

DISTRICT NURSING IN JUNGLE VILLAGES.

BY MISS CAMPBELL.

(Read at the last Conference of the T. N. A. I.)

Before I proceed with my subject, may I crave your kind indulgence if some of what I say sounds heretical! Please remember that I am speaking, not from the standpoint of the Nursing Superintendent of a large Training School for Nurses, but from the point of view of one who is out to teach the people and train them to make the best of the means at their disposal. Therefore my hospital is wanting in much that many of you would say was essential to good nursing. I used to say the same myself at one time!

My little hospital of 16 beds is situated in the village of Mandegadde, 17 miles from the town of Shimoga. It is surrounded by scattered hamlets ranging from one to ten miles apart. The rainfall is very heavy and many of the further villages are completely cut off during several months of the year. It is sufficiently in the jungle to allow of tigers coming within 20 yards of our back verandah, and every year we include among our out-patients cattle that have been mauled by Stripes.

Some of our best friends have complained that we were wasting our time and money by building a hospital in such a place, but I think we have already justified our existence though, of course, we can never show anything wonderful in the way of statistics. We were asked as a Mission to undertake medical work in this region by the people themselves who were beginning to take an interest in such things as Census returns. They discovered that their tribe was actually threatened with extinction, for their numbers were decreasing annually. The leakage lay among the women and children. In some parts when the death-rate among women was carefully examined, it was discovered that three out of every four occurred directly in connection with that of child-bearing. This was not due to abnormal deliveries or trouble of that sort but almost entirely to preventible causes such as malaria. The staple industries are rice and areca nut and both require a great deal of water. The best rice fields lie under water for several weeks during the year. You will see how all this stagnant water would supply happy homes for the malarial mosquito and how the people would be constantly exposed to the infection.

At first we had to be content with out-patient work, gradually getting the people accustomed to the idea of taking medicines, even during pregnancies. One of my first cases was a woman who had had 7 or 8 children and not one was living. She was pregnant when she came to me and was suffering from malaria and anæmia. We treated her accordingly. She had a normal delivery and the child is now 12 years old. This success gave others courage and they were much more willing to take prenatal treatment.

But it took some time to persuade them to let us help them at the time of delivery. Their great fear was that our methods would not be adequate to protect them against chill during the wet weather when they have to stand for hours in the paddy fields up to the knees in water planting out the young rice.

They pin their faith to heat external and internal but they do not attempt to explain how the stores of heat are kept in the body, say, for six months until the next rains are due.

When I first went amongst these people their women were always confined in an outhouse, preferably a cow-shed. I have a vivid recollection of a placenta previa case that I had to conduct in a lumber shed with cocks and hens and cats running about overhead scattering dust and dirt all over the lotion bowls and over the patient. Of course she should have got septic but she didn't! She did not even get a rise of temperature!

Another recollection is of a cow-shed, about 6 p.m., when the cows had come home! We had to confine the patient lying there amongst all the refuse of such a place as that. The only temporary improvement we could make was to rapidly dig a trench just to direct the liquid refuse away from the patient instead of towards her. The fact that I did the digging myself instead of waiting for a man greatly impressed the relatives. She also made an uninterrupted recovery!

I do not wish to recommend a cow-shed as an ideal labour and lying-in ward, and I am glad to be able to say that it is no longer so fashionable to have one's babies born in the immediate vicinity of the cows, but at the same time I have come to realize that if Nature is not interfered with and is given a chance of cleanliness she will do very well indeed. Sterilised bed-pans, sheets, diapers will never be available for the majority of the millions of mothers of India or any other country, and we who have to work in the villages are more than thankful to find that Nature will do so much for us in return for such little help as we can give her. It would be quite impossible to leave sterilised diapers with each of our cases as I understand is done in the town but the people have their own arrangements and they prove quite adequate. I must say I shrink when I see some of the coloured cloths the women produce for use during the lying-in period but others will not use cloths at all. Their's is a much better plan. Those of you who know the areca palm will know that there is a tough fibrous sheath at the junction of the flower stalk and the trunk. The sheath serves many purposes. Three or four are washed and kept near the fire and when the case is over one is slipped under the patient to receive the lochial discharges. When soiled, it is removed, washed and dried over the fire, so, to some extent, sterilising it.

These same sheaths when soaked and folded in a certain way form troughs which I have used again and again as bed-pans and douche pans. Small stools—very low ones—are available in all houses and the patient's buttocks can be raised as high as necessary on two or three of these and the trough slipped into position. On more than one occasion this sheath has been used for washing the baby. But I do not encourage my friends to wash their babies in English fashion. The tiny baby laid on its back on its mother's outstretched legs with the little wobbly head supported by her upturned feet is in a very safe position.

