Personal View

Not too long ago we heard a good deal about job satisfaction, though perhaps not so much in the medical profession. Maybe that was, and very rightly is, taken for granted.

In the early twenties I trained as a hospital almoner. That profession was going through a very awkward time. In the early days the almoner's job was to juggle with the conditions of the patient's life to try to speed up recovery. About the time I started work the hospital authorities were finding the voluntary system insufficient to meet rising costs. Patients must be asked to pay what they could and the almoner was the right person to do the assessing. In the country hospital in which I was working we used to hand the patient a paper which read something like this: "The cost to the hospital for each inpatient is three guineas a week. You are asked to pay as much as you can towards this." Then we had to suggest to seemingly well-off patients that they should see a consultant privately. I remember one mother who, when this was put to her, turned to her small daughter and said, "We always put a penny in the box for the poor little children, don't we darling?". I was never any good at countering this kind of remark effectively. As the welfare part of the job declined, the job satisfaction declined also. This was frustrating.

I had always wanted to qualify in medicine, but poor eyesight had made it seem more sensible to read for an arts degree. Now there was nothing to hinder me from embarking on a medical course. It was harder than I expected, but at the age of 46 after three house jobs I landed up at a 100-bed Mission hospital in Central India. There I was confronted with new people, new languages, new diseases, and some new standards. I gasped when on a ward round my colleague said, "Now we will go and see the smallpox case on the veranda." I had always thought that smallpox needed isolation at least comparable with the middle of the Thames. Then there were funerals and quite a lot of them. A poor diet in early childhood, malaria, worms, and the struggle to get educated had left some of the teachers and nurses with very little stamina. They very easily fell a prey to tuberculosis. This was a problem which had to be faced.

After a year I was asked to look after a small mud hospital in the district. This was situated near the source of several rivers. These were unbridged. This was a nuisance in the Rains, as we were likely to be cut off from our friends and neighbours from July to October. Most of our patients were aboriginals, living in scattered villages. They were delightful people, who scratched a scanty living by growing upland rice and keeping scrawny cows and goats. The people were animists and very much afraid of evil spirits, so that whenever there was a death the hospital emptied rapidly. It was hard to get used to the fact that most of our patients looked on the hospital as a place of last resort. When they were ill the grandmothers were the first to be consulted. They had an endless supply of remedies—cowdung for wounds; a pounded frog for inflammation; dung beetles and the juices of many plants and leaves for sore eyes; and standing on the expectant mother's stomach to hasten delivery. Then, after consulting the village wise men or the untrained midwife, they would reluctantly come to hospital and stay for just as long as they thought the treatment was doing them any good.

On the hospital staff there was an Indian-trained nurse, a trained dispenser, and various most willing slightly trained helpers. They were an excellent team to work with, and I think had as much job satisfaction as I did when a patient who had been desperately ill went home cured. Nearly everyone who came to the hospital had malaria, hookworm, or roundworm; dysentery, leprosy, and tuberculosis were common, as were burns, abscesses, and injuries of all sorts. We were called to midwifery cases in many villages, and, again, usually the people only sent for us when the woman had been in labour for two or three days.

I had been having a good deal of malaria and after sixteen months was moved to another small hospital. Here life was a good deal easier, as there was an experienced English nursing sister and we were not too far from one of the larger hospitals, to which we could appeal for help in time of need. It made a very great difference to have a colleague to share the work. We visited a good many villages, sometimes for maternity cases or to hold a clinic or to give inoculations. I was school medical officer for a town and country school. As the years went on we became more and more informed about the causes which led to early death, and carried on a relentless war against helminths, malnutrition, lack of proper sanitation, the pollution of water and food, and illnesses which were preventable by inoculations.

This was not enough: the really important thing seemed to be to help the villager to understand some of the essential things about health and illness. The key people to try to get at were the educated people living in the village—very often the pastors and school teachers and their wives. There was no suitable book to give them, so the best thing seemed to be to write one. This was done and published with the generous help of some religious publishers, who also arranged for its translation into a number of vernacular languages. This was followed later by two more books and a number of audiovisual aids.

At the end of my normal period of missionary service I was asked if I would like to accept an offer made by the Christian Medical Association of India, that I should be seconded to them as their preventive medicine secretary, an offer I joyfully accepted. Back in the country my headquarters were at Nagpur in Central India. There I worked with a medical and nursing colleague and in close association with the National Christian Council of India. Nagpur was an excellent centre for committees and conferences and for visiting as many as possible of the 300 or so Christian hospitals and dispensaries. We did a good deal of travelling, often covering as much as 2,000 miles a month. It was a great experience to see so much medical work carried on by so many different people and to become so quickly involved in friendship and understanding.

I found the most exciting part of the work in the little group of enthusiasts who were deeply interested in the health problems of village life. One group evolved a "forme" to make a squatting plate of cement. The plate when made was inexpensive and was designed to make a bored-hole latrine reasonably hygienic. Unfortunately this kind of sanitation did not always fit in with the villagers' "felt need." In parts of North India to have a latrine in the compound would have prevented the purdah women from joining their neighbours in the early morning get-together in the fields; this was a truly social occasion.

After six very happy years I came back to England to cope with the problems of retirement. Now in spite of old age, growing disability—and not too much cash—the afterglow of job satisfaction still persists. I would not have had my life ordered in any other way.

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