportion of their practical work in the Dispensary, under the College pharmacist, Miss Vera Nowell, M.P.S. This building faces on two courtyards and has windows along its entire length. Through these, on the one side out-patients are supplied; on the other nurses come with their trays to get prescriptions filled for the in-patients and have their ward-stocks replenished.

You may perhaps be interested to know how the girls obtain practice in dispensing drugs. The Dispensary is lined with cupboards, labelled 'poisons,' 'lotions,' 'mixtures,' 'tinctures,' 'ointments,' 'pills' and 'powders,' and the students are divided into small groups of two or three. Each group takes a cupboard for a month and they move on in rotation, until after eight months they have made the round,

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and then they begin again. Waiting on the out-patients they get hospital practice along with their lecture and laboratory work, which they would not do in a Pharmacy College at home.

In this same building the compounders put up most of the preparations required by the Hospital. The crude drugs can be bought in the bazaar at a low cost and the girls make pills and powders, syrups and tinctures in considerable quantities. Vaseline is bought by the drum of 4 cwt., and with this as a basis they prepare all the ointments with the one exception of mercury. The summer heat, which often reaches 115°, raises a difficult problem, but the stock-room is supplied with bins lined with asbestos for the preservation of the drugs.

In the training of these doctors and nurses few phases are more important than their experience with out-patients. Try and imagine these various courtyards and corridors, devoted to the different departments, and in each a motley crowd of mothers and children, having treatment or waiting for it. With every doctor there is a group of students, observing or assisting. Four hundred is not an unusual number of patients for an ordinary morning, so you will see the girls have abundant opportunity of learning at first hand how to do things and how not to do them.

It is not necessary to discuss the curriculum in detail: if you want that I can send you a Prospectus. You will have seen that it is a regular medical course; that the College has by degrees acquired modern equipment and that the Hospital and Dispensary afford plenty of practice. Perhaps I might now tell you a little about the students themselves.

According to an arrangement made with Government, when the Punjab Medical School for Women was incorporated with the Ludhiana Women's Christian Medical College, one-third of the student body consists of non-Christians. The latter, being sent by the Provincial Government, are Punjabis; the Christians, as I have already mentioned, are drawn from all parts of India. Various denominations are represented, including Anglican and

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Nonconformist, while at the moment there is one Roman Catholic student.

To return to my conversation with Dr. Wells. She finds the girls as a whole very industrious. They are accustomed to studying longer hours than our students at home. She notes an inclination to memorize rather than reason. This is natural as they have very retentive memories and find it easy to cram for examinations. But it is only fair to say that once they are launched on a medical career they bring reason more fully into play and acquire a very creditable self-reliance.

It should always be remembered that they are studying in a foreign language. This is inevitable, not merely because it is the only medium through which they can all be taught, but also because there are no medical text-books in the vernaculars.

While some are from cultured homes, others have illiterate parents, the mothers, especially, being often very ignorant. Some are orphans, who have been sent to College by missionaries, and these have no background except the mission school, not even the memory of a Christian mother. After all, it seems a wonder that they can study advanced science in a foreign language and prepare for responsible positions.

You will no doubt be interested in the practical question of the cost of educating these young women. It is surprising to learn that in a place like this, with a staff of nearly forty qualified lecturers, tuition is absolutely free. The intending student has nothing to consider but her living expenses. These amount to R.27/8/0 a month for board and room, and a little extra for sundries. The Government offers a few scholarships and there are also Mission Bursaries in the gift of the College.

The latter amount to twenty rupees a month, thus materially helping the student without pauperizing her. She still has to find at least R.7/8/0 herself. However, if a girl cannot manage even this, she may obtain what is called a Loan Scholarship for this latter amount, which must be returned

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after she qualifies. The Mission Bursary is usually an out-and-out gift. But for this assistance many women who are to-day successful doctors or nurses would never have been able to make a start.

Those who receive help undertake to spend five years in missionary work. Should they go into Government service before this time is fulfilled, they must return the Bursary (which represents board) and pay an equal sum for training. This is not a hardship, since they will be getting higher salaries than Mission workers, and the provision serves to keep the grants for the purpose for which they were donated, namely the preparation of medical missionaries.

In spite of all the help afforded by the Bursaries and the additional Loan Scholarship, there remains in some cases a further need. These two funds just meet the actual living expenses, and students, of course, require a little for incidentals. So the staff has generously organized a Students' Aid Fund, to provide pocket-money for those whose friends cannot supply it. This is not for sweets, you may be sure, but for necessities.

Perhaps it is troublesome to think in rupees. So in soliciting the help of friends for the training of a student, you might say that a Mission Bursary is roughly £30 a year. It would be hard to find a better investment for such a sum, but so far only a few private individuals have accepted this definite responsibility.

There is great need for support of this kind at the present time. The scholarships have been for the most part contributed by Missions with a view to the training of their own converts. Since the depression, drastic 'cuts' on the part of the Societies have involved a reduction in field expenses. Some of the Missions, while still anxious to send their girls to Ludhiana, are unable to pay for them, though, as you have seen, it is only their living expenses that are required. Because it has been Dr. Brown's policy never to turn away a Christian girl who is well recommended, some of these good folks expect that their own protégées will be kept for the remainder of the course free of charge. This is rather rough

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on Ludhiana! After all, this institution is itself a Mission one, depending on the gifts of God's people, and suffering in common with all societies from the depression.

Besides intensifying the problems of the College and increasing its difficulties, the shortage operates in yet another way. Not only does it hinder some from coming to be trained, it also tends to hinder trained workers from securing a position. All through the years there has been a steady call for graduates to serve in their several capacities in mission stations, as doctors, nurses, compounders and *dais*. It has not been possible to meet the demand for them. Recently, however, a change has been noted. The ruthless retrenchment means in many cases a reduction of the local staff, surely not an economical policy. When the fields are white already to harvest it cannot pay to leave them unreaped.

You will realize, I am sure, that for any Christian blessed with this world's goods, it would be a great privilege either to send a girl to Ludhiana to be trained for service or to support one of its graduates in connection with some missionary society.

CHAPTER THIRTEEN

TYPICAL GROUPS

WERE I an artist I could find a fascinating variety of subjects to sketch without going beyond the Hospital compound. Three Afghan women have been here, brought by the husband of one of them, whom I saw when he visited them in their private quarters. His wife had her little girl with her, a mite of six with short-cropped hair and five silver locketts dangling from her neck, each containing a bit of the Koran, to ward off disease and bad luck. The spokeswoman of the

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group was a striking figure with her *chaddar* of black cloth embroidered in red.

One of the nurses speaks Pushtu, having worked in the far north, and she translated into Urdu for the Sister, who again translated into English for me. 'How did you get here?' I asked, expecting to hear of a very difficult journey. 'By motor to Peshawar, and thence by train,' this woman replied, and I inwardly commented, 'Surely the world does move.'

Then I ventured to ask what made them choose Ludhiana and this Hospital. One of them had been here before, two years ago. The others, not content with her unsupported testimony, had made further inquiry and were repeatedly told, since they needed big operations, this was the best place and Dr. Brown the best woman surgeon in North India. One of them added another cogent reason: 'We knew they would serve us with love, because the Christian religion so teaches.' Is it not wonderful that even through those forbidding passes of Afghanistan, where the 'No admittance' notice is so plainly posted, the truth has penetrated? It is like some delicious fragrance that a wall is powerless to confine.

They found the Hospital just what they had been told to expect. They perceived its spirit, they breathed its atmosphere and one of them said, 'Your Master has taught you this love.'

It took a good deal of courage to come to this place, especially for a major operation. These ladies are strict observers of *pardah* and very seldom have they been outside their courtyard. One of them said, 'At home I could only see the sky and the ground and when I got here I thought I was in a new world.'

Though they had made a brave effort, they were timid at first, and did not care to venture outside their room, but they soon began to feel at home. One of them caused the letter-writer to pen an epistle to her husband, saying, 'I am not coming back: I am going to stay here,' which suggests that he and she were on sufficiently good terms to be able to enjoy a little joke.

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They became very much interested in the Gospel during their stay. 'We know,' said they, 'there must be something extraordinary about this doctrine because you treat us so kindly. At the back of it all there is Jesus.' (I am setting this down exactly as it was translated to me.) 'He died for *everybody!*' exclaimed one of them, echoing the glorious News she had heard.

'Are you going to tell your friends about Him when you get home?' I asked, and the question went round the group, from English into Urdu, from Urdu into Pushtu. 'Yes, we will tell others what He has done,' was the reply. 'We will carry the Message we have been taught. They can't take that out of our hearts.'

'Let me show you how we greet each other in Afghanistan,' said one of them as we parted. Thereupon she gave me a hug. It was not a bear-hug, something much more dignified than that. It was a slow, close pressure of heart upon heart, followed by a warm embrace. Afghanistan always seems so very far away, not geographically so much as spiritually, on account of its being a 'closed land.' It has come strangely nearer since I have been clasped in the arms of an Afghan woman and have heard her say, albeit through two interpreters, 'It is wonderful, what He did for us!'

I am sure, Lydia, you will remember these women in prayer, that they may be taught of the Holy Spirit and may witness for Christ, however great the cost. They won't count as 'converts' of course; but will be among the many who, some time, somewhere, have heard of a Saviour and believed on Him, and have had to do without any further teaching.

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There are a number of Sikhs hereabouts and one day I looked into their temple, which is not far from this compound. It is a plain, decent place, free from signs of idolatry. Its most arresting feature is a large oil-painting, rather crude, representing a hero on horseback, probably one of their Gurus. The first was Nanak, and he seems to have

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sought to win his people to a purer faith than that of Hinduism. There have been ten of these Gurus or great teachers and the present one is not a man but a book, called the Granth. It is treated with the utmost reverence and lies in the place of honour under a silken cover.

There is a small gallery in this temple for the use of the women, who do not keep *purdah* and are comparatively free. There are only some three million Sikhs in the whole of India and the majority of them are in the Punjab.

One of the patients in the T.B. section is a nice lad belonging to this persuasion. By the way, you have not been introduced to that part of the Hospital. It is under the care of Dr. Rose Riste and consists of an old private house and garden, which were acquired for temporary use a few months ago. The patients sleep out of doors and the convalescent ones care for the flower-beds. A few roses are blooming even now in this cold weather. The place would not be suitable for permanent occupation, for its brick floors do not admit of being perfectly disinfected. Dr. Brown is praying for possession of the Old Fort outside the city, which would be ideal for a tuberculosis hospital. It is on high ground and quite isolated. For the present she is pursuing her usual policy of doing the best she can with what she has at her disposal.

