

Here, on the extreme west of Ireland, we find a rugged and desolate country; nothing meets the eye for mile after mile, but treeless bog and stone; nowhere in the world, I imagine, could so many stones be found together. One could almost believe that in some past day it rained stones upon this land. Stones strew the path, stone walls encircle stone-studded patches, between the interstices of which the potato-plants struggle for existence. The cabins, often single-roomed, are built of stones loosely piled together and thatched with straw, which, in its turn, is weighed down with stones, lest the winds, howling down from the Atlantic Ocean, should bodily remove the roofs. Until the advent of the district nurse, cows, horses and hens commonly shared the family apartment.

The climate is what the natives euphemistically term "soft," meaning something to which a harsher name would be applied by the inhabitants of sunnier climes. The population is scanty and widely scattered, often living at great distances from schools, where, unfortunately, attendance is not compulsory. Cut off from intercourse with towns, the nearest railway being often thirty or forty miles distant, the people cannot, in the nature of things, attain as yet to a high standard of living, while the superstitions and beliefs which melt away before advancing civilisation, still keep a hold upon the minds and hearts of these imaginative and simple people, often proving a formidable obstacle in the way of the district nurse. It is embarrassing, for instance, to the nurse to find that in order to hoodwink and dupe the fairies it is necessary wholly to ignore the coming baby and that neither illusion to its advent nor the slightest preparation for its reception can possibly be permitted, and that it is not till the child is seen to be living that the assembled neighbours are allowed to commence the two little garments that constitute an Irish baby's outfit. It is also somewhat of a trial to a nurse to find that any excessive appearance of cleanliness and neatness is a source of great danger, especially to children, who are thereby rendered so desirable and attractive in the eyes of the fairies that they might kidnap them.

The nurse in these parts, of course, encounters great difficulties in getting to her patients. The parish priest, in one of these districts, writing of the nurse, said: "As an example of her zeal, I cannot do better than tell you that she was obliged to go to a case and on the journey she rode seven miles on her bicycle, and then rode five miles on horseback, and finally crossed the lake in a boat, before reaching the pathway some hundred yards in length

which led to the patient's house." Such are a few of the conditions under which our nurses work on the west coast.

As Miss Amy Hughes has explained in her paper, all local associations affiliated to the Queen's Institute, are expected to maintain their own nurse, but in such places as I have described, support from the inhabitants is practically out of the question, and yet the need is almost greater than elsewhere. Thanks to the initiative of Lady Dudley, wife of a former Viceroy of Ireland, a fund has been raised which endows district nurses, and as you have heard, thirteen nurses are at work in various places along this coast. Before the establishment of these nurses who are all midwives, as well as fully trained general nurses, the mortality in maternity cases was abnormal, owing to the fact that the women work from an early age in the fields and carry heavy weights on their backs, thus causing lasting injuries. Since the nurses have been there, a death has become the exception. Epidemics of typhus and measles have in times past decimated many of the villages; now there is a distinct improvement. In the quarterly return for 1905, the registrar, writing of an epidemic of measles, said that "efficient nursing accounted for the absence of chest complaints." At another place, owing to the vigilance of the nurse, some unsuspected cases of typhus fever were reported and quarantine enforced.

It is hardly possible to exaggerate the good which district nurses can do or the revolutions many of them have effected everywhere in the homes of the poor. We all know how, even among highly educated and well-to-do people, extraordinary ignorance often prevails as regards the management of the sick, and that the most obvious provisions for the patients' comfort are overlooked. If it is so, in the houses of the rich, how much more so it must be in the houses of the poor, where the most elementary rules of hygiene and of nursing are unknown, and far more difficult to carry out.

I said at the commencement of this paper that no two places were alike in the problems which await the district nurse, but as has been proved by the papers we have heard this afternoon, there are a few aspects in which district nursing must be the same, no matter in what place or in what country it is carried on. This is in the educational and preventative part of the work. The district nurse has opportunities such as are given to no others to inculcate doctrines of cleanliness, temperance, and hygiene. The ideal nurse is by no means content with nursing the sick back to health or with easing the last days of the poor chronic; her chief

[previous page](#)

[next page](#)