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Where Purdah Bars the Way

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WHERE PURDAH BARS THE WAY

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"Doctor, there's a man here who wants you to come and see his wife. He has a *gari* (carriage) with him. Can you go out now?"

"Yes, indeed, Sister. I'll be over in a minute. What is the matter with the patient?"

"He didn't say, but she has been ill for a long time, not seriously though. She cannot come to the dispensary because of purdah."

"All right. Just get out the usual things then for a complete examination. I'd like to take a nurse. Can you spare Josephine?"

"Surely, I'll tell her right away."

In a few minutes all is ready. The man, a tall, well-dressed, polite Mohammedan, ushers the two of us into a small narrow carriage, puts in our bags and gives an order to the coachman. With a jingle of harness the horses start out, through the hospital gates into the crowded Patna bazaar streets to our unknown destination. No use asking too many questions. The husband wouldn't like to discuss his wife's troubles in public and names and addresses wouldn't mean a thing to us.

It is early afternoon and the bazaar is at its busiest. In the shallow open shops the proprietors and customers face each other, comfortably squatting on a mat on the floor, haggling and altercating amiably. Next door a *dursi* (tailor) sits crosslegged at his hand-sewing machine, stitching away at a man's long-tailed shirt. A steady stream of buyers, loafers and travellers passes our carriage on both sides, fat and wealthy Hindus rubbing shoulders with naked beggars and filthy coolies. Our coachman keeps up a constant shout of "*He bhail!*" (Look out, mister.) And "*Bacho!*" (Get out of the way), interspersed with tongue-clacking and whip-cracking, none of which makes any impression on anyone, least of all on the jog-trotting horses!

At last we turn into a narrow side lane and shortly afterwards we stop in front of a blank wall. The husband rides up on his bicycle and motions us to a tiny doorway at the far end of the wall. We pass into pitchdark alleys and stumble over the uneven mud floor, until finally the man lifts up a piece of sacking at the end of the corridor, letting in the light from the central patio. From then on we pass through the verandah, around the corner, into the women's quarters. Here the man halts and gives a shout. Several older women and half a dozen children come tumbling out to stare at the strangers. The man brushes them aside, hands the bag to one of the women and instructs her to conduct us to the patient.

We pass through several rooms, littered with *charpoys*, clothes and broken toys and come at last to a dark narrow alcove, almost com-

pletely filled with two *charpoys*. The one in the corner bears the patient, stretched out on *derries* (mats) and pillows, while the near *charpoy* is the squatting place of a couple of relatives and visitors, all engaged in the traditional Indian art of "holding hands" with the patient! No sickroom is complete without this group of commiserators and professional crepe-hangers! It takes a little time and persuasion, but between us Josephine and I manage to clear the decks for action. The women do not like it; there are no secrets in an Indian zenana, and they want to witness the strange doctor's examination in every detail. Privacy is an unknown luxury in India. With a sigh and a scowl they finally give in to the memsahib's queer ideas, and the curtain closes behind them, with the exception of the mother-in-law who is permitted to stay to see that justice is done.

Josephine pulls the near *charpoy* flat against the wall and I wiggle in between the two beds and sit down at the edge of one of them. Ten minutes of patient spade work follow. At the end, the diagnosis is obvious even without laying a finger on the patient's pulse; married for twelve years, no children, chronic ill health, headache, backache, insomnia, no appetite, tingling of hands and feet, always tired and depressed, and a dozen more trifling complaints. None of them point to a textbook illness, but all of them together are quite enough to take all the joy out of life. It would never do to explain the situation at once, so with a serious face I go through all the motions of a physical examination, the patient and relative watching every movement with avid interest. Just as I thought, not a thing wrong but slight anemia and flabby muscles.

While Josephine brings a *lota* (brass vessel) with water for my hands and re-packs the instrument bag, I meditate on how best to explain to the patient the root of her troubles. The difficulty lies in the fact that this woman is the victim of circumstances. She is a Mohammedan, and thus shut up inside four rooms and a courtyard from one end of the year to the other, the outside world a sealed book . . . or rather, any kind of a book, for she cannot read! She is well-to-do, and so cut off from physical labor of any kind apart from dressing up . . . with no place to go! Worst of all she has no children and is thus the butt of criticism or pity among the women-folk—several sisters-in-law with three or four babies apiece, perhaps a second wife or the threat of one.

