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TROPICAL NURSING

A. L. GREGG

TROPICAL NURSING

A HANDBOOK FOR NURSES
AND OTHERS GOING ABROAD

BY

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WITH A FOREWORD

BY

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FOREWORD

It is customary in a foreword to a book such as this to say that it meets a long-felt need. That can be said of this book with even more than usual confidence, because, although there are many books on nursing, and nursing is the same in its essentials whether in the tropics or elsewhere, yet the nurse who has not understood the difference between the conditions of everyday life in tropical countries and those to which she is accustomed in a temperate climate will find her work largely nullified. Moreover, she may often be called upon in remote districts having no doctor within many miles, to deal with and even to diagnose diseases which she has never had a chance of studying in the course of her training, such as beriberi or blackwater fever. To do this without some elementary knowledge of the diseases themselves and of their symptoms would almost inevitably lead to disaster, as even the common sense so properly insisted upon by the author in his introductory chapter cannot entirely occupy the place of technical knowledge. It is for the purpose of giving the nurse the mental equipment which she needs that this book has been written.

Ever since the days of Florence Nightingale, British nurses have been famous throughout the world for the part they take in fighting suffering and disease, and they have carried their skill and their efficiency to every part of the British Empire. A perusal of this book gives some idea of the varying conditions which they have to meet and of the many difficulties which they have to overcome. Differences of race and creed, of climate and surroundings, of constitution and temperament have all to be taken into account by the nurses as by the wonderful administrators that Great Britain sends out to every part of the Empire, and it is on their power of adaptability that the success of both depends.

It is right, therefore, that of the five sections into which the author has divided his book, the first should be devoted to personal hygiene in the tropics. In bringing health to others the first essential is that a nurse shall herself be healthy, and a careful study of this section will go far towards safeguarding her from the many pitfalls into which she can so easily stumble in the unhygienic East. The next sections, those dealing with tropical diseases and technique, follow their natural order, and the fourth section treats of the Care of the Eyes. Anyone who has been in the East cannot fail to have been struck with the prevalence of ophthalmia and blindness, and to have seen with sorrow, even more than disgust, the swarm of disease-carrying flies clustered on the eyes of babies and young children. Ability to deal with these cases is one of the highest tests by which a nurse's qualifications to work in Oriental countries will be judged. Finally, there is an excellent glossary which is certainly not the least useful—and will probably be the most frequently consulted—section of this admirable and much-needed book.

One word only I should like to add, and that is to impress upon all nurses, whether they are going out to tropical climates or to more temperate zones, that they have a great and noble tradition to maintain, and that the high honour in which British nursing is held throughout the world is in their keeping.

ARTHUR STANLEY.

PREFACE TO THE THIRD EDITION

Now that restoration from war's devastating effects is required, a new generation will be tackling the problems of the tropics—the same age-old problems, but now relieved in part by fresh technique consequent upon the effort of science to render tropical conditions less harmful. Perhaps the greatest advance has been in the production of more efficient insecticides, but we have yet a great deal to learn about them; hence in this edition the use of much that is new has been indicated rather than detailed, as methods of usage so frequently change.

On the other hand, since the principles of nursing do not change, the general form of the work has been maintained in the hope that it will continue to prove acceptable.

A. L. GREGG.

149 Harley Street,
London, W.1.

PREFACE TO FIRST EDITION

THIS book was conceived some years ago when the author undertook a series of lectures to the nurses at the Hospital for Tropical Diseases, London, and found it difficult to recommend a book on Tropical Nursing covering a sufficiently wide field, yet written in a manner not too technical.

Ideally, such a book should be inexpensive and useful either to professional nurses or to lay folk going abroad; should be a guide to one having to cope with such strange diseases as may there be encountered; should, in emergencies, be a help until medical aid can be obtained, and, above all, should aim at preventing illness by showing the causes of the common ailments.

Such, then, was the conception; and after a prolonged period of gestation the first labour-pains became manifest in a series of articles published in *The Nursing Mirror*. In due course the book was born, and though realization shows how far short of ideal is the result, yet the hope lingers that the infant, having no contemporaries, may not be unwanted.

In gleaning details many books were scanned, and grateful acknowledgment is made of the very real help obtained from Dr. Balfour Kirk's excellent "Hints on Equipment and Health," and from the world-famous "Manson's Tropical Diseases," while for the help and kindness of the Editor of the latter work, Dr. P. H. Manson-Bahr, much more is owing. To his old friend, Dr. W. E. Cooke, the author would fain express gratitude for undertaking the burdensome task of looking over most of the manuscript, and for the helpful and interesting discussions thereby occasioned.

Dr. F. W. O'Connor, from his experience in Assam, most kindly supplied a section on the Care of the Eyes; only limited space prevents its quotation in full, the present section being a useful précis.

To the "accoucheurs," Messrs. Cassell & Co., the author owes thanks for much courteous assistance, and for furnishing an insect-proof cover.

Lastly, a start in life has most kindly been provided for the infant by Sir Arthur Stanley. From one so occupied with the affairs of the nursing world, the barest recognition of the youngster would have been an honour: the provision of such a delightful Foreword is bounty indeed.

A. L. GREGG.

December, 1928.



