

## DISTRICT NURSING IN INDIA.

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SOME of the readers of the *Nursing Record* may be desirous of obtaining information with regard to District Nursing amongst natives, and as I have been living in their midst for the last five and a-half years, perhaps a little account of the work carried on in Peshawur City may not be without interest. District Nursing, as we understand the term in England, is a thing, I believe, at present unknown in India; but Medical Missionaries have to be Doctors and Nurses combined, for the natives are absolutely ignorant as to the first principles of Nursing, and I may say as to Nursing in general.

For instance, the lady Doctor orders a linseed poultice. The order is repeated by one and all present. Then she enquires, "How is it to be made?" and the probable answer is, "What do we know?" or "How can we tell?" If left to their own devices, the mess I shall now describe will be the result of their efforts. The linseed is taken *whole*; a pan is put upon the fire containing cold water. The linseed is strewn in whole, and then stirred until the water boils. Then this semi-liquid concoction is spread upon a rag and applied warm, or, as in most cases, *cool*, to the affected part. If applied in the evening, it will be removed the next morning, the seeds sticking to the surface where it has been applied.

Therefore, the Medical attendant after ordering the poultice has to stay and see the water boil, have the seeds ground to meal, and then make the poultice, and tell the attendants how many are to be applied before she calls again. But unfortunately you cannot depend upon the people to carry out your orders, for the patient is often left to moan and turn in bed while all her relations and friends who have been crowding around her during the day have retired to rest, not leaving one to watch. In one case, after distinct orders had been given, the patient was asked in the morning, "How many poultices were applied during the night?" She replied, "One yesterday evening and one this morning; they all went to sleep; who could attend to me?" "Did you sleep?" was the next question; and she replied, "Oh, no! I had too much pain." If the Medical attendant wants to see the patient cared for, she must make the poultices, hot fomentations, and all else herself. But this is quite impossible in a busy life like that I am picturing.

Again, natives have no idea whatsoever as regards infection. Small-pox is considered by them to be an infantile complaint, the reason of

this being that every child, as a rule, has it before it is eight years old. The natives are conservative and cannot break through the customs of their ancestors, so if a child has small-pox, or any other complaint, infectious or not, every relation, or at least one woman from every relation or acquaintance's house, must present herself and sit in the room where the patient is, conversing with all there assembled for an hour at least. Children, and even babies, are brought with them. They will not consent to isolation of such cases. If you object, and say, "The child is likely to take the disease," they are sure to reply, "Dismat hai", meaning, *It is fate*. If you tell a woman that she may take it, she will say, "No, it is a child's disease." If you tell them that none but those who are nursing must enter the patient's room, they will say, "That is impossible; they would be so angry." Consequently nearly all natives have had small-pox in their childhood; and, strange to say, it is only by degrees that they are beginning to ask for English treatment for this disease, for until lately they have said that treatment is sure to kill the patient!

The Mohammedans hate cold water, and will not allow a patient to be washed, even in warm, if they can help it. Of course I am speaking of those who have not yet come much in contact with civilisation. The Hindoos, on the contrary, are troublesome in exactly the opposite way. One example is as follows:—Every woman is expected to bathe in cold water before the fourteenth day after her confinement, and generally on the tenth. She, as a rule, stands on cold stone slabs, and has cold water poured over her. The consequences are, of course, chill and fever; the latter of a type which frequently proves fatal. During her confinement, and until this day, she is kept in a small stuffy room, with one or more charcoal fires burning, and only a small aperture near the roof for ventilation; this even is often wanting. One woman, the *chhai* or Monthly Nurse, is in attendance, and no one else, not even the mother, will venture into the room, or touch the patient, and the poor little baby, after its first bath on entering its wretched existence, is rolled up in some rags—*i.e.*, its chest and legs, but the buttocks are left quite bare—and so it is kept, *unwashed*, until the tenth day. A mother will not touch her daughter, nor a grandmother her grandchild, until that day is past. After this the patient is again liberated and allowed to associate with all, for she has changed her clothes! The baby in its semi-unclad condition is often laid on the mud floor, and, of course, often takes a chill and dies.

I could enumerate many other injurious customs both amongst Mohammedans and Hindoos, but must refrain lest my letter should prove too long.

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