

ernment hospitals and also private practitioners to which men can go and be treated. Many women, especially high caste Hindu women and Mohammedans, would die rather than go to a man doctor. As we have Dr. David with us still there are men attending dispensary, but when we stop them entirely we will get more women. We get a large proportion of our patients from Chicacole town, of course, but many come from villages all over Chicacole field and from as far as Palkonda and Tekkali also. We meet some very charming women in our work, some that seem so refined and cultured and then we get some of the lower castes or out castes who are as different from them as daylight is from darkness. I well remember a poor beggar girl who came to us daily for some weeks with a sore leg. She literally cowered in fear at our feet the first day she came and would not allow us to touch her for some time. She soon grew less afraid when she saw that we were human like herself and friendly, and when we left for the hills we could hardly get her to go to the municipal hospital for continuation of her treatment. When the people learn to come for treatment when their ailment is in its early stages, our work will be much more simple and also more encouraging.

Our most immediate and pressing problems are chiefly in relation to staff. As I stated above, we need an assistant doctor, a woman. The care of inpatients day and night and the dispensary patients as well keeps one doctor very busy. Then we must have a compounder, some one to make up prescriptions and to give out medicines. We need two or three more good nurses. Minnie, because of lack of education, could not take full training, and although she is very willing there are many things which we cannot trust her to do. Maugamma is a trained nurse and a valued member of our staff in every way, but she has poor health so we must be careful of her. We expect to have another woman come to us in July. Her name is Naina. She has taken three years in our Pithapuram Training School for nurses, but she failed in her final examinations. Then perhaps our chiefest need is that of a full-

time Bible woman, one who can give herself to the hospital work.

So far in our experience in Chicacole, caste has not proven much of a difficulty. We have occasionally had to place two or three of different castes in one room and no one has raised any objections.

Our purpose is not defined by merely running an efficient hospital. We want to do that so as to gain the confidence and love of our patients. But we want to build up a staff where each one will carry as their greatest responsibility a burden for the soul of the stranger in our midst. We want to show the love of Christ in our daily life in our dealings with one another as members of a staff and to make Chicacole hospital a real centre for the spread of the blessed Gospel of Jesus our Lord. That is a big purpose I think you will all agree, but we cannot aim at anything lower nor be satisfied with less.

Medical work does offer unique opportunities for telling of Jesus. We have seen again and again the attitude of a patient and her friends toward us and toward our message change after she has received physical help in hospital. Remember this and that with our God all things are possible. Pray for us, you can help us in such a real way here.

Your friend and co-worker,

Evelyn A. Eaton.

—Tidings

## MISS McLAURIN'S WORK IN COCANADA

(Continued from September issue)

But I wanted to tell you about the Caste Girls' school, and the work there. We have just started work again after summer holidays, missing very much some of our older girls who are now "too big" to come to school. Who, I wonder, will take Tayarama's place—leader in work and play? Every morning she brought a whole bevy of girls to school with her, on time. She was our