This is a digression, however. If you saw that Sikh boy you would certainly take him for a girl, for his long hair is done up in a bun on the top of his head. Sikhs have five characteristics—namely, long hair, a comb, a knife, metal bracelets and shorts. These are common to men and women alike. Many wear only a miniature knife, hung round the neck on a string, but the religious ones sport a formidable weapon a foot long.

It is interesting to note the various ways and means by which people are brought within the sound of the Gospel. A young Sikh police officer began coming to the Hospital because his aunt was a patient here. He became a diligent student of the Bible and now he has cut off his hair, which is a recognized sign of a break with his religion, and he has

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announced his intention of being baptized. His wife has deserted him as she does not hold with these new-fangled views, as they seem to her. He has been much helped by another Sikh convert who is a *munshi* or teacher of language. This man's interest in the Gospel dates from the time when he was employed to give lessons to some of the new missionaries. He had to read their Holy Book with them and there he found God revealed in Christ. So his Granth Guru faded out of his sky as the stars fade before the sun.

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There is a small colony of Persians living in Ludhiana, of royal lineage but very poor. The head of the house is a granddaughter of an ex-king of Kabul. Half a century or more ago, the Persians were very much mixed up with the politics of Afghanistan, and the British Government deported this family across the frontier, giving them land on which to settle and a not ungenerous pension.

The schemes of a certain unscrupulous man and the cost of the consequent litigation have brought them low and the old dame is appealing for justice to the High Court of Judicature at Lahore. The letter-writer has expressed her demand for a settlement in his best English, as follows: 'Under the circumstances I most respectfully and vehemently beg to request your Lordship to kindly put an end to my miseries and troubles by ordering immediate decision of this case. . . . If my case prolongs any more I will kick the bucket by committing suicide and my contest would be settled by the Heavenly Father.'

With one of the Sisters I paid a call on these interesting people. The great houses, now in a state of dilapidation, looked very pathetic; the relics of the sunken gardens reminded one of the excavations of buried cities, while here and there a banana or a citron tree stood up solitary in the midst of the desolation. Roses still clung to the ruined spot and these gracious ladies picked them by the handful for us.

They have repeatedly visited the Hospital as patients and while not requiring treatment one or two of them attend

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prayers and listen to the Gospel. The old lady said, 'We have seen it all grow up before our eyes from the very beginning. The Doctor and the Hospital are more dear to us than our own parents. . . . I suppose it was the Lord who brought her here . . . for our good.'

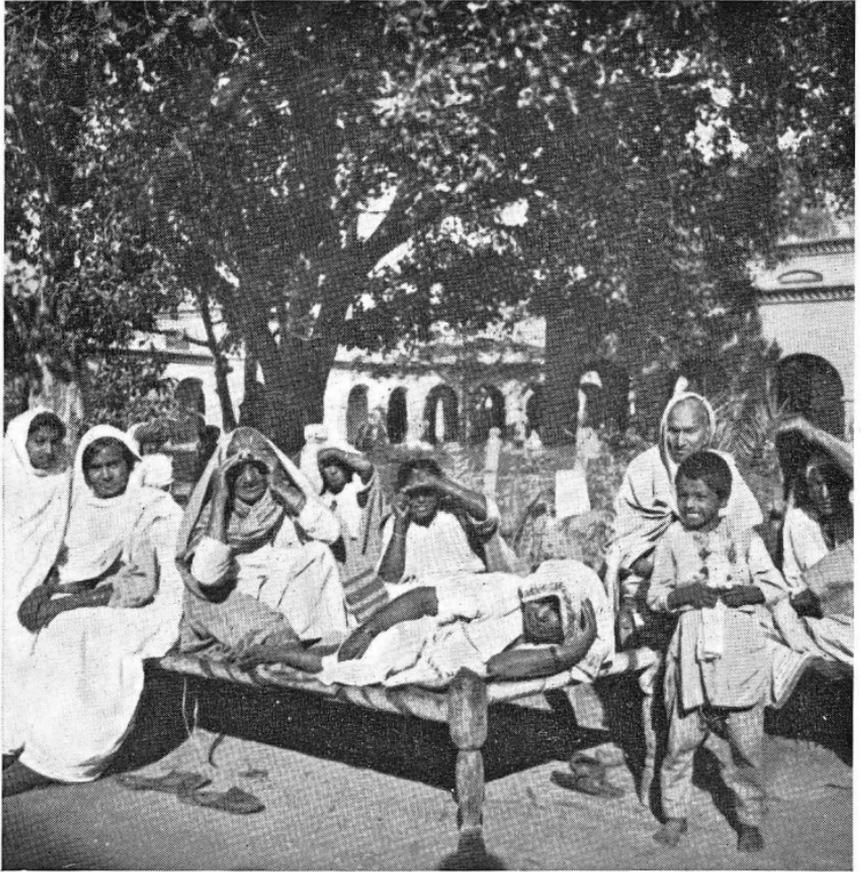
At home we are often puzzled and grieved over the secret believers in the Mission lands, and are apt to feel that since they do not confess Christ in baptism they are not confessing Him at all. Yet some of them, with very limited knowledge, speak of Him to their neighbours as frankly as we ever do ourselves. Though this degree of confession does not mean being divorced from one's husband and bereft of one's children, it does mean quite as much as the same acknowledgment would mean to us and probably a good deal more.

This ancient dame, for instance, sitting on her *charpoy* in black robe and white cap, tells everybody about our Lord. To me she spoke through Sister, who doubtless expressed her meaning more exactly than did the official letter-writer aforesaid. 'I ask for the forgiveness of my sins. . . . If I did not believe, I should not pray. . . . Although I am a born Mohammedan and I know I have not long to live, my heart has confessed Christ. . . . I have a great-grandson who is very dear to me. I should rather give him to the Christians than to his own people.'

Surely the One who doth not break the bruised reed nor quench the smoking flax will Himself cherish the little flame of faith that has sprung up within these hearts.

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The Jains are another typical group. Three little women arrived in Hospital the other day, looking like white-robed nuns. Their faces were uncovered except for a sort of bib worn over the mouth and each carried an odd broom, consisting of a bundle of strings. If these people think of coming to Hospital they must needs do so before they get ill, because they are not allowed by their religion to ride in any kind of conveyance. A disciple's back does not come under this head, but if one were suffering seriously it might be too



Some of the patients

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much of an effort to climb up and stick on. Hence it is better to take Time by the forelock rather than waiting to seize some person in this way.

Jains must never sleep in an ordinary bed; the comfort of a mattress is denied them and even the *charpoy* is too luxurious, for the strings give more or less to the body. Their couch must be of plain, hard wood; therefore, if they come into Hospital they must have a table to lie on. They do not drink clean water, but that in which other people have washed their cooking vessels. Maybe they like it with a flavour; one has heard of countryfolk at home preferring their dirty old well to the pure city supply. But let us give them the benefit of the doubt, and credit for self-denial.

The chief characteristic of the Jains, however, is that they never willingly take life. It is for this reason that they wear that bib, which serves to prevent any fly from coming to an untimely end in their mouth or nose. This also accounts for the broom wherewith they sweep the path before them, lest peradventure they should step upon an ant. Theirs, you see, is a very painful and precarious existence. Not a foot of earth but holds some danger to their souls! Not a breath of the summer air but may dash their hopes of immortality! Such, however, is the intricacy of their mental make-up that they might give lessons in casuistry to the Jesuits themselves. Though they may not kill they may permit others to do so in their interest; though they may not cook, they may enjoy the products of the culinary art.

You may well suppose that Dr. Brown had no easy task when she tried to convince some of them that they were sinners. Believing, however, that the Message of Salvation is intended for every creature, she earnestly sought to show them their need. 'But we are NOT sinners,' they protested. 'We are forbidden by our religion to possess any money, therefore we have no temptation to lie, steal or quarrel.' These three items apparently comprised their catalogue of transgressions and anything beyond them was a negligible quantity.

It is not surprising, therefore, that they refrain from wor-

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shipping any god. If they succeed in passing through this earthly existence without taking life, they may hope to be gods themselves some fine day.

To such as these, as to all others, is the missionary sent, with the announcement that 'all have sinned' and need a Saviour. But no human voice can bring conviction to the soul that is clad in the armour-plate of self-righteousness. Only One can speed the arrow so that it shall pierce between the joints of the harness, even the Spirit of Truth. Do we not need above everything to pray that He may do this?

CHAPTER FOURTEEN

MAKING THE BEST OF IT

'Do the best you can with what you have.' This is one of Dr. Brown's practical maxims, impressed on many occasions and illustrated in various ways. A nurse who is dependent on having the proper paraphernalia will not be of much use in an Indian village. Even in a city hospital like this, conducted by highly qualified medical women, there is a degree of makeshift that would shock a Sister proud of her technique and fresh from St. Thomas's or Bart's.

It is hard for a nurse coming out with high professional ideals, to be tossed from the Occident into the Orient without warning of the change that awaits her. I wish that every new recruit could have a *tête-à-tête* beforehand with some experienced worker like Sister Mason, who could tell her what to expect. She is senior Sister on the Ludhiana staff and Superintendent of Nurses. Knowing your special interest in hospital questions, I asked her to give me broadly the difference between East and West from a Sister's view-point.

The nurses in training, she said, are much younger than

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ours at home; in many cases they come straight from boarding-school, where they have been treated as children and have not acquired habits of self-reliance. While accustomed to studying from books they do not find it easy to apply their knowledge and their failure to do so throws a heavier burden upon the doctors and Sisters. Their notions of cleanliness are not identical with ours and a new ideal has to be instilled into them.

On the other hand, they have a large stock of patience and are very fond of children and of babies in particular. They have a flair for midwifery and surgical work, which appeals to them more than the purely medical. In emergencies they sometimes rise to the occasion in a surprising way, and whatever may be their initial lack, they respond well to training and warmly return the love bestowed on them.

I am told that Sister Mason is a splendid disciplinarian and keeps the nurses up to their work. At the same time they look upon her as a mother and a number of them have made a definite decision for Christ under her influence. They go to her room by ones and twos for the spiritual help they need. The same sort of thing might be said of the Sisters generally.

As between London and Ludhiana there is a great difference in regard to the patients. Out here they cannot be made to 'toe the line' as they have to do at home. Perhaps this is not a bad thing after all. One is sometimes very sorry for the victims of efficiency in our English hospitals who are compelled to conform to pattern till they resemble the peas in a pod. If an enthusiast in ward routine should insist on that sort of thing in India, she might perhaps temporarily reach perfection, but her beautiful wards would soon be empty ones.

It is difficult to approximate in any degree to British standards. To begin with, the floors are of stone instead of polished wood and the furniture is not the solid and expensive kind that one sees in our public institutions at home.

