

Practical Notes on Nursing.

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NURSING IN THE TROPICS.—I.

THE study of tropical diseases has of late years aroused much practical interest in England. British enterprise fights shy of no country or climate, but what the practical recognise is the apparently insuperable obstacle to progress afforded by the devastating diseases peculiar to certain tropical regions. Until this demon has been scientifically vanquished by the discovery of preventive measures, many fields of enterprise remain absolutely closed to Europeans. Science is now grappling with this problem, and is establishing Schools of Tropical Disease at home and sending out commissions to study tropical microbes in their native hunting grounds.

Some prominent features in the nursing of tropical disease may not prove uninteresting at a stage when Englishwomen are rapidly approximating their countrymen in the facility with which they embark on undertakings in utterly unknown surroundings, and under untried conditions, very far afield from home and friends. But before discussing the nursing point itself, I would like to say something about the status of a nurse in the tropics, the qualifications which are most essential, and the equipment that is most serviceable.

The ready adaptability of the average Englishman to foreign surroundings is remarkable, for he retains all his inherent British prejudices, seldom takes the trouble to learn the language of the country fluently, preserves every particle of his individuality and yet is thoroughly at home in a marvellously short space of time, and adopts such customs as are conducive to his well-being with easy rapidity. Women have not yet acquired this talent for acclimatisation, but that is merely a question of time, for we are yet young in cosmopolitan enterprise.

In discussing the status of a nurse abroad, a very marked distinction presents itself between colonial nursing and nursing in countries under a foreign flag—such as the Central and South American Republics, where a larger or smaller proportion of English people have gained a foothold and constitute a so-called "foreign colony." An English colony is, to all practical purposes, England. The dominant language is English, the heads of institutions are English, the doctors are English, and the serving classes have learnt, more or less, to conform to English customs, while in countries under foreign rule the con-

ditions are, of course, reversed. I most strongly advise those who wish to nurse in the tropics to make their first experiment under the auspices of English Colonial Associations only. In British colonies a nurse has always her path methodically arranged for her, she is under Government protection throughout her career, and has no occasion to worry herself about her position, which is a well-defined one.

It is, from every point of view but that of pecuniary remuneration, a preferable position to that of English nurses working in tropical countries not under British rule. These, generally speaking, go abroad under the following conditions:—There are those who go to nurse in British hospitals in the larger capitals and ports, those who are paid by a British community of some hundred or more English people to attend such cases as may arise, and those who accompany an English family abroad and remain with them permanently. The pay is always good, a clear salary, ranging from £70 to £100 per annum, being guaranteed. On the other hand, everything is very dear in these countries.

The British hospitals enjoy a local reputation of being badly managed, with a corresponding lack of order, method and discipline, the nurses have frequently very much spare time on hand without enjoying the liberty of action that one is accustomed to at home in spending time off duty, and their fellow nurses often prove anything but congenial society. One hospital of this description used to replenish its coffers by taking in men boarders when the nursing season was slack!

Nurses in an English community are generally extremely well treated, and have their lives made as pleasant as circumstances permit; they often meet with warm appreciation, and have, socially speaking, nothing to complain of.

With regard to qualifications, health is, of course, the primary one. As regards age, women between 30 and 40 are far more likely to remain healthy in trying climates than younger ones. Certainly, no woman under 26 should go out. A diploma from the London Obstetrical Society, or some adequate midwifery experience, is of such value as to make it almost an obligatory qualification.

I have often been asked by nurses going out to the tropics, to give them some advice regarding clothing and luggage generally. What I most emphatically insist upon is the advisability of getting woollen underclothing. It is a common mistake to suppose that because one is going to live near the Equator, one wants to wear nothing but muslin gowns and the thinnest cotton under-

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