

be called on the third, fourth, or even the fifth day after labour sets in. Needless to say most aggravated conditions result.

In addition, religious and social customs relating to uncleanness demand that the woman, "when her hour is come," must not remain in the house proper. Irrational as it may seem, the kitchen is often the room chosen. This is a detached hut, with roof thatched with palm leaves. From the open fire the smoke escapes whither it will. Ashes and refuse are scattered about the mud floor on which the patient lies. Observe antiseptic precautions? Yes, certainly, but——. As previously stated, the male physician is not in demand for such cases. Mrs. Scott was called. I invariably accompanied her, but must remain outside until a favourable opportunity occurred for her tactfully to ask for my assistance. Thus gradually we overcame prejudice. And when it happened that Mrs. Scott could not go, by taking along the native nurse before mentioned, I was reluctantly accepted. Towards the close of the ten years this reluctance had largely disappeared.

In the matter of assistants we early learned that "other men had labored" and we were "entering into their labors." Our predecessor had before him the ideal of placing a trained native doctor in every village. Many received excellent training which the government early learned to value for its outpost hospitals. One of these became my assistant. Another became compounder. For purely evangelistic work a man and his wife were found who had received training by other missionaries. For clinical and financial assistant a young man was employed who proved most valuable. By integrity, loyalty and ability he rose from one degree of responsibility to another until on leaving for furlough I was able to place him in temporary charge of the whole work. Such men as he are rare in any nation. That it was our good fortune to have his assistance we are ever grateful to God who gave him.

Most of the 4,000 out-door patients and all of the 600—750 hospital patients, who came to us annually, must receive more or less of our personal attention. This was particularly true in surgical work. There is considerable reluctance on the part of the people to surgical interference with disease, particularly to the use of the knife. This is due to the fact that purely native physicians rarely use it. Yet the medical missionary who is fond