It is the relatives, however, who constitute the greatest

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drag upon the wheels of progress. They are an endless hindrance to cleanliness, comfort and efficiency, yet without them the patients would not so readily come. Some would not come at all. They do not simply visit; they accompany the sick one and remain with her until she is discharged. They bring their bedding, which is none too clean, their provisions, and their cooking utensils and they share the private room or camp in the compound. Occasionally the patient's retinue includes a chicken or a goat, and in one case at least there has been a cow.

The relatives like to express their affection by cooking at the bedside on an *angithi* or charcoal brazier. Squatting on the floor they will peel the vegetables, leaving the refuse for the sweeper to clear away. (What they would do in India without these despised sweepers it is hard to imagine.) If the private cook has to run off because her baby is getting into mischief, then the patient will lean out of bed and stir the pot. Surely we ought in mercy to tell new recruits what to expect, lest on arrival they should have a fit.

Flies are a menace the whole year round. It seems impossible to cope with them. For one thing, the patients live out in the open a great deal of the time and no means has yet been devised for limiting the range of the *musca domestica*. They are worst when the mangoes are ripe and when sugarcane is in evidence. The people buy sticks six feet long, skin them in a characteristic way with their teeth, chew the cud till there is nothing left but pith and throw this with the peel upon the floor.

Maybe you will think they might be taught better manners. Doubtless they might if they stayed long enough, but there are always fresh ones coming in. They are, indeed, exhorted and encouraged to be tidy, but when Sisters and nurses have to begin again with a new set of people every few days or weeks, they feel somewhat like Sisyphus rolling the stone uphill.

Water is a constant problem. This is surprising in view of the fact that there is now a municipal supply and it is piped to the Hospital. At nine o'clock every morning, how-

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ever, it is turned off and it does not come on again till five in the afternoon. Can you conceive of anything more tantalizing, in the literal sense? For this was just what happened to Tantalus, if I remember rightly; he had water close beside him but could not reach it. The Sisters can sympathize. In spite of public works and the large expenditure of public funds, the water for this institution is mostly drawn from the well in the compound and carried around by a *bhistie* in a goatskin. He takes it to all the wards and fills up the vessels, which, like others I have mentioned, are kerosene tins cut down.

As for hot water, so much needed in a hospital, it is almost all prepared over charcoal stoves. The instruments in each ward are sterilized in kerosene tins over these *angithi*. The operating theatre is the one exception and its large sterilizer is worked by a steam engine. The latter also turns steam into a concrete tank in which bedding is sterilized. Even bedsteads and other articles of furniture come in for this treatment, for 'B. flats' are a serious menace, due to the fact that the relatives bring bedding from so many dirty homes.

One of the most trying experiences that hospital workers have to meet is the dust-storm. Often when the theatre is ready for an operation one such will suddenly arise. The wind begins to blow and soon the air is thick with sand. It whips and cuts and gets into eyes, nose and mouth. Before the squall is over there is a layer of it on every article of furniture and it has to be skimmed off the milk with a spoon. For no doors or windows are tight enough to keep it out. Operations must then be postponed. Most untimely of all, the dust-storm sometimes starts when an operation is actually in progress and must be finished at all costs.

Food is another big problem, partly because the diet of the people is so much restricted by their religion. Hindus eat nothing in the way of meat or fish and even rule out eggs. They like highly seasoned food and a large proportion of the carbo-hydrates, such as rice and *chupattis*. Happily, however, they can take milk.

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Two-thirds of the patients supply their own food, thus the responsibility of the Hospital is diminished; but of course oversight is necessary, otherwise a wrong diet would militate against recovery. The Hospital kitchen consists of a hut with a tin roof, furnished with a brick stove, a large iron pot for the rice and smaller ones for the *dhal* and curry.

The cook is a Brahmin woman, for the reason that all castes will take food from such an one. She must distribute as well as cook it, and she goes round twice a day with the *chupattis* in a large basket on her head, and the *dhal* pot in her hand, while her little daughter, a girl of eleven, carries the curry. They personally serve all the patients, who provide their own trays and bowls. In the old days, if so much as the shadow of anyone but a Brahmin fell across the food, it had to be destroyed, but people are not nearly so fastidious as they used to be. However, even yet, no caste Hindu would dream of accepting food from the hand of a foreigner.

Even a cursory view makes one realize what grace and patience are needed to be a missionary nurse, indeed, what utterly selfless devotion. I sincerely hope, however, that this frank account of the drawbacks of nursing in the Orient will not give you the impression of a dirty and untidy place. That would be far from correct. The marvel is that under the circumstances it is so neat and clean and there is practically no litter to be seen. The fact that to so large an extent the patients can live out of doors is a help to good hygiene. Even in the wards they are virtually out of doors, for the windows are open and the breeze blows through.

While there are peculiar difficulties, patience and perseverance surmount them to a large extent. One thing, however, needs to be emphasized at home: when missionaries are striving against such odds, they ought not to be handicapped for lack of equipment. I am afraid that only too often they do a maximum of surgical work with a minimum of instruments. Sister Mason says, for instance, that where a hospital in England would have a dozen special needles, they have but one here, which has to be treasured as if it were a bit of radium.

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If Christian men and women belonging to the medical profession but realized the need, I have no doubt they would be glad to send their old instruments out to the mission field, when buying fresh ones, and even these would be a precious boon, though brand-new ones would be better still. Here they would be thankful to get the catgut and the cotton wool that are wasted in a single hospital at home. Rubber gloves are often thrown away at the first sign of a hole, but these people would repair them if they were sent here. If you will take opportunities of making this known, you will be doing a real service.

CHAPTER FIFTEEN

LITTLE VISITS

I HAVE been walking round the two compounds to-day, trying to think whether there are any sections of this wonderful institution of which I have not yet told you. I believe you have not been introduced either to the Guest House or the Men's Reading Room.

All through the years, as soon as a patient became at all interested in the Gospel, others would try to hinder her from becoming a Christian. Were she in trouble or difficulty they would offer to arrange a marriage, secure a divorce or find work for her, if only she would turn a deaf ear to the Bible-woman or nurse. Dr. Brown has often longed for a place to which she could bring inquirers, where they might learn in peace. Recently she was able to secure a house, conveniently situated next to this property. Its courtyard, in fact, opens into the Hospital compound. Special gifts were sent to meet the cost of alterations and furnishing. It has accommodation for eight guests as well as two Bible-women, and the secretary of the Evangelistic

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Committee, who lives just round the corner, is in charge of it.

Only those who are free to come are encouraged so to do, such as widows and others who have no home ties, and wives who have been driven away by their husbands. Living during a transition period in the Guest House, they can be under observation and be tested as well as taught.

You will remember the story of the Mohammedan girl in Sister Carleton's book, who seized the chance of inquiring about the Gospel when she was alone with the eye-doctor in the dark room. She is to marry a Christian, a man who is personal assistant to some Government official, and I hope to attend her engagement ceremony in a few days. She is staying meanwhile in the Guest House. As she has had training in the Bible School to which Dr. Brown sent her, she will be able to do evangelistic work in connection with the hospital, in the town where she is to live.

There is also in the Guest House just now a widow with her three children, the eldest a lovely girl of nine. When a patient several years ago, this then Mohammedan woman was attracted by the Gospel, and has since declared herself a Christian. Her late husband's relatives have done their utmost to make her recant, trying both force and persuasion. They consider that the family name has been disgraced. The little girl was being sent under escort to a mission school at Pathankot, when an uncle appeared at one of the stations and seized her. As he happens to be a Chief Constable he was able to do this without interference.

The mother knew she had her husband's whole family to deal with and she went to them and pleaded for the return of her child. Three men put down upon the table a hundred rupees each, saying, 'Return to us, and you shall have a similar sum every month, viz. R.300 for yourself and the children.' She replied, 'I do not want your money; I do not need your help. Christ is my Helper.'

They then tried another bribe, offering to arrange a marriage for her with a wealthy Moslem, owner of a fruit farm. She said she was not intending to marry again, but

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if ever she did so, her husband would be a Christian. 'But you were not born in a Christian family,' they urged. 'How then can you be a Christian?' 'I have been born again,' was her reply.

I cannot go into details, but the result of the interview was this: when they realized that her mind was fully made up, they dropped the matter and after some little delay the girl was restored. The Ludhiana workers regard this as a wonderful answer to prayer, for the men who set themselves in array against this convert were, humanly speaking, far stronger than she. You will realize what a boon the Guest House must be in such cases as these two.

Every inmate is either engaged in some capacity about the compound, or takes a course of study, if only that of a *dai*. Nobody goes to the Guest House to loaf. There is always the spinning-wheel for any who would otherwise be unemployed. Moreover, those who cannot read have the opportunity of learning, and are encouraged to do so in order to study the Bible for themselves.

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For our next little visit we might peep into the Men's Reading Room. It is small and plain but eminently useful. In many cases men bring their wives here as private patients and have to take a room in town for themselves; for while they can visit their women-folk, they cannot, of course, stay with them. Much of the time they are at a loose end. So Dr. Brown has fitted up one of the go-downs for their use and stocked it with books and papers. A Christian man sits there for several hours each morning and engages in conversation as the opportunity arises.

Some two or three years ago a woman came into hospital for an operation, and her husband accompanied her. He was an educated man in a good government post; a Moham-medan by birth but an atheist by conviction. 'Nobody who thoughtfully reads the Koran can remain a Moslem,' he said. He had been secretary to the local Anjuman or religious Assembly, but was turned out of the mosque when he

showed signs of unbelief. During her illness the woman came to know the Lord and prayed much for her husband, while fearing for herself that her new faith would lead to her being repudiated by him.

When she was in hospital he had two months' leave from the office, and spent a good deal of time in the Men's Reading Room. He became deeply interested in the Gospel and was put into touch with missionaries on his return home. He has since definitely decided for Christ and says this has come about through reading the Scriptures which he found in the men's room and in answer to his wife's prayers.

He wrote to his father a while ago, frankly confessing his faith and saying he was perfectly satisfied since he had come to know the Truth. That gentleman was filled with indignation and angrily replied that he would disinherit him. He wrote again, 'That does not matter, father; my treasure is in heaven.' This one instance will suffice to show the value of the Men's Reading Room.

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I paid a little visit the other day to a Brahmin lady in one of the private wards. Her husband was with her. I wonder if it is clear to you that while the Hospital is *purdah* there is easy access for any men relatives whom a patient wishes to see. To get an idea of the private wards, imagine a row of neat garages with two doors each, on opposite sides, one opening on the street and the other on the courtyard. By this arrangement a man can enter his wife's room direct from the outside and can leave it again without having been seen by anyone else.

This lady had had a tumour removed and her husband told me all about it in English, dwelling proudly on its weight. He was a teacher and had been persuaded by the head-master of the school to bring his wife to this place. His chief said his own wife had been successfully treated for a similar trouble and he urged that it would be better to go to this Mission Hospital than to any Government one. Mind you, Lydia, this was said by a Brahmin to a Brahmin.

