

### An Emergency Case.

Our day at Maningebas, on the Beira Railway, began, according to the needs, not according to the hour. For instance, this particular day began at 3 a.m., when I heard the imperative three-whistle call of the engine down the cutting. I had barely time to race into some garments before the little train had brought itself to a panting, puffing standstill, amid the hoarse cries of our boys, who had unrolled themselves out of their blankets to come and see the fun. The fun, alas, was tragedy. A careless guard, who had gone to sleep with his legs hanging over the end of a truck, had wakened to find himself jammed in between two trains, he having omitted to hang out his warning red light. Poor fellow, it was his last carelessness on earth, for it cost him his life. By the time the stretcher arrived, and the man, a mass of blood and dirt, was being carried up, we were both astir. Only two of us, and, of course, the usual doctor was away, and a locum one who had spent so many years in Beira, that one feared the fever had bereft him of the quick action that would be necessary to save a man's life. And the difficulties!

Just imagine it, you English nurses, with your button, and your theatre, and your House Surgeon and an army of helpers all ready for any and every emergency. Why, there was not one single drop of boiling water in the place, and the very fire to obtain it had to be lit by two exceedingly cross and sleepy Chinamen, muttering below their breath, "Welly bad gettie uppie three o'clockie." And boys to rouse and send up the hill to wake the doctor! Although the temperature was something like 100, even at this early hour, of course the patient was collapsed, and cold as ice. He was perfectly conscious, and very brave and patient. His one great idea to vindicate all others from any blame by confessing his own carelessness. Dirty! well covered with soot from the engine, for he had been brought on a tender, begrimed with the accumulated dust of weeks, up to his eyes literally in dirt and blood, the difficulty was where on earth to make a beginning. Both legs were crushed above the knees, and mercifully void of all sensation, and the patient was vomiting constantly, and mad with thirst. Before the doctor made his appearance we were preparing an empty ward, as the need of a theatre was obvious, and no operation could take place in the tiny general ward, which had already ten beds where five should have been. Everything was locked up, and there was everything to get out in way of instruments. As for sterilising—well, a good boil in the fish kettle was our nearest approach. It needed but one added horror, and that was adequately supplied by the other nurse—a good, fat old Colonial—not a bad nurse, but addicted to her drop. In all the hurry

and confusion the bottle of brandy got left on the kitchen table, and to my horror, I found her "getting her courage together" with a "nip" of at least 3vi. I felt I could have killed her where she stood, but it was no time for talk, only for action, so rescuing the bottle, which I carried about with me tucked under one arm like a baby, to the astonishment of the other patients who began to waken, I set her to work. Of course, immediate amputation was the verdict, and the doctor told me to be ready to give the anæsthetic. Now I had often done this before for minor cases, never for a double amputation, on a patient who looked half dead already, but with a sinking heart and a warning of my lack of knowledge, I prepared to do my best. Knowing I should be helpless, and that all the handing and theatre needs depended on the other nurse, I spent my last few minutes in coaching her as to what was likely to happen. There the instruments, here the ligatures, there the brandy, and finally my last instructions were to have the hot clothes ready all together in case of sudden collapse. All inside the wringer even, it seemed as though the newest, rawest pro could make no mistake. But I was to find that a Colonial nurse who has imbibed some six or seven ounces of brandy neat on an empty stomach is not to be relied upon for the simplest action. When the inevitable collapse came I asked for "Hot towels, nurse," and positively she filled the basin with stone-cold water, wrung out the towels, and passed them stone-cold! Hot, nurse, hot! I could not leave the case; I was doing artificial respiration for all I was worth, the doctor injecting ether, the patient slowly dying! And, again, the stone-cold wrung out clothes. Well, the man died there and then; of course, he would have died, whether hot fomentations were forthcoming or no, but it was a bitter thought to realise that with a doctor and two nurses present he should have lacked the smallest chance. This is not a criticism on the Colonial trained nurse, far from it; there are as many splendidly trained and capable women among our African trained Sisters as amongst English ones. But if any words of mine can portray the hideous evil results of "the little tot," why let them stand. Once the man was dead the fire had gone, and sorrowfully we turned to and cleared all up. By 7.30 no trace was left of the morning's rush, except the poor dead body, and a living memory that has stamped itself upon my brain for reproduction in the pages of this journal, perchance.

A. E. W.

The public, as a rule, have little conception of the actual life of nurses which involves stern and hard work, and occasionally more besides. Happily it is very rare, as was recently the case, for a patient to be fined for assaulting her nurses. The assault occurred at the Marylebone Infirmary.

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