

THE EXPERIENCES OF AN UP COUNTRY NURSE.

BY EDMONTON.

(The following articles commence a series that will be continued monthly. They are written in order that those of the profession who work in well-ordered hospitals and up-to-date institutions may become acquainted with another side of Nurses' life not unfrequently found in India).

It is just 12 years ago since I first set foot on Indian shores. For six years previous to this I had been spending my time learning all I could about nursing, first in District Cottage Nursing; after this came the four years of more strenuous life in hospital. It was during this time I felt a call to India, and having applied for a vacancy which had occurred in the Mission I was interested in, I was accepted. I had nearly a year of my general training to complete and after that midwifery training also had to be got in, but the Mission was quite willing to wait until my training was finished and I was allowed the full time to complete the training in these subjects. Directly I knew what my future life was to be, I approached the Nursing Superintendent of the Training School to which I was attached and told her of my plans for the future. A very sympathetic ear was given and I was assured that I should receive all the help possible in order to fit me for my work in a jungle district in India.

While I was completing my training I was allowed leave to attend a special course of Lectures on Tropical Diseases at Livingstone College, a short private course on Elementary Dentistry both theory and practice, and after making this period of time up at the end of training, I was allowed to enter the Hospital Dispensary and receive a short training in dispensing before I left the school where I had received both my general and midwifery training. By the time I had finished I can assure you I felt "fully trained" indeed and ready for any emergency that would come along in district work.

After this came the many preparations for leaving home and friends, and the voyage out. Most of us have been through this experience, and know with what feelings of satisfaction we arrive at the long anticipated destination and begin to settle down to work in earnest.

My work was to be two-fold. The running of a women's dispensary and the superintending of a staff of Bible-women and working in the homes of the Indian women with them. These two branches of work go well together for one may mean the opening up of the other and the means of revealing opportunities that every keen missionary nurse looks for. The first year of my time was to be spent in language study and medical work alone.

Having brought out with me a good stock of simple medicines, surgical apparatus, dressings and other necessary equipment, I immediately turned my dressing room into a small dispensary. I was located at a place called

S—33 miles from the nearest railway station and 31 miles from the district town where the nearest women's hospital was located. Having no doctor behind me, I soon found that my position was not a very enviable one, and often I felt myself in a very false position, not knowing what to do when an abnormal case came along and treatment and diagnosis were difficult to make. At that time the little Government dispensary was very unpopular but since then better days have dawned and the worker who now does the same work as I did twelve years ago, has the sympathetic co-operation of a keen sub-assistant surgeon thus making the work much easier.

At first I used to do the Medical work after Tamil study at 4-30 P.M. It afforded me a pleasant change after sitting at books all day, and it was my only means of recreation as I was usually at work until dark. The number varied from 20 to 60 patients per day and sometimes it was a difficult task to get finished before the dinner bell rang. The work was most interesting from the very first. Most of the complaints needed simple but regular treatment, such cases as sore eyes, itch, chronic ulcers forming the majority.

Before I had been in my station ten days I was called to my first mid-wifery case, and it was with interest and keenness that I attended it. The house was very near the bungalow and having got my equipment ready, I was soon at the spot. The case was abnormal, of course, otherwise I should not have been called; it proved to be eclampsia. I found the patient was having fits at short intervals, but labour was well advanced and I decided to carry on and deliver the mother. Within an hour all was over but the baby was born dead. I cleaned the mother up and left orders that she should have plenty of barley water to drink; I also got a sedative mixture of Chloral for her from the Government dispensary. After the delivery she had no return of fits and made a speedy and normal recovery. She was soon about again very grateful and happy that her life had been spared.

When I returned again to S—after an absence of some years, she was one of the first to welcome me back and gratefully spoke of the help I had given her some eight years before. She now has quite a family of children and has had no repetition of the condition that robbed her of her first-born child.

Around the child bend all three
Sweet graces—Faith, Hope and Charity,
Around the man, bend other faces,
Pride, envy, malice, are his graces.

Paderewski the celebrated pianist and composer who was born in Russian Poland could play the piano at three, at seven was placed under an able teacher and in a few years made public appearances. It was not until 1890 that he made his first appearance in London.