



Letters to the Editor.

NOTES, QUERIES, &c.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.

THE ATTRACTION OF AFRICA.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I have repeatedly been asked what are the attractions of Africa to a nurse, and find it impossible to give a satisfactory answer. That there are attractions is true, since one hears on all sides a wish to return after a short visit to England. I myself find it a consolation to say "I shall go back to Africa" when anything disappointing happens, but the mood quickly passes, and I still feel glad to be at home; but I have only been back about six months. I went to Africa in 1899, when war was threatened, as ward sister to a "civil hospital," that I might be on the spot should war be declared. On landing in Cape Town, we found the ultimatum had been declared that morning. I felt very pleased with myself for getting out in time, and was very keen to get up to the "front." On our way up everything had a most war-like appearance, and we passed two officers in khaki, who had travelled out in the same ship, already stationed "guarding the line." They came up to the train to speak with us, and complained bitterly of the cold; it was their first night on duty, and a surprise to them that, although so hot in the daytime, it was perishingly cold at night. I arrived at my destination, and was on duty one day before the town was besieged. What a depressing day that was! Not because I, at least, anticipated what a siege would be like, but because of the strangeness of everything in hospital. Nothing seemed familiar, except the nurses, who were most kind and sympathetic. I remember wondering at the time why they were evidently all so sorry for me. I afterwards found out that the nurses in hospital always "feel sorry for new nurses coming out from England," and only as time goes on do you in the least realise why. The "why" one cannot explain briefly.

I will skip all the details of the siege, as you have doubtless read of it often; it is all stamped on my memory, some things more vividly than others. One day's work in particular I remember as being, if I may be pardoned for saying so, a waste of labour. It was after the fight at Carter's Ridge, when we had most of us been up all night, getting in some wounded, waiting for others who never reached us alive, that the matron came up to me (my ward being light at the time) and told me to arrange to receive the bodies that had been lying on the veldt all night, and make them presentable for their friends to see them. At 2 p.m. the ambulance drew up to the mortuary door, when six other nurses, including the matron, came up to help. I will not describe our work, but nurses who have lived in Africa will understand what it must have been like; there were nineteen dead men, who had been killed the night before, and had been on the ground, in broiling sun, fixed in all attitudes.

Sufficient to tell you it was real hard work, and that by 4.30 p.m. these last offices were finished, and all was ready for relations and friends of these poor men to see them. The cortège left the hospital at five o'clock. Such a very sad, impressive sight—twenty-three corpses in all, four having been brought in the night before. But this is all about and entirely to do with the war.

Let me return to the "why" a nurse is pitied by her fellow-worker when coming out for the first time from England. At the time I entered my ward—"Surgical Native Ward"—it had been, and was, quite an old establishment, and there had been many remarkable cases, cases requiring great surgical skill, and they have had excellent results; and yet, though every year, and week after week, we got the most filthy mining accidents, cases needing complete warm baths before anything surgical could be done, still we only had zinc baths, like large washing tubs, the water for which was brought a fair distance if hot, if cold from the front verandah of the ward. This went on some time after I got there, as also did my request for a bath-room, with the result that, when I had been there a year, the committee graciously ordered a bath-room to be built leading from the ward, with a supply of hot and cold water. No doubt my predecessors, some of whom were from the London hospitals, had requisitioned and requisitioned for a bath-room, thereby enabling me at last to succeed, for it takes such a long time to get what seem to us absolutely necessary things, and great perseverance to get all you require to make the work a little less than slavery, and the reason of the delay is the great expense of every kind of labour and material in Africa; and yet the "De Beers" works prove that with money you may have every modern appliance, even in the middle of the desert—but that is worked by men, hospitals chiefly by women. A white man, even the English labourer, when in Africa, needs a black man to use his pick and shovel, but a white woman can get no such manual help. What a joy that bath-room was the first time a case came in, after it was ready for a Condy bath—a case superficially flayed all over by falling *débris* in the mines. Only a nurse who has given such baths would understand this joy.

The above is a subject which I thought would appeal to nurses and lovers of nursing. There are many such instances which would tell of the trials of an African hospital *versus* a hospital in England.

An English trained nurse can and will succeed if she makes up her mind to combat with these trials. Our colonial sisters are very persevering and appreciative of good work, and we must work most thoroughly and unselfishly if we are to give them a right idea of the way our work is done in England. Work to an English Sister in Africa for the first time is not quite like "making bricks without straw," but there seems little straw.

I think for this same reason an English doctor out there thinks all will be well when he gets one of "his own nurses" out. He sees her in very different circumstances to those when she worked for him in England; then he thinks she is not so "smart" as when he last knew her. I have had the above remark often made to me by doctors who have had nurses out there.

Perhaps the foregoing remarks will explain a little why the colonial nurses are always sorry for one just out from home. Any nurse intending to settle in

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