

the hill Sanitarium and closed up our work for six months: These six months saved us to Ceylon. Rest soon restored us. Here, too, we found the "convenient season" for study, and made the most of it.

We returned from the hills with a fair start at the language. Moreover, the people had learned that some things were too hard even for us. The work settled into a normal condition, which we were able to endure—nay, even to enjoy.

Our dispensary was a two-roomed, dimly lighted building. This was remedied by the Mission placing at our disposal a vacant mission bungalow or dwelling house. This gave us ample accommodation—separate consulting rooms for men and women, rooms for private examinations or minor surgery, and for compounding, while the wide verandahs on either side provided commodious waiting rooms for patients of either sex.

But we had no operating theatre or hospital. With about \$5,000 placed in our hands by interested friends we set to work to meet that pressing need. We must be our own architect, with no previous technical training in that art. We must be our own master builder, with no experience in house building. Overseers must be watched. Prices of material must be fixed at a fair rate. Workmen must be paid, and accounts must be kept. Meanwhile the medical work must not wait on the builder. But "time is money" only in America" we were told. So, too, delays are not dangerous, but are the normal life in the East. However, all things come to those who work and wait. In three years we had completed a small operation room and a hospital with accommodation for seventy patients: Hampered by no instructions we built as seemed best to us to meet the need. Like most hospitals in the East, it is a one-storey building. Unlike most government hospitals, it has no large wards. Social distinctions, or caste, makes the ward system impracticable, if all grades of society are to be provided for. Large wards reduce the work. True, doubly true, for patients would not come if different castes must occupy the same room. Our wards are meant for one or, in times of special stress, two patients.

The same caste distinction makes it very difficult to provide food for the patients: We overcame this obstacle and gained much in economy by providing a small kitchen and allowing the friends to prepare food. Something was lost in the direction of