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When I met this schoolmaster he was feeling very happy and was in the act of writing to a friend at a distance whose wife was ill. He was so bubbling over with joy and gratitude that he must needs translate this letter to me. It was somewhat like this: 'I have been here more than a month. Dr. Brown is the best lady surgeon in Upper India. There is a Moslem here from Delhi whose wife was given up as incurable, so he tried this place as a last resort. She and my wife had their operations on the same day and both were successful. Great kindness has been shown to us all. This is the only institution I know which treats the poor and the rich alike.' I suppose this must have been his first touch with a Christian hospital. The Hindu and the Moslem were equally impressed and I don't imagine they would ever again harbour prejudices against Christianity.

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For the sake of contrast let me take you for the last visit to a very poor woman in one of the free wards. She comes from a village not far from here. Her husband brutally drove her out, with her two-year-old child, and she found work as a silk spinner in Ludhiana. When she had earned enough to buy bedding and cooking utensils, that wretch came and stole them. Then the little one was taken ill and the two were admitted to Hospital.

The mother immediately became interested in the Gospel and was eager to learn as much as possible. She contracted pneumonia, however, and her life was despaired of. With the simplicity of a little child she prayed to the Lord and believed that He would heal her: and He did. 'If I had not been trusting in Christ,' she said the other day, 'I should not be living now.' Her faith is very real and her spiritual intuition remarkable. Her gratitude to the Lord knows no bounds. 'Sometimes I have such a love for Him in my heart,' she says, 'that I can't contain myself. He who has Christ has everything.'

Said by a Christian in comfortable circumstances or by a minister from the pulpit, that last sentence might or might

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not carry conviction. Said by a woman who has literally nothing, it certainly ought to do so. These four little visits are perhaps enough for one day. You, Lydia, do not need to be convinced of the value of the work done here, but I wish I could organize conducted tours for people who 'don't believe in foreign missions.'

CHAPTER SIXTEEN

THE SPIRIT OF SPORT

'THERE is beauty in rhythm as well as in form and sound and colour.' Thus spoke Miss Kathleen Tucker, B.A., who is physical directress in the College as well as science lecturer. She was trying to instil into her girls an appreciation of regular movement which Indians generally lack. When she hinted at this, they cried proudly, 'But we have colour!'

Nobody can deny that. Yesterday I saw over a thousand women and girls in their best *saris*, gathered in a garden, and they formed a never-to-be-forgotten picture. Unfortunately you cannot see it or imagine it, and it is not in my power to describe such an effect. All grades and shades of the rainbow tints were there, some of them exquisitely soft and subdued; and yet the most brilliant scarlet and the most gorgeous purple did not seem out of place in these bright surroundings. They all blended together in a melting harmony. Assuredly Indians appreciate colour.

But since they fail to feel the beauty of rhythm corporate action does not come natural to them. They find it difficult at first even to keep step. Hence the daily drill is a useful item in their curriculum. Some of them have it in the garden just outside my window and seem to enjoy it in spite of their contrary predilections. The stalwart young doctor who conducts it is herself a specimen of well-developed womanhood,

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calculated to stir a desire for physical fitness. I hear her now this minute, giving the word of command, 'One, two, three, HOP; one, two, three, HOP,' and though their hopping is nothing to boast of, their laughter over it is a good sign.

But if they have not attained clockwork precision of corporate movement their personal carriage is decidedly graceful. So far as village girls are concerned, from childhood they have been accustomed to carrying on their heads heavy loads, such as water-jars, and no formal exercise is so productive of good deportment as this.

They have grown up without the stimulus of organized play. In some villages there is a little, but at best it is simple and occasional. Here in College the students become fond of games, but they prefer the less strenuous ones, hence badminton is more popular than tennis.

The team spirit, which is the essence of true sport, has to be cultivated, and the missionaries make it part of their business to foster it. The Girl Guide organization proves very helpful in this respect and there is a good and growing company, captained by Dr. Stephens of the assistant staff.

You are certainly wondering ere this where I saw a thousand women and girls in a garden at one time. Here in this very compound, seated on the tennis-courts and strolling among the poinsettias. It was the closing day of the physical culture competition, in which twelve schools participated.

This is a comparatively new departure, having been initiated only three years ago. When the proposal was made by the College it met with a doubtful response. Girls were timid of doing anything in public, even a *purdah* public, and mothers in some cases raised objections. They said they did not believe in physical culture. 'Our girls go to school to study,' they insisted, 'not to race about. We pay our money for education, not for jumping.'

However, a start was made. It was decided to hold an annual demonstration and the College grounds were chosen as the most suitable meeting-place, both on account of their size and the possibility of observing *purdah*.

So we have had a miniature mela here for the last four

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afternoons. Having just heard how reluctantly the non-Christians had at first come in, I was the more impressed by the deputation from the Girls' Government School. They gave a wand drill which was very pretty, as they were all in pink *saris* bordered with silver, and their wands, as well as their close-fitting helmets, were trimmed to match their costumes. There were contests in drill, action songs and games, including badminton, and races for the children. The prizes were presented by Mrs. Sanderson, wife of the Punjab's Director of Education, and Dr. Brown sat beside her, no doubt quietly happy over this last development of welfare work.

The College girls did not compete this year with the town schools, as it was felt to be hardly fair and likely to discourage these others. The W.C.M.C. is at a distinct disadvantage in this respect, that there is no institution of a similar grade within striking distance. So the girls miss a great factor in the development of the spirit of sport; but they do their best to organize tournaments among themselves.

On this occasion the Guides, in attractive blue *saris* striped with grey, gave demonstrations of the various aspects of their training, such as laundry work, care of the baby and stretcher drill, and many received their first year's stars for proficiency in different directions.

As a result of the change of attitude towards physical culture, the subject of hygiene has been placed in the curriculum of the Girls' Government School. Also, inspired by this annual show, the schools are having drill and action songs all the year round, with advantage to spirit as well as body. Neighbouring villages are beginning to ask when they, too, may have competitions.

While all this is well worth while in itself, it also serves the purpose of bringing non-Christians into touch with the Gospel. Coming into this compound they meet with friendliness and sympathy and their prejudices are diminished, to say the least. They find how human and happy the Christians are, and that in itself is something.

There was a book-stall in the enclosure where Gospels

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were sold, and a fair number were taken home, many of them by students. Of course there is no guessing what may be the outcome in individual lives.

It has been delightful to see so many girls, well on in their teens, still going to school. Fifteen years ago, I am told, they would have left to be married by the time they were ten or twelve. Education has wrought a great change.

Looking back, I see I have told you almost nothing about child-marriage and the diabolical horror of child motherhood. Things do not seem to be so bad in the Punjab as in some other parts of India. Mohammedans are in the majority, and while their religion leads them to treat women as chattels without any rights, they do not as a matter of fact marry their girls so early as the Hindus. The Sikhs hold enlightened ideas about women, and as I have just intimated, education is changing the attitude of better-class Hindus. In the villages things go on as aforesaid, to a large extent, and people marry their little girls for the money they will bring. In other words, they sell them. The children do not, as a rule, go at once to the husband's home and the marriage is in the nature of a betrothal.

It is not at all safe, however, to generalize in regard to this matter. Here in the Hospital they have had little mothers of twelve and thirteen, yes, even of nine years old, but these terrible cases are exceptional. Far be it from me to suggest that things in general are satisfactory; I am only saying they are much worse in some other parts, especially in the south.

Dr. Brown does not feel that the Sarda Act has made very much difference. A mother cannot now be forced to surrender her child before she is fourteen, but should the law be infringed the parents must bring action against the man, and this involves legal costs. Few will face the risk of financial loss and even should they venture to take so bold a step, they may fail to prove their case. Bribery is notoriously prevalent and a man can secure dozens of false witnesses at one rupee each. If the case goes against the girl, she is liable to have a dog's life thenceforth. If it is decided in her favour

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the man is merely fined and the girl-wife is not removed but remains in his power. It has been suggested that the law should be amended to make it more effective; as it now stands it is not so great a benefit as one would naturally expect.

Education affords more encouragement than legislation. It may seem slow, but those who can look back even a dozen years affirm that great strides have been made. Along this line, as along so many others, Ludhiana is exerting a strong influence. The annual sports demonstration, attended by women and girls from all over the city, is a proof of the breadth of the Christian programme, which includes the promotion of those things which are requisite and necessary as well for the body as the soul.

February 6, 1935.

CHAPTER SEVENTEEN

GLIMPSES OF GRADUATES

THE best illustration of Ludhiana's influence is seen in the lives of its graduates and their manifold service for India. In a short visit to the country it is not possible for me actually to see many of them at work, but I have been able to accompany Dr. Brown to two important places, Amritsar and Ambala.

The former is renowned as the spiritual centre of the Sikhs. Here is their Golden Temple, built of white marble and roofed with plates of gilded copper, whence its name. It stands in the centre of the sacred pool, which covers an area of more than five hundred square feet. The marble pavement which surrounds it is lined with resting-places for the pilgrims who come to bathe in the holy waters.

Passing through the great gate and walking up the imposing white causeway, we find ourselves in the temple,

where a congregation of men and women is seated on the floor. They are adoring a Book, the Granth Guru, the final authority of the Sikhs. It is covered with garlands and before it gifts of money are thrown down, to be expended later in bread for the needy.

The Sikh religion was founded by Guru Nanak in the fifteenth century and is purely monotheistic. It has no caste system, teaching that all men are equal; it has no priesthood, properly so called, and, as I have already mentioned, it treats women with respect. They may even become religious leaders.

A tract written in English by one of its representatives says, 'Sikhism . . . teaches that personal efforts are necessary for the attainment of eternal bliss. The world is a field of action; as you sow, so shall you reap. Sikhism therefore teaches self-effort and self-discipline. It discards all belief in a direct intercession for salvation by an outside agency, such as a prophet or a religious teacher, before God.'

The legend of the Living Water dates from a very early period, centuries before Guru Nanak organized the Sikh religion. It is said that a certain Rajah received the water of immortality from heaven, and after using it, buried it on the same spot, which became famous as a resort for such as desired seclusion from the world. Long afterwards the city of Amritsar sprang up thereon, its name being derived from two words, meaning 'water' and 'immortality.'

People to-day come from far distances to bathe in this water and they also drink it, especially craving to do so before they die. It is a little hard to reconcile faith in its effectiveness with dependence on 'self-effort and self-discipline,' but I am not attempting to explain the Sikh doctrine but only to give you such scraps of information as come my way.

