

towns, notably Croydon, where the practice also obtains.

No doubt these medical men intend well, but I venture to say they are wrong in preferring Swedes to Englishwomen. I have ascertained that it is quite unusual for a Swedish masseuse to be a trained nurse, and I am inclined to believe that part of the course the Swedish masseuse goes through unfits her to deal with sick people. The most prominent part of her training is in Swedish exercises. It extends and prolongs the course and it increases her fees. I am not saying that this part of the course has no advantages, but it certainly deals with the human subject as though he were a muscular machine, and only a muscular machine. And these young women, taken as a rule from the artisan class, are themselves good specimens of the muscular machine woman. They would do well in drilling cadets—perhaps in massaging healthy cadets. But so far as I have seen—and I have made a point of seeing a great deal—their manipulations are much too forcible and vigorous to be endured by sick persons, by patients wasted with disease or suffering from malnutrition, neurasthenia, or any of the nervous disorders that massage is properly applied to. I have seen a Swedish masseuse pommelling the flabby muscles of an enfeebled subject and vigorously kneading an unhappy patient whose flaccid tissues had lost their natural powers of resistance. A healthy carman on strike would have benefited by this kind of massage, not so a sick person.

I have met with many patients who have suffered from the Swedish muscular masseuses, and who speak with prejudice, so far as their voices reach, against the treatment of massage altogether. So that quite unintentionally Swedish masseuses have brought massage treatment into disfavour, both with medical men and with the general public.

I speak with a rather wide experience when I say that an Englishwoman, untrained in nursing, who has qualified in a good massage school in England will be quite as efficient as a Swede in the treatment of persons in health who need passive exercise or the reduction of bulk. And I have good grounds for saying that this same English masseuse will be much less likely to do harm than the Swedish masseuse—an untrained nurse—undertaking the massage of patients suffering from disease.

The English masseuse is more cautious, is less confident of herself than the Swedish masseuse, and she understands and follows more faithfully the instructions of the medical man in charge.

## NURSES AS HEALTH INSPECTORS IN HONOLULU.\*

BY MISS ALICE C. BAGLEY.

It was my good fortune to be called upon to help the Palama Settlement nurses in their work during a threatened epidemic of Asiatic cholera.

During the middle of February there developed among the Hawaiians something suspiciously like cholera, and by means of pathological examinations the diagnosis was confirmed. The victims were taken violently ill with vomiting and diarrhoea, accompanied by excruciating abdominal pains and rise of temperature. As the disease advanced, the patients became cold and clammy, and with but few exceptions died within six to twelve hours after the onset of the disease. The people who had come in contact with these cases were immediately removed to the Kalihi quarantine station. A number in quarantine developed cholera and were, of course, isolated. The first cases were all fatal, but towards the last several who developed the disease in quarantine were saved. It is understood that a person who has recovered from cholera remains a carrier of the disease for sixty days, and, considering the death-rate, it does not seem as if there could be many carriers.

It is thought that cholera was brought to Honolulu by Filipinos. Had these cases been confined to any particular locality it would have been easier to locate the source of infection, but one or two cases developed in different parts of the city daily.

About the first of March the Palama Settlement nurses were appointed health inspectors for two weeks, and four additional nurses were supplied to help them. The most congested part of the city, called Chinatown (but inhabited by Chinese, Japanese, Koreans, Hawaiians and Porto Ricans), was divided into districts, and each nurse was given a certain district to visit twice a day. At 8 a.m. we began our rounds, going over our territory from different starting points each day, in order that the people might not know just what time we would appear. The red cross of the Palama Settlement, worn on the left arm, opened all doors for our inspection. Most deplorable conditions existed in many places, and yet everyone seemed remarkably well, and the quaintly garbed little Japanese and Chinese children swarmed everywhere as happy as could be. We went into every nook and cranny, nothing escaped—Japanese temples, Chinese Joss houses, opium dens, Oriental schools, &c., as well as into the homes.

Occasionally were found neat and picturesque little cottages along some of the alleys, usually the homes of Japanese. They are a clean people, ordinarily, and artistic. In some tiny door yards were various kinds of growing plants and an

\* From *The Visiting Nurse Quarterly*.

[previous page](#)

[next page](#)