

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 1,472, but the number of out-patients treated is only about 550 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 neighbours, 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 200 islands, about eighty of which are inhabited, and some of these are very isolated. The total population is about 122,673. 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 favourite 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

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