In our blessed Gospel how simply faith and works are related, even as root and fruit, and how beautifully this is illustrated in any Mission Hospital! With Dr. Brown I spent a night at St. Catherine's, a C.E.Z.M.S. institution which has for many years had Ludhiana graduates on its staff.

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One of them took prayers in the chapel next morning and I learned that she had been there nine years as house-surgeon. She shares in the routine work of the hospital, acts as anæsthetist, performs operations, and lectures on anatomy and physiology. She is also Medical Adviser for the Girls' Mission School. With all this, she manages to do an extra bit just for love, being keenly interested in raising funds for the National Missionary Society. The nurses gather in her room for a sewing party, and while they contribute what they can for the purchase of materials, this doctor is mainly responsible for their stall at the bazaar.

Another Ludhiana graduate has just had to leave on account of ill-health. The C.E.Z. missionary in charge of the hospital spoke of both in the highest terms, as expert obstetricians and thoroughly good workers. A third young doctor has recently got through College and has made a good beginning at St. Catherine's. She took seven years to complete her course, but she refused to be discouraged, neither would Dr. Brown entertain doubts of her ultimate success. Some girls are excellent students, but cannot express themselves in an examination. One took nine years to get through but is to-day doing very well.

In our visit to Amritsar nothing was more interesting than our tonga trip all round the city, in which we had glimpses of the Health Centres and Dispensaries. One of Dr. Brown's old girls had been made Supervisor of this department. It is a municipal post involving considerable responsibility: among other things she superintends the teaching of the indigenous *dais*.

In one of the Health Centres we found twenty of these women assembled, and the Supervisor said rather humorously, 'We are giving them instruction so that they may do less harm than they are doing now.' You have read *Mother India*, so you will know what this means. That is a very dark and awful picture. We need to hang in our 'chambers of imagery' a companion picture, with the light of a new day upon it, a picture showing what Christian doctors and nurses are doing to alter this state of things.

GLIMPSES OF GRADUATES

A number of societies are now at work along this line, some of them backed by very influential people. But it is only fair to remember that Dr. Edith Brown was a pioneer in the matter of cleansing these Augean stables.

In two of the three Health Centres that we visited, there were Ludhiana graduates, as also in three others that we could not reach. Twice we arrived in the very nick of time as the *dais* were bringing their outfits for inspection. Promptly and proudly they opened the neat zinc boxes and displayed clean enamel basins, bottles of lotion, shiny scissors and a bunch of sterilized cotton thread. No one would guess the significance of these simple things if ignorant of the past procedure of the *dais*, the customs handed down from generation to generation and sanctioned by hoary antiquity. The white cotton takes the place of the red thread from the mother-in-law's hair and the clean scissors replace the stick of split bamboo, torn off the blind.

These boxes with their contents cost about five rupees and the *dais* buy them themselves, saving their weekly gratuity of two annas for the purpose. It helps to give them self-respect.

In the dispensary connected with the Municipal Zenana Hospital we found a Ludhiana graduate treating some 200 cases a day. We saw another in the City Dispensary, where they had 15,000 new cases in the past year. Another, we were told, was in a Hindu dispensary and was not permitted to give medicine to any except followers of that religion. What a contrast with Christian institutions, which help all alike, without discrimination, and offer healing for body and soul to 'whosoever will.'

In Amritsar especially, with its delusive promise of immortality, it must be a peculiar joy to deliver our Master's message to unsatisfied hearts: 'Whosoever drinketh of this water shall thirst again, but whosoever drinketh of the water that I shall give him shall never thirst, but the water that I shall give him shall be in him a well of water, springing up into everlasting life.'

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Ambala is noted as the cradle of the International Mission to Lepers and of course we visited the Home. We saw it under somewhat untoward circumstances as a sample of the rainy season arrived out of due time. The land was largely under water so that we could not walk about the settlement; even the American Mission's sturdy Ford car had difficulty in making its way and needed the help of several men to get it out of the mud.

The lepers bravely gathered in the little chapel for a short service. When I tell you that it has scarcely two walls and no furniture you will not think of it as an attractive place. But the two long sides consist of pillars between Gothic arches; and a few strips of matting, laid down as the people arrive, are all that is necessary for comfort.

There are sixty-four inmates, most of them from a distance, some even from Nepal. About half of them are Christians and they love the *bhajans* or simple hymns with Indian tunes. One of them plays a Sikh harmonium and others have native instruments that I will not attempt to name, and as for the singing it can truly be said that these dear people make a joyful noise unto the Lord. After Dr. Brown had briefly spoken to them, one of the patients rose from the floor with a singularly bright look on his face and expressed the thanks of the colony for all that the A. P. Mission was doing for them both physically and spiritually. We were told that he is an earnest Christian, and gathering those who wish to learn to read, he takes the opportunity of teaching them the Bible.

It was especially interesting to see the young Ludhiana graduate who is doctor to the lepers. She makes the round of the colony every day and is evidently happy in her work; its nature does not repel her, she simply loves to be of service to the neediest. She is one of hundreds whom Dr. Brown has prepared to be missionaries to their own race.

Ambala has no fewer than six Ludhiana graduates at work within its boundaries, all of them doctors, three being in the City itself and three in the Cantonments. Of one whom we met in the A. P. Hospital a missionary said :

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'During my absence she had entire charge for several months both of in-patients and out-patients. While very capable she is eager to learn and always ready to accept suggestions.'

I am hoping to have, in Delhi, one more opportunity of seeing the graduates at work. But even these two visits have given me an idea of Ludhiana's influence. I see how its girls go out, not only professionally trained, but spiritually prepared for service, and how they fill positions of responsibility to the satisfaction of the missionaries on the one hand and government officials on the other.

CHAPTER EIGHTEEN

VILLAGE LIFE

THERE are two very different Indias: the India of the tourist and that of the missionary; the India of great cities and the India of half a million mud villages.

I saw a good deal of tourist India when I was here ten years ago. I wandered about wonder-struck among the marble palaces of the Moguls; I stood entranced before the stone memorials of those powerful rulers who were contemporary with our Queen Bess and the Stuarts—namely, Akbar, Jehangir, Shahjehan and Aurungzebe. I saw marble chambers, whose panelled walls were inlaid with floral designs in semi-precious stones; a fountain for queens to wash their hands in perfume, bathing pools with pipes for hot and cold water, all of marble. I saw how marvellously they lighted those royal abodes before gas or electricity were known, for a splinter was no sooner kindled than the ceiling was aglow with shining flowers like yellow marigolds. Though this was their actual form, they were still more

suggestive of a brilliant sky with every star a twinkling one.

Like all visitors, of course, I had to see the Taj. The young moon was hanging over the great entrance when, leaving the car and chauffeur outside, I approached the gate. It was still closed, but the old porter, hearing my knock, opened the little postern door and let me in alone. You are very familiar with the picture and can imagine how the moon and stars and cypress trees were reflected in the water.

Gradually a warm glow suffused the eastern sky and against a background of sunrise tints I saw that miracle in stone. To use a rather prosaic illustration, it was like watching a photograph being printed, seeing it emerge from nothing into perfection of lines and curves, and exquisiteness of detail. There it stood at last, snow-white against the now brilliant blue, and as for me, I can only say there was no more spirit in me.

Another picture that comes to mind is the Hall of Private Audience in Delhi, so beautiful that one scarcely blames the architect for putting on its wall that proud inscription, 'If heaven be anywhere on earth, it is here, it is here.'

From the India of marble to the India of mud may not be far as the crow flies, but it takes a great stretch of the imagination to pass from the one to the other. On this visit I have chiefly seen the latter, but it is the more real, the more human, and therefore incomparably the more important. Mud is the material of which those half-million villages are made and since so many walls are washed down during the 'rains' and not built up again, ruins form a feature of every picture.

But before introducing you to a typical Punjabi village, I may as well try to give you some idea of the landscape generally, as I saw it when driving to a place about fifteen miles from here. Part of our route lay along the Grand Trunk Road, Kim's for ever famous highway. This bit of it was bordered with shisham trees, whose timber is much used for furniture. The land on either side looked sandy and

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poor and yet it was producing good crops. Fields of young wheat were 'clothed in living green' and mustard gave bright splashes of yellow to the picture. Tall patches of sugar-cane stood up here and there and a little cotton was visible, but most of it had been picked.

The secret of this fertility was not far to seek, for soon our car was running along the bank of a canal, a branch of that wonderful irrigation system for which this province is famed. The word Punjab, as you are doubtless aware, means 'Five Rivers,' these being the Jhelum, Chinab, Ravi, Sutlej and Beas. Formerly they were of little value to the cultivator, despite their enormous content of water, for they kept themselves to themselves, and carried their priceless treasure past the thirsty fields. Only a few unimportant flood canals carried off their overflow.

Now, however, the British Government, backed by British capital, has built head-works in connection with each of these rivers, comparable with the engineering feat of Assouan and over great tracts of unproductive soil has carried immense canals. Countless smaller ones lead out from these and an intricate network covers most of the province, so that peasant proprietors can have their little runnels filled and their fields watered for a payment easily within their means.

It is hard to grasp the full significance of this fact. It means that millions of acres are yielding wheat and barley which once were barren; millions of human beings know what it is to have food instead of famine and life instead of death. All this by the energy of a government not seldom termed 'Satanic'! I sometimes think, if Satan has a sense of humour, he must smile over this comparison.

The canal that we skirted is derived from the Sutlej and is some two hundred feet wide and ten deep. Like the others, it is *pukka* or thorough in its construction, being of brick lined with cement. The entire length of government channels in the Punjab is about 20,000 miles and when one considers that they mean physical salvation to multitudes, one can understand a recent writer saying: 'The glory of

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the Punjab Canal System far transcends the glory and interest of any of the relics of the past.'

A few miles of motoring along the bank brought us to our destination. I can't even remember its name, but that does not matter, for these villages have a common character and when you have seen one you have seen a thousand. In the first place they have no plan: they have grown up anyhow. Their byways are so uneven that in wet weather it must be difficult to preserve the perpendicular. These, however, are the days of dust so there is not the same danger; still, one needs to ponder the path of one's feet.

There is a complete absence of sanitation. Even in the towns, with few exceptions, there is no water-borne sewage, but there are means of disposal and an entire caste whose business it is to attend to the matter. In the villages things are more primitive.

The most salient feature is the pond. In most cases this is simply the basin from which mud is quarried to build the homes, this mud being carried to its destination in string baskets on the backs of donkeys. In the rainy season the hole is filled with water and thereafter remains a permanent pond. It is the rendezvous of the animals and particularly of the buffaloes, who love to wallow therein, till nothing can be seen of them but their noses and part of their backs. Often it is covered with green scum. In the autumn the villagers put the flax in the water to rot, which produces a distinctively unpleasant odour. Of course, the pond is the breeding-place of the mosquito and the entire countryside is his happy hunting-ground.

