

## Nursing in Fiji.\*

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Sister Superintendent.

Away in the distant Pacific, far from the centres of civilised life, one scarcely expects to meet with all the comforts so easily obtainable in large cities. Nevertheless, in one group of islands, one of the many in southern seas, we have our little hospital which, though not an imposing edifice of stone, tiles, &c., still carries on its work from year to year, and achieves the primary end for which hospitals exist.

Many things have a humble beginning, and this institution is not an exception. The beginning was made in 1883 by erecting a few native houses of unsawn timber, reeds, and thatch; not aseptic, perhaps, many nurses may think, and quite correctly so, yet for a time they served their purpose in sheltering patients who came from neighbouring or distant islands. Situated on rising ground, overlooking a beautiful harbour within coral reefs, and surrounded by tropical foliage, the spot was happily chosen for its future development. In course of time properly-equipped wooden buildings superseded the primitive structures of thatch, and accommodation was provided for a much greater number of patients.

Until 1888 the hospital was in charge of a non-resident medical officer, and its domestic administration was presided over by an untrained Matron who was kind, indeed, to the patients, but lacked the knowledge so essential in nursing the sick. The work of the wards was carried on by native and Melanesian labourers. The need for further improvement soon became very apparent, and the Government decided to obtain the services of a trained nurse. Our pioneer Sister was a lady from St. Thomas's Hospital, London, who bravely set to work to surmount the difficulties incidental to life in a new country, previous lack of nursing organisation, and an unfamiliar vernacular. During the early years Europeans rarely sought admission to the wards, for it was regarded as a native hospital only, and many necessary comforts were wanting. The Sister soon found that it was impossible to work on alone, and accordingly made arrangements to train probationers, one of whom remained to complete her training (three years), and for some time worked under a Sister who was trained in the London Hospital and succeeded the one previously mentioned. Subsequently the appointment again became vacant, and was next filled by an old-time probationer, who continues in charge at the present time. From 1888 forward a resident medical superintendent has been installed. The wards are

nine in number, detached, and contain in all 107 beds. The operating theatre, dispensary, office, and eye-room are included in the block which contains the European wards, but there are also two separate private wards for the latter class. Our patients include a very mixed variety, Europeans, Fijians, Indian coolies, representatives from almost every island in the South Pacific, and a few stray Japs and Chinese. Owing to the natural formation of the land it was impossible to build the wards in regular pavilions, and perhaps, in a climate like ours, this is no disadvantage, on account of race prejudices. In fair weather the walk from ward to ward is pleasant enough, and nurses and patients almost live in the open air; but in the rainy season, which is a long one, the task is not quite so easy, for the distances to be traversed are too great to permit of covered ways. This, however, is a detail—the roughs of life are ever mixed with the smooth, and the pretty surroundings in fine weather compensate for the disagreeables of the heat and rain. The buildings are all timber, surrounded by spacious verandas, roofed with shingles, the floors stained and polished, and all kept spick and span. The Europeans' wards are fitted with all the ordinary ward furniture, and are very bright and cheerful. The native wards are not supplied with more than is really necessary, as native habits are somewhat grimy and disagreeable, and nurses must ever be on the alert to keep everything clean. Though the actual scrubbing, sweeping, and polishing is done by native ward servants, they are so untrustworthy that an untiring supervision has to be maintained over their work. Iron bedsteads are used throughout, and the Fijians use mats, blankets, and native pillows (a piece of wood or bamboo on two short legs, which supports the nape of the neck); not our idea of comfort, but sufficiently cherished by them. Very few indulge in the luxury of a soft pillow. Of course, patients who are very ill are provided with all that is really necessary, but unless there is any reason why a change should be made we allow them to follow their own customs in so far as is consistent with good sanitation and discipline. Attached to each ward is a lavatory and shower-bath with an abundance of excellent water; for a daily bath is a necessity here, and often has to be insisted on. Not one of the least amusing of my duties is the early round and questionings to learn if each patient has had his "morning tub," and some of the evasive replies and frequently direct and unblushing falsehoods I meet with are very ingenious. The patient's delight is unbounded when he can show you some wet hair, and the laugh of satisfaction that passes around is infectious when a less fortunate perverter of the truth is promptly sent to have his bath.

As with all uncultured people, the Fijians have curious ideas about soap and water, and when not

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