But I think there is little doubt that the dietary and the customs followed immediately after the birth of the child are chiefly responsible for the debility and inability to feed the baby properly. As soon as the child is born the mother

is most strictly dieted. Of course during labour she is not allowed any fluid nourishment at all. She can have curry and rice to eat but that is all. After delivery she will be kept on a diet in which pepper predominates. The morning meal will consist of a ball of rice flour boiled with chillies and to help it down she will be given a small quantity of very strong pepper-water. In the evening she will be allowed as much rice as will be produced from the amount of grain a woman can hold in her closed fist. With this she has more pepper-water. Sometimes the pepper-water has some ghee in it. For drink there is always pepper-water. What more can any one want?

All this is given with the idea, first, that the intestines which are distended with the growth of the child must be shrunk back to their normal condition. They talk of drying up the woman, and they do it most thoroughly, so thoroughly that they dry up the mother's milk and then have recourse to cow's milk to make up the deficiency. There is also the necessity of supplying heat to the woman so that she shall not take cold in the coming rainy season. For this they rely internally on pepper and spirits and externally on fire. As soon as the child and the placenta are delivered the mother is taken to the bath place and there she has gallons of almost boiling water poured over her. This is sometimes done even before the placenta has come away and more than one woman has collapsed in a lifeless heap on the floor before they have finished pouring the water over her. If she survives, she is taken back to where she was confined and made to lie between two fires well covered with blankets. A strong woman can and does survive this drastic treatment but the others go under, and the friends say it was written on her forehead and proceed to look for another wife.

Diet forms a great part of the treatment of the sick when in the hands of the native doctors, and patients will ask "What diet is to be taken with this medicine," and I think they really have a poor opinion of us when we say "Good nourishing food alone is necessary." Nourishment is the last thing they think about. In my experience neither the pregnant woman or the nursing mother ever lies in any danger of being too well fed!

With reference to diet, let me tell you a little story. Our work is not limited to maternity work only, and in the hospital we take all kinds of cases including men. One day a man came in looking very wan and thin. The history was that for three weeks he had been suffering from pain in the right side and fever. This had been promptly diagnosed as pneumonia, although there was no cough. The people have a great dread of pneumonia for the mortality is very high. This patient was at once put on the most stringent diet. His only nourishment was the water in which a small handful of lentils had been boiled. This was carefully strained and to it was added the moisture squeezed out of a handful of boiled rice. This was all the fluid he was allowed to touch, for all purposes including ablutions. He even cleaned his teeth with it! At the end of twenty days he came to us. We treated him for hepatitis and he made a good recovery.

The administration of milk and gruels is a great problem for Indians do not take kindly to such diet but we have often overcome the difficulty both in the hospital and in the homes by allowing a little lime pickle or chutney with the gruel. A tiny nibble of lime pickle will help down several ounces of gruel, and as the people are all accustomed to pungent foods from earliest infancy, I do not think they take any harm even when on light diet if allowed something a little savoury. The chief thing is to get the food in. Water, of course, every Indian looks on with disfavour, but a fractional dose of pot. cit. brings it up to the standard of medicine and so makes it safe.

In looking back over past experiences in this work it has come with something of a surprise to realise that it is rare now to be asked to conduct labour in a cow-house. Women are much more mercifully treated during the puerperium and evidences of ill-health are quickly dealt with instead of being ignored. Post-partum hæmorrhage was so common that it made the conduct of the most ordinary case a great anxiety. Now it is rare.

Such work is eminently worth-while doing but it demands great adaptability and a good constitution. I have often had to sleep in wet clothes but I do not remember any extra-sneezes on that account! One must be able to eat a meal cooked in Indian fashion and sleep afterwards on a gunny bag near your patient!

With regard to adaptability I will close with a story of one of my nurses. She was on her way home for a holiday during her probationer days when she was met by some men who begged her to come with them to a woman who had been in labour three days. The child was not born and the pains had gone off. Nurse, of course, had nothing with her for the conduct of a maternity case, but off she went to do her best. When she got to the house she sent one man off for soap, another was told to prepare some coffee, hot and strong, while yet another had to boil lots of water. Meanwhile nurse got a large brass lotah and cleaned it well outside and in. Then scrubbing her hands as well as she could with the soap and cleansing the woman's external parts, she had the lotah filled with very hot water and introducing two fingers of one hand into the vagina and distending it she ran the hot water along her fingers thus conducting it inside as from a nozzle. Then she administered the hot strong coffee, with the result that in half an hour a living boy baby was born!

THE CIVIL HOSPITAL, KARACHI.

This is a comparatively new one-storeyed building of solid stone of a light khaki colour.

It is artistic and handsome. The grounds are laid out with lawns, flower beds and palms, with some very fine old trees and flowering shrubs.

Besides the main building there are separate blocks, Eye Hospital, Administrative and Out-Patients' Department, Septic Block, Nurses', House Surgeon's and Assistants' quarters.

The wards are bright and airy with beautiful white marble floors; the floors of the verandahs are of red tiles which make a pretty and pleasing contrast.