Mud, when converted into sun-dried bricks is considered a satisfactory building material and many foreign bungalows are made of it. When I refer to the mud houses and mud walls of the villages, however, I mean the sort of thing that children build with their spades and buckets, only on a larger scale and strengthened with chopped straw. Each dwelling has its little courtyard, enclosed by high walls where the animals live when they are not admitted to the bosom of the family.

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Many homes have no windows, light being admitted only through the door. In connection with certain 'uplift' plans, the people are being urged to provide for ventilation, but they argue that this makes the house cold. The way to have a cosy, comfy home in winter-time is to shut it up as tight as possible and bring in the beasts. They soon make the place warm! More than once Dr. Brown has had to push a cow aside to get at the patient. One of her colleagues sat on a buffalo's back while helping a baby into the world.

Very naturally the first Christian work that the doctor attempted in the villages was of a medical character. When the people became somewhat interested, she and her helpers followed this up with occasional visits and told the Gospel story, and sang hymns.

One day she was called to treat the wife of a Nawab, a wealthy man who owned the whole village, and lived in a brick house. Before leaving, she sang a hymn to the lady and her assembled servants. The gist of it was, 'I am hungry, where can I find bread? I am thirsty, where can I find water? I am tired, where can I get rest? I am a sinner, where can I get forgiveness?' Then the answer, 'Jesus can meet all your need.'

Two years later, Dr. Brown was again summoned to this house and the lady, as before, welcomed her and was ready with the fee. Then she said, 'I am not really ill this time, though I asked my husband to call you. I have forgotten that hymn that you taught us and I want to hear it again.'

For the past twenty years parties have gone out to the villages on Saturdays and Sundays doing distinctively evangelistic work. Usually the point of contact is some former patient, who gladly welcomes her old friends and calls the neighbours in. Or perhaps it is a village *dai* who has had teaching at one of the centres. In any case it does not take long to gather an audience of women. Either a member of the staff or some other reliable worker is in charge of the party and under her guidance the college students gain experience in presenting the Gospel in a simple address and dealing with individuals.

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At first most of the travelling was done by tonga, a vehicle that is very shaky and comparatively slow. After the War, Government gave Dr. Brown an ambulance car, but being a military one it was big and heavy and expensive to run. With the permission of the authorities she exchanged it for a second-hand Ford. When that wore out Miss Nott made a gift of a new car, again a Ford, and the medical workers carried a box of supplies as luggage at the back. Dr. Robinson joined the staff soon after this, and desiring to give most of her time to village work, she helped to secure a Dispensary Car, which subsequently was made possible by friends in America.

Besides carrying the stock of medicines and other medical equipment, this can take crockery, beds and all other necessaries for a night or two. The main purpose of this car is to enable members of the staff to spend week-ends in itineration. Thus at last they have an ideal means for carrying the Message to the villages and offering health for the body together with salvation for the soul.

The Dispensary Car, or 'Christ's lorry' as it is sometimes called, has not superseded the other methods of reaching the people. Doctors who are called to midwifery cases try if possible to hold a Gospel meeting in the village and College teachers and students, whose only free afternoon is Saturday, do yeoman service in the Ford car.

I have already told you about the work of the Health Visitors here in the city. They also go to outlying places, and I accompanied two of them one day to a large village some twenty-five miles distant. We went first to a boys' school where every week a room is put at the Health Visitor's disposal for her class of indigenous *dais*.

The head-master brought to mind Mahbub Ali, the friend of Kim, for he wore the red beard which is often indicative of a pilgrimage to Mecca, though not always necessarily so. He was very cordial and allowed one of the workers to give a Bible talk to his boys, as they sat, a hundred or more in number, on the ground.

The *dais* filed in, quiet and orderly, some thirty women

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from twenty different villages. They were old, middle-aged and young, and one and all illiterate. They had never been to school in their lives until they were induced to come to this midwifery class arranged by Dr. Brown. To succeed in teaching anything to such a group as this is indeed a triumph. Some are sadly dull, but even these are improving; others are naturally bright. Being unable to read they are taught by pictures and models. Sometimes there are lantern slides and when the midwifery lesson has thus been illustrated, there follow some Bible pictures. They appreciate these and ask for the stories and love to sing the hymns.

It requires no small effort to come three or four miles to a weekly class and Dr. Brown finds it a wise policy to pay a small premium for attendance. The *dais* who come in from a distance receive four annas, or slightly over four-pence each time, and the local ones half that amount. The method of giving receipts for these sums is truly quaint. The women come up one by one to have their thumbs smeared with ink and thus they make their mark in the account book. The picture of that page will always remain with me as a symbol of achievement in the face of heavy odds.

Before we left that village the Health Visitor led the way into a brick building and up a steep and narrow flight of stairs, which opened into a whitewashed room. Here eighty little girls were sitting on the floor busy with their lessons. The head-mistress stopped the teaching and gave the Visitor an opportunity to speak. She talked to them about the menace of tuberculosis which is rife in these parts, due largely to the *purdah* system, the overcrowding in the homes and the use of a common drinking-cup. It was evident that they understood for they gave bright and ready answers. The lesson closed with a Gospel hymn which carried its own message, although it was not possible for the Visitor to dwell on it.

I have tried to give you a glimpse of the poverty, the dirt and the ignorance of these villages. But note on the other hand what a splendid effort Ludhiana workers are making

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to combat these evils, by teaching the young and training even the illiterate and dirty *dai* to follow a better way. This is indeed applied Christianity worthy of admiration and practical support by all who are interested in the future of India.

CHAPTER NINETEEN

SPREADING THE NEWS

EVERYONE on the Ludhiana staff recognizes that a missionary is primarily a messenger. Dr. Thomas Cochrane, you may remember, says that many people 'lose themselves in the avenues of approach to the soul.' This cannot be said of Dr. Brown and her colleagues. Though their professional duties, medical and educational, do tax their strength and demand the bulk of their time, they allow nothing to deflect them from their supreme purpose, which is to lead sinners to a knowledge of the Saviour.

The work is quietly done: there is nothing sensational about it, but it is constantly going on. Perhaps you have sensed this from the brief references I have occasionally made. Every morning at half-past six you may hear the sound of singing in the Chapel and if you peep in, you will see nearly sixty nurses in uniform; presently they will be listening to a talk by one of the Sisters.

Go again at eight o'clock and you may hear Dr. Brown giving her daily Bible lesson to the College students. The Hindus and Mohammedans attend this, equally with the Christians, for then it is that the roll is taken. As I have already said they receive thorough instruction. Some of them steel their hearts against it, determined to accept no religious teaching. They definitely try not to hear it and there is need for intercession on their behalf.

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The nurse-*dais* have prayers in their own quarters before they go to their work. They are largely non-Christian, yet almost all of them have bought a New Testament and a hymn-book; they also attend a service in the Hospital conducted by the Superintendent of the Bible-women.

In each ward the Sister is responsible for morning prayers, and her nurses help her, thus gaining experience to fit them for independent effort later. I have already mentioned that the Bible-women do regular and constant personal work in the wards. Also, when possible, they look up patients after they have gone home. Those living at a distance, if they have shown an interest in the Gospel, are put into touch with missionaries or other Christians in their own towns or villages.

One of the Bible-women is permitted to visit the jail and she has been able to take the offer of pardon to the most hopeless of the prisoners, even the men in the condemned cells. There is reason to believe that one at least exercised a faith like that of the penitent thief and found peace with God before he went out to execution. There are seven of these Bible-women, of whom five give all their time to the Hospital, one works in the Fort Dispensary and one partly in the villages and partly here.

In the best type of medical work the Gospel is offered in a twofold way.

Take my hands and let them move at the impulse of Thy love.
Take my lips and let them be filled with messages from Thee.

Those stanzas are bracketed together. Imagine the influence that must go out from a place where several score of women are making the Lord Jesus known by hands and lips that work in harmony, day in, day out. Thousands of lives are touched more or less closely every year.

In order to cement friendships, to encourage honest inquiry, and to lead those who are interested into a fuller knowledge of the truth, there has to be careful and thorough organization. Hence the Evangelization Committee. Its work is no side-line, it is the business of the entire staff,

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foreign missionaries and Indian assistants, who meet once a month in this capacity. Its secretary, Miss Payne, has the oversight of the Bible-women and gives her entire time to evangelism.

Many of the College students and Hospital nurses are earnest young Christians. While they are closely occupied with their studies and duties and have little free time aside from Saturday afternoon, once a year they enjoy a special opportunity of carrying the Good News to those who have not heard it. This is in Evangelistic Week, which as a matter of fact lasts nine days.

Maybe you would like to know how it is conducted. Every detail is carefully arranged, for this is a large and wide-spread effort. I am thankful it happened to fall during my visit for it was worth studying. Prayer groups met the previous week in preparation for it, students, nurses, *dais*, servants in their different houses, asking for the presence and power of the Holy Spirit in this special witness. Various committees were appointed, such as a list committee to make up the parties, a choir committee, a literature committee, a finance committee, and so on. People slipped into their natural niches and most of the Christians had some definite part.

The blackboard on the verandah carried a schedule of days and hours, and girls were requested to fill in their names under the period when they could be free. The College programme had been somewhat modified to make it possible to leave, without missing any lectures. Under the notice were these compelling words: 'The fields are white already to harvest.' Some volunteered to sing and others to give a talk. The number of speakers was restricted by the necessity of using Punjabi, with which language many of the students are unfamiliar. Some who could not be of use in the villages stayed at home to pray.

On the eve of the week's effort there was a special meeting for preparation in Chapel when Dr. Brown gave a weighty charge to those who were going out. If you could have heard that and nothing else, you would have found the key

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to 'Ludhiana.' You would have realized that the panacea it recommends for human ills is not a mixture of medicine, surgery, social service and education, but is the Everlasting Gospel, offered through the medium of these other helpful things.

Solemnly did the Principal speak of the responsibility of being ambassadors for the King. She bade her students remember that some of these villagers had never heard the Message before and might never hear it again. They must be clear in the giving of it. They must not be satisfied to tell just any Bible story: they must see to it that they gave the heart of the Gospel.

Thereat my thoughts flew back to China and a certain Bible-woman who tried to be original. She was touring with the missionary, and when it was her turn to speak she gave with graphic detail the story of Jael and Sisera. When taken to task afterwards she said the New Testament stories had been told so many times and she was trying to furnish variety to the programme. Well, variety may be the spice of life, but after all it is life itself and not spice that people need.

Dr. Brown condensed into a few words the essence of the Message, not that she would wish to confine her students to one line of thought, but rather to have them stress the basic facts, which can be illustrated in various ways. They were five.

