

NURSING IN FIJI

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Sister Superintendent

(Sent by courtesy of B. Granville Corney, Chief Medical Officer, Fiji, to the International Congress of Nurses, in 1901, at Buffalo)

AWAY in the distant Pacific, far from the centres of civilized life, one scarcely expects to meet with all the comforts so easily obtainable in large cities. Nevertheless, in one group of islands, one of the many in southern seas, we have our little hospital, which, though not an imposing edifice of stone, tiles, etc., still carries on its work from year to year, and achieves the primary end for which hospitals exist.

Many things have a humble beginning, and this institution is not an exception. The beginning was made in 1883 by erecting a few native houses of unsawn timber, reeds, and thatch; not aseptic, perhaps, many nurses may think, and quite correctly so, yet for a time they served their purpose in sheltering patients who came from neighboring or distant islands. Situated on rising ground, overlooking a beautiful harbor within coral reefs, and surrounded by tropical foliage, the spot was happily chosen for its future development. In course of time properly equipped wooden buildings superseded the primitive structures of thatch, and accommodation was provided for a much greater number of patients.

Until 1888 the hospital was in charge of a non-resident medical officer, and its domestic administration was presided over by an untrained matron who was kind, indeed, to the patients, but lacked the knowledge so essential in nursing the sick. The work of the wards was carried on by native and Melanesian laborers. The need for further improvement soon became very apparent, and the government decided to obtain the services of a trained nurse. Our pioneer sister was a lady from St. Thomas's Hospital, London, who bravely set to work to surmount the difficulties incidental to life in a new country, previous lack of nursing organization, and an unfamiliar vernacular. During the early years Europeans rarely sought admission to the wards, for it was regarded as a native hospital only, and many necessary comforts were wanting. The sister soon found that it was impossible to work on alone, and accordingly made arrangements to train probationers, one of whom remained to complete her training (three years), and for some time worked under a sister who was trained in the London hospital and succeeded the one previously mentioned. Subsequently the appointment again became vacant, and was next filled by an old-time probationer, who continues in charge at the present time. From 1888 forward a resident medical superintendent has been installed. The wards are nine in number, detached, and contain in all one hundred and seven beds. The operating theatre, dispensary, office, and eye-room are included in the block which contains the European wards, but there are also two separate private wards for the latter class. Our patients include a very mixed variety, Europeans, Fijians, Indian coolies, representatives from almost every island in the South Pacific, and a few stray Japs and Chinese. Owing to the natural formation of the land it was impossible to build the wards in regular pavilions, and perhaps, in a climate like ours, this is no disadvantage, on account of race prejudices. In fair weather the walk from ward to ward is pleasant enough, and nurses and patients almost live in the open air; but in the rainy season, which is a long

one, the task is not quite so easy, for the distances to be traversed are too great to permit of covered ways. This, however, is a detail—the roughs of life are ever mixed with the smooth, and the pretty surroundings in fine weather compensate for the disagreeables of the heat and rain. The buildings are all timber, surrounded by spacious verandas, roofed with shingles, the floors stained and polished, and all kept spick and span. The Europeans' wards are fitted with all the ordinary ward furniture and are very bright and cheerful. The native wards are not supplied with more than is really necessary, as native habits are usually somewhat grimy and disagreeable, and nurses must ever be on the alert to keep everything clean. Though the actual scrubbing, sweeping, and polishing is done by native ward servants, they are so untrustworthy that an untiring supervision has to be maintained over their work. Iron bedsteads are used throughout, and the Fijians use mats, blankets, and native pillows (a piece of wood or bamboo on two short legs, which supports the nape of the neck), not our idea of comfort, but sufficiently cherished by them. Very few indulge in the luxury of a soft pillow. Of course, patients who are very ill are provided with all that is necessary, but unless there is any reason why a change should be made we allow them to follow their own customs in so far as is consistent with good sanitation and discipline. Attached to each ward is a lavatory and shower-bath with an abundance of excellent water; for a daily bath is a necessity here, and often has to be insisted on. Not one of the least amusing of my duties is the early round and questionings to learn if each patient has had his "morning tub," and some of the evasive replies and frequently direct and unblushing falsehoods I meet with are very ingenious. The patient's delight is unbounded when he can show you some wet hair, and the laugh of satisfaction that passes around is infectious when a less fortunate perverter of the truth is promptly sent to have his bath.

As with all uncultured people, the Fijians have curious ideas about soap and water, and when not under European supervision they allow their sick to lie for weeks and even months and never dream of washing or sponging them, or even combing their thick hair. Imagine our feelings when such cases are brought to the hospital,—and those of the friends (who often stay a few hours) when they see the bath given. There is much, apart from actual nursing, that is interesting in the customs, ideas, and languages of the people with whom we have to deal.

Diets are sometimes a difficulty with native patients, and as we try to give to each according to his religious and caste prejudices, the diet-list often presents a very complicated bill of fare. Rice enters largely into all their meals, with bread, yams, taro, breadfruit, tea, all ordinary invalid delicacies, and some meat or fish. Smoking is habitual with all native races here, and is generally allowed outside or in the verandas, but patients sometimes steal a smoke in the wards, and pipe and tobacco are confiscated from a man who is not smart enough to hide them before a nurse appears. They love to secrete their little treasures under their mats, so, to keep the beds fresh, everything is sunned and aired each fine morning, and when the doctor comes round the wards really look very quaint, with the rows of beds, bright-fringed mats, with brown, black, and yellow patients.