Naturally and almost inevitably, she has found a way out of her dilemma: ill health. Thus she is provided with an inexhaustible source of interesting small talk; she secures the sympathy of her husband and a respite from her mother-in-law's highly vocalized displeasure and manages to steal the scene from her more privileged companions, basking in the limelight for as long as it pleases her

to recline on a charpoy and moan! All this is very far from saying that she is deliberately shamming an illness. She is merely making the most of her minor complaints, brought on by her lack of exercise, heavy indigestible food devoid of vitamins, lack of fresh air and above all lack of interest in life, with its inevitable aftermath of boredom and brooding.

But where to find the words to put all these observations into language intelligible to such a patient? The task is formidable, not to say futile. Even if she could be made to understand the need of exercise and fresh air, of taking an interest in things outside her own narrow self, in those more miserable and helpless than she, how could one lone Mohammedan purdah woman go against traditions, surroundings and mother-in-law and radically change her outlook on life as well as her habits of living? It cannot be done, that's all. Her own inertia and mental dullness, the products of her upbringing, are against her, apart from all other obstacles.

With a sigh I decide to be practical and submit to the inevitable. I reassure her in detail about the result of the examination. I describe the advantages of fresh air, such as can be obtained in a dusty city by opening the windows, sitting in the patio and sleeping on the roof. I prescribe a diet down to its minutest components, insisting on fresh fruits, whole wheat *chapatties* and dairy products, cutting out heavy sweets and spiced meats swimming in oil. I promise to send an American tonic, full of blood-building minerals and appetite-stimulating vitamins.

Then I make the first move to go, only to be overwhelmed, as expected, by a fresh avalanche of questions, objections and remonstrances, both from the patient and her relative. Resignedly I sit down again to discuss the advisability of an operation and a stay in the hospital to receive a course of injections. The hospital trip is promptly vetoed by the mother-in-law (I knew it!), but the injections are more attractive and will help to impress the household. By writing a prescription for the ampules and promising to send a nurse every other day to give the injections, we finally manage to escape.

The husband is waiting outside, and again I debate the possibility of explaining the true state of affairs. At last I decide against it. It would be rank cruelty to a person who cannot change the unchangeable singlehanded, much as he might want to do so. I drop a few hints, however, particularly about the advisability of adopting a child. I would not dare raise such a suggestion to the womenfolk, for then it would be going against the will of Allah, but this man is more educated and able to understand. He promises to think it over and ask the permission of his father and elder brothers. It might work, if the wife is amenable.

This is not a matter of bodily

illness and medical skill. Only a radical change in Indian mentality, in habits and beliefs, would cure and prevent this kind of case. There are signs and indications that such a change has started, but they are still on the surface and extremely limited. Girls' education, better medical care, mitigation of purdah, all are yet in their infancy and slow of growth to boot. Moreover, Western civilization without Christianity is a menace rather than a blessing. That would bring with it irreligion, divorce and birth control, alcoholism and insanity, and the last would be worse than the first.

With a Christian education, however, with Christian morals and beliefs, the face of India could be changed without destroying its age-old charm of modesty and patience. Naturally speaking, this is a chimera, a castle-in-Spain, but with God nothing is impossible.—[Reprinted from *The Medical Missionary*, January, 1944.]

SURGEON PERFORMS FEAT

Removes Prisoner's Lung in Tent Behind Battle Area in Algiers

Working under the dim light of a tented operating room as a battle raged only a few miles away, a Fifth Army surgeon recently performed one of the most delicate operations ever done under field conditions—the complete removal of a human lung.

The surgeon was Major Paul Sampson of Oakland, Calif., and the patient was a German soldier so badly wounded by shell fragments in the chest that one lung had to be taken out to save his life. Today the patient is alive and doing well.

"Although already performed many times in the United States and Britain, a total pneumonectomy under field and emergency conditions in a station hospital is a banner story for the annals of battlefield medicine," an announcement by the Allied headquarters surgeons' office said.—[*New York Times.*]