1. Man is a sinner, needing salvation.
2. He cannot save himself.
3. The Lord Jesus Christ has wrought a perfect salvation for us by His death and resurrection.
4. We must either accept or reject it.
5. This salvation includes not only eternal life but present victory over sin.

She urged the importance of using the Word of God in trying to convey these truths, and called for texts illustrating each. She also spoke of the value of personal testimony. It was better to say of a medicine, 'I took this and it cured me,' than to say, 'I have been told that it is good.'

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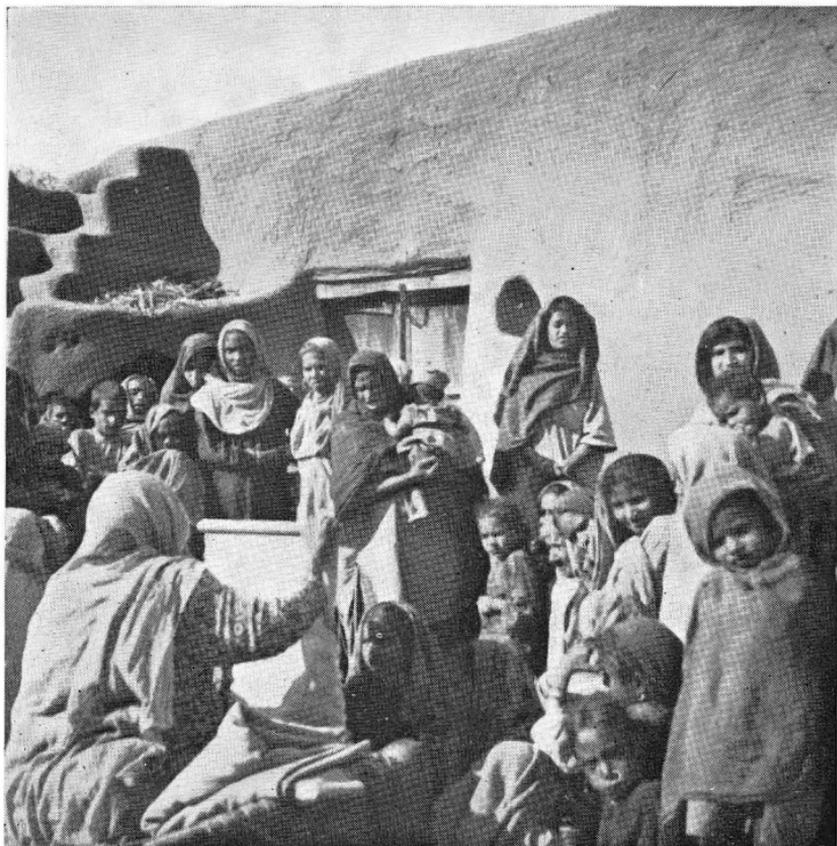
It was a talk to inspire the hearers to go out and attempt great things for God, and yet it was calculated to make them think twice before undertaking such a holy task.

There were forty-nine parties, the greater number going to the villages, some to the wards of the hospital and others to the railway station. They went by tonga, motor-car and lorries and I was in the Dispensary Car with Dr. Robinson and Dr. Bhanot.

We had no sooner reached our destination than the people came out to welcome us, men carrying a huge family *charpoy* into a courtyard, one on which a dozen persons could have slept. They were requested to go and listen to the chauffeur while the women stayed with us. Mostly these were very poor though decorated with ear-rings as large as bracelets, as well as various other trinkets which seemed to enhance the dirt. Several cows reposed in the yard and a camel munched his meal, and they kept up a jingling of bells which served as an accompaniment to the talk.

Closely the poor things thronged around us. Here was a baby with a terribly sore head; there a little girl with bad eyes. An old blind woman was guided to a place on the *charpoy*, and seemed eager to hear everything. Some of the faces suggested 'dumb, driven cattle,' but there were a few intelligent girls, neatly dressed. A heavy-faced woman, very plain, very poor, settled herself on her heels to listen, her elbows on her knees, and her chin in her hands. Thus she sat at the speaker's feet, gazing into her face. She did not want to miss a single word. A better-class one, a proud Moslem, examined a Gospel but put it aside saying, 'This is not what our religion teaches.' So much for a snap-shot of that one little group: multiply it more than a hundred-fold, for each of the parties had several meetings.

Passing down the lane we saw a number of women spinning in a courtyard and they too gave us a welcome, clearing the loose cotton off the *charpoy* to let us sit down. They had never heard this News before. Five years previously someone had come round one afternoon, but they did not happen to see her. Can you imagine, Lydia, what



Bible-woman shewing Gospel picture in the courtyard
of a village home

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it would mean to have just one opportunity of hearing the Truth in five years and perhaps miss that?

The various parties took Gospels to sell and disposed of about five hundred altogether. This may not seem a large total, but their errand was to the women and these are for the most part unable to read. Also, when people are desperately poor, even a halfpenny is not readily spent.

Evening by evening during Evangelistic Week, instead of the usual prayers there was a conference on the day's work, with reports of experiences and united intercession. Most of the parties could tell of a friendly reception; in one case they found themselves in the midst of a marriage ceremony but were invited to sit down. Fifty women were assembled and listened readily, one old soul saying that she wanted to know how to get rid of her sins.

Other villages were less well-disposed: in one of them the women said, 'We don't want to hear about your God: if we believed, our husbands would ill-treat us.' Some kindly brought them food but said they had no time to listen. They knew not what they missed. There is no doubt, however, that some prepared souls did grasp the offered gift. One of the Indian workers was explaining that pardon for sin is free to all through the blood of Jesus. An old woman listened with rapt attention, the tears running down her cheeks. Then, clasping her hands together, she uttered just one word, '*Shukr*'—'Thanks!'

I may as well tell you a little more of the experiences of this one worker, who as a child of twelve felt a call to evangelize the villages, and took a medical course that she might the better present the Gospel. You may like to have a peep of such an one as she goes about among her own people. She took a party of students to a certain village and a man came forward and politely asked if they wished to look over the place. 'No,' she replied, 'we have brought a Message,' and she went on to explain it and to say that she would like to meet with the women.

A number of them were gathered on one roof, spinning, and to reach them the party had to climb a shaky ladder.

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Once up, they had a warm reception and began to tell the Story of Jesus. After speaking of how He went about doing good, they showed a picture of the Crucifixion. The women were amazed and asked, 'Why is He there?' One of them when she heard the reason sat and wept.

An old grannie said, 'See, the matter is this. We have no time for these things; we have families to bring up, you have not. We have trouble. Alas! I have just lost my son.' To which the young doctor replied, 'I am a village girl. I was brought up in these same surroundings. My mother, too, is in trouble, the same trouble as yourself, grannie, for she has just lost her son, my brother. But we Christians have a life that death cannot touch. Of course we are sad because of the separation and we miss my brother, but he is living his life and we shall see him again.'

Evidently some hearts were impressed with the Message so lovingly given by one who thoroughly understood the village conditions. Two girls came up afterwards and asked if they could get any books in Punjabi. One was about fifteen years of age and the other perhaps seventeen. 'Do come to our house,' said the elder, 'and teach us more. Whatever happens, both of us, my sister and I, will worship this Jesus you have been telling us about.' As they left a woman came running to say she had a crowd of neighbours in her house who were ready to listen. 'See!' she added, 'I have come down from my roof to call you and I want you to make it very clear.' So they went and found other seventy-five women waiting to hear what they had to tell.

I have gone into detail about the experiences of one Indian worker so as to help you to picture what is being done better than you could do through a summarized report. However, to condense the Week's work into a sentence, the forty-nine parties, talking to the women in small groups in the courtyard and on the roof, will have given the Gospel to about seven thousand souls.

But there are five hundred villages within a radius of ten miles of Ludhiana and some of them have never been touched at all, while others are visited only once in several

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years. Over and over again during that Week people said things like this: 'Why do you not come oftener?' 'We have forgotten what you told us twelve months ago.' 'How can you expect us to remember from one visit to the next?'

Many of the villages sent men to the Great War and they saw something of nominal Christianity. In not a few cases it was enough to make them hate and despise its very name and absolutely refuse to listen to any Christian teaching on their return. This was not simply on account of the barbarities of war, it was because of what they saw of white folks who were supposedly Christian. Recently when urged to accept the Gospel offer one of these villagers retorted, 'Your own people don't believe it.'

This is surely the saddest element in the whole situation, that we of the West, so privileged, so enlightened, who owe everything to the Gospel, can be taunted by the heathen with not believing it ourselves. Of course there are ever so many degrees both of belief and unbelief, but one can't help feeling that if British Christians did really and truly believe the Good News they would be consumed with a passion for the evangelization of the world.

CHAPTER TWENTY

FURTHER AFIELD

I HAVE said a long Good-bye to Ludhiana with its lovable circle, women of nine countries, united in one great task, and now I am in Delhi with Dr. Brown. We are staying at the Victoria Zenana Hospital, scarcely more than a stone's throw from the Jama Masjid or Great Mosque. It rises from its rocky eminence, a splendid pile of red sandstone, approached by stately flights of stairs. With its white marble

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domes, three in number, and its tall and graceful minarets, it is a landmark that can be seen for miles around.

The sight of it recalls my visit of years ago, when I stood within the courtyard on a Friday morning at the hour of worship. Its vast area is paved with granite, inlaid with marble, and is surrounded by a cloister open on both sides. We were not allowed to penetrate more than a few feet into the sacred precincts, but it was enough to give one an unforgettable impression. Men were streaming through the great gate, turbans of many colours on their heads and shoes in their hands. They advanced to the laver in the centre of the court, and washed themselves from hands up to elbows, and from feet up to knees, by way of ceremonial purification. Then each took possession of one large block of the floor, which gave them convenient space for the performance of their elaborate genuflections. They were a most imposing company.

By way of contrast, a few women who had ventured to come and worship God were huddled together in one corner, up against the back wall, close to the entrance. They were shrouded from head to foot in their *bourkhas* and looked like corpses clad in grave-clothes. It was a sight which vividly suggested the position of woman in Moslem communities.

This time I cannot go to the Jama Musjid, though I can see it from the Hospital grounds. I am too much occupied in getting another view of Indian womanhood. Again we are visiting Ludhiana graduates and finding further proof that, emancipated by Christian education, our sisters can hold positions of influence and compel the respect of all classes.

One of Dr. Brown's 'old girls,' after serving five years on the assistant staff, came to the Victoria Hospital in Delhi. Here she has been for twenty-seven years, a very popular doctor and much in demand for surgical work. You may remember that Miss Craske, in *Sister India*, tells of the courage and ability shown by an early graduate who performed a major abdominal operation in a woman's house. This is the one. Not only is she uncommonly successful in her pro-

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fession; she also exercises a strong Christian influence over the nurses under her charge.