The nursing of some of our patients is often difficult, for they cannot understand our reasons for much that is done, but on the whole they are amenable and, if persuaded and firmly treated, are fairly submissive. Every year adds some improvement to our wards or buildings, but, like *Oliver Twist*, we are

always wanting more, though by patient waiting and steadfast adherence to purpose we usually get what we want in the end.

Our admissions last year amounted to one thousand four hundred and seventy-two, but the number of out-patients treated is only about five hundred and fifty annually. The diseases met with are, *inter alia*, dysentery, yaws, ankylostomiasis, tuberculosis, internal and external parasites of all sorts, and many others with which most nurses have to deal.

Enteric fever is not prevalent in Fiji, but isolated cases sometimes occur and run a more or less irregular course. Your newly acquired territory in Samoa, or, at any rate, the German portion of those islands, whose people we consider our neighbors, has, however, quite an evil reputation with regard to that disease, and almost all the worst cases of enteric fever we have nursed in our hospital have been brought to us from the warships on that station.

Our operations are conducted on aseptic principles, and our death-rate for all admissions only averaged 3.56 per cent. in the last five years. The European staff consists of a resident medical superintendent, visiting surgeons and physicians, sister-in-charge, three nurses, and a steward. The dispenser is a native Fijian, who is clever and competent. Native students are trained here and receive a three-years' course of instruction in technical and practical work, after which, if successful in their examinations, they are sent out among the sick in the provinces. They sometimes work alone, but are for the most part under the supervision of a district medical officer. The cooks and other servants are Indian coolies.

The training for the nurses extends over three years. Lectures are given by the medical staff, and they receive instruction in practical ward work and invalid cooking from the sister. A certificate is given if the examinations are passed creditably. As well as our own work in connection with our wards, much is done to help the district medical officers and the native practitioners, who requisition all their supplies from this, the parent hospital as it were. The Fijian group comprises over two hundred islands, about eighty of which are inhabited, and some of these are very isolated. The total population is about one hundred and twenty-two thousand six hundred and seventy-three. It is thus a difficult matter to reach all the sick, but during the last three years provincial hospitals in charge of English medical men have been established and sanitary inspectors appointed to visit the more populated districts, so that at the present time the wants of the Fijian are being well cared for. In time we shall train more nurses, and some may like provincial work; just now the only trained nurses here are our own. Infant mortality in the villages is great. It is pitiful to see the condition of some babies brought into hospital, and to note the apathetic, ignorant helplessness of the mothers. It is almost useless to try and teach the present generation of mothers very much. On one occasion, after talking to a number of women for some time, and demonstrating how children should be treated from birth onward, they listened most attentively, agreed ostensibly with all I said, and admired our methods; but they finally remarked: "Yes, that is all very good and true for white people, but we are Fijians." As a rule, they are pleased when anything is done for the children, and the mothers, who often come in with them, severely scold the little things if they cry or show any fear of us.

In the native wards prayers are said every night and morning by one or another of the patients, who acts as a lay reader, and a hymn is sung in which everyone joins. Native games are played on the veranda, but nothing gives so

much pleasure as a pack of cards for euchre, and the boys' delight is unlimited when presented with a few marbles. Story-telling is a favorite pastime, and most natives are fluent speakers. One evening I listened to a man relating the story of "Dick Whittington and his Cat" to a most interested audience. So prolonged was the tale with additions from his own inventive brain that it was some time before I realized what he was talking of; unfortunately, my interest flagged early, and I bade them good-night and retired. The Fijian is very patient when ill and nothing worries him, except a milk diet, for which he has an intense dislike; but they are not hard to manage, and they never fear the approach of death.

If a nurse so wishes it, her life may be made very happy if she takes a genuine interest in her work and the people. The "off-duty" hours and holidays are liberal, and uniform is provided. People here are somewhat cut off from the world at large, Australia being eight-days' and New Zealand four-days' distant, but there is pleasure in looking forward to the arrival of the fortnightly mails; and, if we cannot visit historical places or have the advantages of more civilized lands and institutions, nature, at least, comes forward and offers a great deal that is beautiful and instructive to supply their place. Bright-foliaged crotons and coleuses grow in luxuriant profusion, and many other gay shrubs and flowers are used to adorn the many hills, slopes, and nooks provided by the natural formation of the land. The large crimson hibiscus grows exceptionally well and makes effective hedges to line the paths from ward to ward, so that the hospital is like a very picturesque rural village, and fulfils all the needs of a tropical climate.



CONTINUOUS BATHS IN SURGERY.—Pressly reports several cases, including crush of foot, severe contusion of thigh, pus infection of thigh, lacerated wounds, and burns treated with excellent results by means of the continuous bath. The water should be clean, preferably running, warmed to about the body temperature, and should have a specific gravity approaching that of blood serum. In addition to adding warm water every half hour it is necessary to change the entire volume of water three or four times in twenty-four hours. The specific gravity may be raised to approximate 1.028 by the addition to one drachm of common salt to the quart of water. Boric acid may be added for its antiseptic influence. Good results can be obtained with the ordinary bathtub and foottub. The following advantages are claimed for this method: 1. The warm water is anodyne, and the patient suffers less pain and requires less opium than under any other treatment. The afflicted member being floated by the water, may be moved by the patient, and his comfort is again increased by not being forced to remain immovable for a more or less prolonged period. 2. The odor from offensive wounds is controlled better than by any other way. 3. It constitutes the most perfect drainage attainable. In superficial lesions the bath has its greatest usefulness, but even in deeper infections brilliant results are obtained. The bath should be kept up intermittently or continuously until the wound is protected by granulation tissue.—C. A. O.