Holy Family Hospital, Rawalpindi, where I have had the privilege of practicing medicine for the past eleven years is in the extreme north of Pakistan, one of the two dominions created from the division of India in August 1947. The city itself lies on the main routes to Afghanistan and Kashmir and it has a reputed population of 200,000 and is predominantly Muslim.

A variety of peoples and sights pass in front of the hospital which is on the road to Kashmir. One sees coarse and fine-featured, dark and fair, bearded and clean-shaven Pakistanis, some in Western and some in native dress. Women covered from head to foot in voluminous veils or burqas are seen too, but not in any great numbers as they are stay-at-homes, not from choice but from precept. Happy children, mostly boys, can be seen and heard running to and fro from schools in the vicinity.

Modern American and foreign cars weave in and out from among horse driven buggy-like vehicles, called tongas, buffalo herds, donkeys, bullock carts, camels, bicycles, jeeps and army trucks.

In the mornings, the out-patient department of the hospital is like a busy bee hive. An average of 150 to 200 patients are seen there daily. Three out of five patients are women, the remainder children, as this is a "zenana" (women's) hospital. It may be worthwhile noting here that just as many girl children as boy children are seen in our out-patient department daily. The total number of indoor patients last year was 2834. Operations, varying from T & A's to transplantation of ureters, totaled 1818. Confinements in hospital numbered only 451, less than half the number of the previous year. The drop is due to the exodus of the Hindus and Sikhs - the more health conscious former members of this community. The Muslim women, being secluded, do not usually come to hospital for normal deliveries.

Women in this section of Asia insist upon seeing women doctors for their numerous ailments and many of them would rather suffer life-long misery than subject themselves to an examination by a man doctor. The "Purdah" system of seclusion can be and often is carried out to a ridiculous degree. Once when called in consultation to see a patient with advanced carcinoma of the breast, two women servants brought in a very long and wide sheet and proceeded to cover the patient very thoroughly leaving exposed only the area of the malignancy. All this ceremony so that the man doctor would not get a glimpse at the patient's face, not particularly comely at that - even in its heyday.

A wealth of clinical material passes through our hands daily in the dispensary. Many come for a sure-one-dose-cure of medicine and insist on going home when they can scarcely stagger around. Others insist upon admission when
they do not need it. Here are some of the diagnoses which appear upon the dispensary chits daily: Amoebic and bacillary dysentery, chronic malnutrition and avitaminosis, anemia, hookworm and other forms of helminthiasis, malaria, measles, pertussis, diphtheria, typhoid and *a*ny fly fevers, small-pox, tuberculosis - in every possible type and stage, trachoma, otitis, pelvic inflammatory disease, *lues*, Neisserian infections, sterility, diabetes, rheumatism, fractures, congenital malformations, etc., etc.

It is a bit of a setback to the average, keen doctor who comes to the tropics to find that many of the people regard his talents and training on the same par as that of the bazaar barbers, quacks and the village dais. To illustrate, let me give you the case of Sughra.

Sughra, a beautiful, young Muslim mother of nineteen years, rushed her choking year old son to the hospital one sultry August evening. Examination revealed a diphtheritic membrane obstructing the larynx. Immediate tracheotomy had to be done to save his life. This and anti-serum brought*the* child round amazingly quickly. In two weeks time, the wound had closed, the baby was well, and Sughra, radiant in her happiness of the baby's recovery, could not thank everybody enough for saving her darling's life.

Two months later I saw Sughra in the dispensary without her baby, so naturally asked how he was. Imagine my consternation when she said forlornly that he had died two weeks before of dysentery! She had not brought him back to us for treatment since it was a different trouble this time and she thought the treatment would not have such good results this time, so she took him to a quack in the bazaar! This gives an idea of what one is up against sometimes.

Despite such occasional blows to one's pride in one's work and profession, one soon realizes that ignorance and superstition still have a strangling grip on some of our less fortunate sisters. One learns to understand such *incongruities* as a patient insisting upon penicillin injections for neuritis, yet patronizing the village barber for incising a furuncle or probing a sinus!