

was swarming with malarial parasites, while that of the adults was absolutely free from them. The expedition laid considerable stress on the undesirability of allowing native huts to be erected close to European residences, and recommended the formation of a distinct European quarter.

An article on "Malaria and its Prevention," by his Excellency Sir William MacGregor, K.C.M.G., M.D., Governor of Lagos, then follows. The Governor strongly advocates the use of quinine as a preventive, and goes so far as to say that "in all probability the day will come before long when newly appointed officers for places like Lagos will have to undergo a test as to whether they can tolerate quinine or not. A man that cannot, a man that will not, take quinine, should not be sent or remain in a malarial country, as he will be doing so at the risk of his own life, and to the danger of others. . . . It is not improbable that it may eventually become a rule of the service that when an officer who has not been taking quinine regularly gets fever he will lose salary for the time he is laid up with it, unless he can show that he cannot tolerate quinine. So far as officers of the Government are concerned, it seems to be already tolerably certain that by the use of quinine, regularly taken as a prophylactic, they can be kept practically almost free of fever."

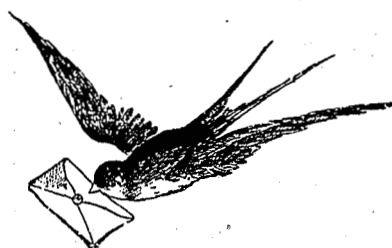
As to the use of mosquito proof houses, Sir William MacGregor mentions what we have always felt would be almost an insuperable objection to anything like its uniform adoption in a tropical malarious country. "It is not likely," he says, "that in a place like Lagos as good results can be obtained from the use of mosquito-proof netting as in Italy. One great objection to it here is the serious and highly disagreeable way it checks ventilation. This is a difficulty that cannot fully be brought home to one in a cold climate. But in a low-lying, hot and moist locality like Lagos it comes to be a choice of evils to sit inside the netting stewing and suffocated, or to be worried and poisoned by mosquitos outside. The netting is hardly a feasible remedy as regards native houses. It is not possible to protect even European quarters completely by it. Few officers or others are so occupied that they could spend the day in the mosquito proof room. Certain it is that any man that suffers from the singular delusion that mosquitos bite only through the night, would have a speedy cure by spending a few days, or even a few hours, in Lagos. Operations here are being limited to supplying one mosquito proof room to the quarters of each officer. In this he will be able to spend the evening free from mosquitos if he chooses to do so."

One more reference must be made, namely, to the statement of the Rev. W. H. Findlay, an experienced Indian missionary who believes that the chief cause of the unhealthiness of West Africa is not so much the inherent deadliness of the climate as the neglect of common precautions by the European residents, and the disregard of the rules of prudent tropical living. He instances the fact that in one house where he lived, for several years after it was built and occupied there was no sanitary provision whatever but the adjoining field, and that in another if the missionary wanted a bath he had to take it in a mud-walled enclosure open to the sky, and either bathe in a sun helmet or risk sunstroke.

Our Foreign Letter.

PIONEER NURSING ON LAKE NYASA.

SOME EXPERIENCES OF A MISSIONARY NURSE.



On the shores of Lake Nyasa, the southernmost of the great chain of lakes which stretches through Africa from the sources of the Nile almost to the

River Zambesi, there are several stations of the Universities' Mission to Central Africa. During the last few years great strides have been made in the medical work carried on there. In spite of this, however, everything is still in a very elementary condition, and it will be only after some years have elapsed that one may expect to find everything in good working order. It may interest the readers of the NURSING RECORD to hear how a beginning was made at one station. At Kota - Kota, a large village on the west coast of the Lake, medical work began in April, 1899, when a nurse was first stationed there. She was rather like an engine without any steam, since the only drugs she found on her arrival were some Carbolic Acid and some Paregoric Tabloids. Quinine she had brought with her; some dusty common wool was all that existed in the shape of dressings.

She had to begin at the very beginning, and the difficulties in the way were numerous, the most serious, of course, being the fact that no doctor could be summoned in less than four days, and even then not with any certainty that he would be able to come.

The dispensary where most of her work was carried on was a sort of lean-to at one end of the wattle and daub house in which she lived. It rejoiced in a brick floor, a great luxury when compared with the ordinary mud floor of most houses, and the furniture consisted of two sets of shelves for bottles, one large table and one smaller one, two rough forms, and a small stool made of a section of palm tree trunk.

For some weeks the shelves were empty but for the Carbolic and the Paregoric, but after that a fair supply of drugs arrived from headquarters, and the dispensary began to present quite a professional appearance. The natives at first were doubtful, to say the least of it. They would stand outside and *look*, but only the people attached to the mission, school children and workmen ventured to enter. The raw native's sole idea of medicine is that it is a species of charm or witchcraft, and it took some time for them to overcome their suspicions and grasp the fact that no harm was intended. But by degrees they gained confidence and now the nurse has quite a large clientèle.

At 8 a.m. every morning she repairs to the dispensary, and generally finds quite a small crowd of sick and afflicted assembled round the doorway, patiently awaiting her arrival. The dispensary assistant, a wee boy about eight years old, with as

[previous page](#)

[next page](#)