

From a Mission Nurse

Nursing among the Melanesians is still in its infancy. Being naturally careless and disinclined to help their own sick, they do not understand our desire to do so, and though frequently willing to be helped will not lift a hand to obtain help. They frequently do not mention the illness of a relative until he is at the point of death, and then think it too much trouble to come and fetch medicine for him; but expect to have it taken or sent. Where we should wait on our sick ones day and night the average Melanesian places a basket of food and some water beside the sufferer and goes off to his garden or fishing, leaving him to crouch over a smoky fire and shift for himself as best he can; very often to die. Though when death is imminent (and the patient will often tell you days beforehand just when he will die) all relatives crowd into the hut excluding every breath of air and all hope of recovery, and wait for the death, after which there is a most weird and appalling wailing. Although almost every illness with the native attacks the chest, yet he has wonderful recuperative powers, as for instance in a case I remember, I was sent for to go to a man who was ill. He had had malaria and developed a cough and had as far as I could gather, symptoms of pneumonia. He lived in a village about two miles away, up a very steep and almost impassable track. He had not slept for several nights, and was delirious, and the previous night had been wandering round the village and had frightened the people: would I go back with the messenger. I put together a few things likely to be useful. One never knows what exactly to take as it is impossible to get an accurate account of past symptoms. If two people come for you each tells a different tale. In this case I found him in a very low state and everyone expecting him to die. He was lying on the earth floor of a very dirty hut, near a smoky fire, his only covering a very diminutive loin-cloth. I gave brandy, and as they have much faith in what they can see, put on a mustard-plaster, telling him that would take away the pain: gave a sedative and a purgative and left him. I enquired about him daily, and on the third day he was out fishing, and quite well.

One great help in our work is that once their confidence is gained the natives have almost unlimited faith in one, and what would seem like a miracle in our own land, is taken as a matter of course. This with a people who are constantly charmed to death, or who if they make up their minds to die, invariably do so unless they have faith enough in one to believe when they are told they will recover, is a great help.

The temperature in pneumonia averages much higher than with white people, 106 F. not being very excessive and over 105 F. usual. One difficulty is that of language; our methods and treatment are absolutely strange and often very alarming to them, and we can explain nothing. We had lately in hospital a boy with pneumonia. A heathen boy from Mila, a very wild island, who had never come in contact with white women; or anything in the way of hospital before. He was frightened of all the strange surroundings and became delirious soon after admission, with a temperature of 105 F. He seemed to think the thermometer was a gun and seized it refusing to give it up except to another native boy. That difficulty overcome, he refused all nourishment and medicine, taking only water, and insisted on getting up and pulling the other nine beds in the ward to pieces, presumably to see what they were made of, and if they were harmless; also he spent much time squatting on the floor and dodging under beds looking for spirits and birds. (Their belief in spirits is stronger than in anything else); then he would wander about the ward and try climbing the walls, and getting out through the windows. We found it worse than useless to restrain him as he was thoroughly afraid, and would lie and yell until absolutely exhausted, so we let him roam about (putting the other patients elsewhere); a nurse and a native boy supporting him as much as possible. This went on for several days in spite of sedatives, the temperature still continuing subsiding with the applications of cold packs only to rise in about half-an-hour again. We can get no ice or really cold water, and the pack is kept cool by fanning. One morning he collapsed so badly that we thought him gone; however he revived with stimulation, to collapse again later, and in twelve hours was ready to begin