Another Ludhiana graduate is Medical Inspectress of Schools in this the capital city. There are 28 girls' schools under her supervision, with some 4,000 pupils. This form of welfare work is in its infancy and the young doctor is a pioneer in her line. By means of a card system she keeps the record of every girl and parents are notified of ailments that need attention. She reports to the City Superintendent any child who, through incipient tuberculosis, trachoma, or any other cause, is not physically fit to be in school. He is able to order her removal and thus the individual is benefited and the spread of infection prevented.

Another graduate, besides running a dispensary and seeing about 300 out-patients a day, is teaching hygiene in the Health School, where Health Visitors are trained. She is, moreover, one of the examiners in a College of Indian medicine. When epidemics break out, this worker is sent by the Municipal authorities to lecture to women in different sections of the city on the prevention of infection. Her meetings are held out-doors, in some alley, and illustrated by lantern slides, the pictures being thrown upon a wall.

You would need to see the Old City in order to understand this. To-day we threaded our way through a labyrinth of these gullies, where there is no room for one conveyance to pass another, and the ox-cart, the tonga, and the rare motor-car must go single file. An open drain on each side further complicates matters, and in one of these a wheel of our car got jammed and it took half an hour to jack it up. New Delhi, of course, is the antipodes of all this and for that matter, so is the residential section of Old Delhi.

In St. Stephen's Hospital, in connection with the S.P.G. we found a Ludhiana graduate acting as house-surgeon and interested in every part of the missionary work. Yet another 'old girl' has a dispensary in the district occupied by Government clerks and their families whom she serves four

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days a week. The other two days she goes to villages, and we accompanied her to one of these this afternoon.

It struck me at once as affording a strong contrast with most. Its determining factor is a Health Centre, run in connection with an Industrial School. A nurse and a nurse-*dai* live in this village and the personal hygiene of the children is constantly watched, baths, among other things, being provided on the premises for such as need them. The pupils learn several handicrafts, and keep a very creditable school garden, raising vegetables as well as flowers. Back of this there is a fowl-run and they learn the care of poultry.

A unique feature is a group of little model houses, in mud, built by the children themselves, and illustrating by their windows on both sides how homes should be ventilated. This exemplary village also has its Sunday School.

Thus in these three centres of Amritsar, Ambala and Delhi I have seen fifteen Ludhiana graduates who are working as doctors in municipal and mission posts. I have been especially struck by the variety of the service they are rendering, which I hope you can appreciate, although I can only touch on it thus briefly.

February 14, 1935.

In these forty years, during which God has so wonderfully guided His servant and blessed her work, 287 women have graduated as doctors and 146 as compounders. The Hospital and associated schools have sent out 187 nurses and 706 midwives of various grades. Now these 'old girls' are scattered all over India, from Kashmir to Madras, from Karachi to Assam. Some years ago a nurse was sent to a Government Hospital in Peshawar and so well did she satisfy the authorities that they asked for more of the same kind. Now there are nine Ludhiana girls in that one institution. They are not allowed to do organized Christian work there, but their lives are witnessing and in their leisure-time they go over to the Mission Hospital and render acceptable service.

At the Christmas party, of which I wrote you, I sat next

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to a worker from Arabia who is home just now on a short furlough. She, too, is in Government service, but is nevertheless a true missionary, finding precious opportunities in the needy town of Bahrein. It took great courage for an Indian girl who had never been far from home to volunteer for such a post. A request for a nurse has just come from a Mission Hospital in the same place and one who is about to graduate this spring has offered to go.

While Assam is a province of India, it is a week's journey from the Punjab. Another brave girl, hearing of the Ludhiana Medical College, determined to avail herself of it. She travelled here alone, stayed four years and after graduation returned to serve her own people. Dr. Brown recently had a letter from a Civil Surgeon who was moved to send a spontaneous testimony to the value of this worker. Many of the graduates are in the North-West Frontier Province, among hill-tribes, and one is stationed at Quetta, the capital of Baluchistan.

I have sometimes mentioned the assistant staff, consisting of twenty-eight qualified Indian women. These are all graduates of the College. They usually stay about five years and then pass out to do independent work. A few are permanent because of special value to the institution, but for the most part the five-year limit has proved satisfactory. It gives these graduates an excellent start in their profession and allows others to have the same chance in their turn.

As regards the medical students, about two-thirds of the Christians and a quarter of the non-Christians obtain posts as House Surgeons. Several have been in full charge of Mission and Government hospitals; seven have taken post-graduate work in England and one in Canada. Of the nurses, many hold good positions as Sisters in Mission and Government institutions.

Dr. Brown recently received an official request to furnish information respecting her graduates and the length of time that they remained at work after leaving College. Oddly enough she was asked the same question in an unofficial way by a Business Bureau whose representative wrote as

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follows: 'We collect information. . . . There are large inquiries by the public as to the fate the students meet after they go out duly qualified and trained from your institution.' The inquiry into their 'fate' proved interesting and informing to the Founder and her staff as well as to those who proposed the question.

Replies showed that of the first sixteen students who graduated from Ludhiana between the years 1900 and 1904 the average period of service has been twenty-five years. This strikes one as very remarkable. The Government official who propounded the inquiry expressed surprise at the result. Of the entire number of medical students who have graduated during the past forty years, more than two-thirds are at work at this present, which shows that very few indeed have turned aside to anything else after they have left College.

Ludhiana is the handmaid of all the Missions. Its 'old girls' are to be found in the C.M.S., C.E.Z.M.S., S.P.G., Z.B.M.M., Church of Scotland Mission, Free Church of Scotland Mission, L.M.S., B.M.S., American Presbyterian Mission and American Methodist Mission. This is a long list, but more than likely I have left out some.

Here is the way that missionaries write about them.

(1) 'A. B. is splendid; I wish you could send me another like her.'

(2) 'I found C. D. a splendid help in every way, as a missionary and professionally. I should rejoice to have another assistant at all like her.'

(3) 'E. F. is the biggest comfort possible. If the School never did anything else this one girl justifies its existence.'

One could quote dozens of such letters but perhaps it might weary you. Let me rather give you two striking facts. Seven of these graduates, after proving their worth by years of faithful service, have been accepted by their societies as full missionaries with the status of Europeans. Four have received the silver Kaiser-i-Hind medal from Government, for 'Public Service to India.'

It goes without saying that not all are satisfactory, but the

failures are very few. If the circumstances were known perhaps we should not wonder at some breaking down. When a girl accepts a post in some far-off frontier station, and finds not a single Christian in the place, her staying power is tested to the utmost. Unless she has a truly vital experience of Christ, she cannot stand it. This reminds one of the importance of Bible teaching, without which even the best professional preparation would not suffice.

Besides lacking Christian fellowship, the graduate often has to meet moral difficulties in consequence of her unprotected situation. She is under a non-Christian man, who has it in his power to harm her with those in authority and naturally she seeks to please him in her work. Should he bring her presents, which often happens, she is in a dilemma. If she refuses them she makes him her enemy, while if she accepts, he is liable to grow unduly familiar. She is in a precarious position.

Living for a little while with the staff, I hear stories about the girls which show what a selfless spirit is manifested by some. In one place on the Frontier the women are kept so strictly in *purdah* that they are only allowed out shortly before midnight. A Ludhiana graduate for their sakes opened her dispensary from eleven to twelve o'clock.

Sister Mason, the Superintendent of Nurses, tells me that an English-woman was once admitted to hospital suffering from smallpox in its most virulent form. A staff nurse was put on special duty with her. The patient had great difficulty in breathing and this nurse, in spite of her awful condition, held her in her arms till she passed away. The Superintendent, who was not able to touch the case on account of her maternity work, saw the girl sitting there, with the open Bible before her on the bed, reading comforting passages aloud. After the patient had died, and everything was being burnt, the nurse begged permission to put her Bible in the coffin with her, because she loved it so. As for this brave young worker herself, she came through the ordeal unscathed. What a godsend she was to her English sister in the time of her extremity!

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One of the compounders went after graduation to a Government Hospital where she became interested in a nurse who was a Mohammedan. She read the Bible with her and the girl was converted. The compounder sent her here for training, paid her expenses and constituted herself her guardian. The sacrifice was not in vain, for her protégée proved worthy and is now working in a military centre for maternity and child welfare.

Dr. Brown tells of a girl from South India who was a very earnest Christian and for some time did good service in a Madras hospital. Later she went up north to a hill station. Plague came there and decimated the people. She was indefatigable in her devotion to them; for weeks she scarcely had time to eat and could not take off her clothes. Then she succumbed to the infection and died, willingly giving her life that by all means she might save some.

These are of course special instances, but since I have been here I have been greatly impressed by the quality of the workers Dr. Brown has trained, their evident consecration to Christ and their intense desire to spread the Good News. We at home may well be ashamed that we bestir ourselves so little, comparatively, to make it known.

The task out here is colossal, unthinkable in its immensity, whether one considers the physical need or the spiritual. Ludhiana is taking an honourable part in meeting this. Figures are baffling; we do not grasp their significance and they may even be tiresome. But do let me give you just this. Here in Ludhiana last year 45,000 new cases were treated and the total number of out-patient attendances was 106,000, or 2,000 a week. An attempt to estimate the number of people reached by the graduates throughout the country gives one million new cases a year with three million attendances. Surely this defies imagination.

The evangelistic work cannot thus be tabulated, but we should not be far wrong in saying, 'They that were scattered abroad went everywhere preaching the Word.' Make a reasonable discount for those who are not preaching it; say only half are doing so, which would be an under-

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statement, and you realize that Ludhiana is a great force in the evangelization of India.

And now, my dear Lydia, this ends my tale. I promised to send you, as before, a detailed account of what I saw, but I dared not attempt an exhaustive survey of the work, which of course you can get elsewhere: To mention nothing else, every Annual Report is packed with facts.

Because you could not hope to come yourself I have tried to give you an idea of the place, to describe the lay of the land and how the 'plant' has grown after the manner of a live thing. I hope you have seen in imagination the beloved Founder of it all, the busy missionaries and Indian workers, the charming students and nurses, the needy women and the precious babies. I trust you can somewhat better visualize the varied groups that come into touch with the Gospel, Hindus, Mohammedans, Sikhs, Jains and the rest; high-caste people and low caste, the friendly ignorant villagers and the lepers in their loneliness and misery.

All these the camera would show, if one could take enough pictures; but my great desire has been to give you what is impossible to the kodak. Have I at all portrayed the spirit of the place, the essence of Ludhiana? The house is filled with the odour of the ointment. Can you perceive it from afar? To help you to do so, let me remind you of the words of that Afghan woman, who so swiftly and surely seized its inner meaning, 'Back of it all there is JESUS.'

Yours in His happy service,

RUTH.