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TROPICAL NURSING

INTRODUCTORY

THE nurse, if she is to give of her best, must possess both knowledge and experience. The greater her measure of these, the better will she be equipped to meet the demands of her work. Manifestly, when venturing abroad for the first time from a temperate country, her knowledge of the work ahead cannot at best be more than sketchy, or, what is worse, may be based on popular fallacies; her experience also can be but slight. A keen nurse will recognize this, and will appreciate that her home training and experience are but a secure foundation on which to build the special knowledge required for work under conditions and among diseases she has not hitherto encountered. She should not imagine, however, that the general training is ever to be forgotten or its maxims ignored. In its essentials, good nursing is the same at all times and in all places; it has only to be adapted to necessities or circumstances.

In dealing with the unexpected, the nurse will find that, however urgent a situation may be, a moment's clear thinking will enable her to guide impulse by reason, and the time so spent will never be wasted. No training or knowledge can ever yield their best results unless backed by a practical outlook, which, in the end, amounts to nothing more nor less than common sense. Kipling aptly expresses this thought:

For they taught us common sense—
Tried to teach us common sense—
Truth and God's Own Common Sense,
Which is more than knowledge!

A difficulty which at the outset may confront the nurse is her inability to speak the language of the country, so the more necessary does it become that she should develop clinical astuteness and exercise knowledge and sympathy to interpret the patient's condition and needs. If any criticism can be made against hospital training, it is that nurses and students, in the ardour of their work, are so obsessed by attaining perfection of technique and the purely scientific treatment of disease, that they are apt to overlook that it is, in sooth, *patients*—fellow-creatures with feelings—who are the objects of that treatment.

We are afflicted by what we can prove,
We are distracted by what we know—

It should never be forgotten that the mental or psychological outlook of a patient can heavily load the scales of sickness—whether it shall be in favour of recovery rests largely with the nurse.

Turning now to the environment of the tropics as it affects nursing and the course of illness, adverse conditions, such as heat, glare and insect pests, affect debilitated subjects more than the robust, and must therefore be minimized as far as lies in the nurse's power. Just as the growth of tropical vegetation is both rapid and luxuriant, so also is the growth of germs or bacteria, which, after all, are but vegetation of microscopic dimensions. Consequently, illness in the tropics is more likely to be acute, whether the disease be peculiar to warm climates or one familiar to the nurse in temperate zones. Septic organisms are both more prevalent and more virulent, so that a degree of carelessness which in temperate zones would lead to but occasional trouble would, in the tropics, be responsible for much acute illness, or even, in infant welfare, for appalling mortality.

Another aspect of work in the tropics is the irritating

effect of the climate. The nurse must so order her own work and that of her subordinates that maximum efficiency can be obtained with minimum labour and, above all, with the absence of friction. Squabbling, scolding, fretting—all are forms of mental friction which give rise to heat, and of heat there is already more than enough. As Kirk suggests, the best method of keeping cool is to avoid getting hot. At times, to be sure, juniors and seniors alike may prove provoking, the patients and their relatives exasperating, the heat stifling, and the surroundings monotonous; it is just then—when the nurse herself feels “on edge”—that the exercise of self-control is worth untold gold; the very thought of it will cause troubles to lessen and the peevish fit to pass.

A sense of humour and a correct mental perspective (that is, the power to discriminate between trifles, however vexatious, and more serious incidents) will carry a nurse far on the road to happiness; while an upright and smart carriage is one of the surest antidotes to fatigue. As it is a physiological fact that the mere act of holding up the head and bracing back the shoulders at once tones up the whole system, it is at least worthy of trial.

If sent “up country” to a bungalow to nurse the housewife, the nurse may be expected to lend a hand with, or entirely to run, the household affairs, and in these circumstances should naturally and cheerfully take over such responsibilities. Confidence and tact will keep things going, and the normal routine should be disturbed as little as possible; innovations are hated by native servants, and seldom welcomed by the residents. The nurse’s duty is to run the home as the owners wish, rather than to run it as she would her own. Above all, she should remember that what is seen or heard when out nursing, be it accidental or in the course of duty, is

to be treated confidentially, and never mentioned, much less retailed as gossip.

In dealing with natives, difficulties may arise out of superstition, ignorance or religious beliefs. Such obstacles must be overcome by tolerance and understanding. The natives' beliefs are as natural and as real to them as are the nurse's beliefs to herself, and nothing will be gained by unjust rebuke. It is even possible that the trouble may have arisen out of native wisdom derived from centuries of tropical experience; it is well to ponder Kipling's warning:

Now it is not good for the Christian's health to
hustle the Aryan brown,
For the Christian riles and the Aryan smiles and he
weareth the Christian down;
And the end of the fight is a tombstone white with
the name of the late deceased,
And the epitaph drear: 'A fool lies here who tried to
hustle the East.'

SECTION I

PERSONAL HYGIENE IN THE TROPICS

ARRIVED in the tropics, the nurse will find differences in climatic and living conditions from those of temperate regions. The change must be met by adaptation of the body and mode of living, the body's adjustment being automatic but requiring voluntary help from correctly adjusted habits of life. The three principal variants are the climate, the food and the living conditions.

The climate.—The two extremes are the hot, dry climate in which there are scorching days, made worse upon occasion by parching winds and sandstorms, followed by relatively chilly nights; and the warm, dank climate wherein one lives continuously in a "hot-house" atmosphere. The dangers of the first are sunstroke and sudden chills to the body from too rapid evaporation of the perspiration by day or from the sudden drop in temperature by night; while the disadvantages of the second are loss of vitality, heat stroke, and growth of moulds and fungi in belongings and food.

The food.—Food readily becomes putrefied or contaminated with disease germs, and is generally lacking in variety, succulence and nourishing power.

Living conditions.—Outlying stations do not offer the facilities and public and personal services provided in towns: the water supply, for example, may be crude, the sewage system non-existent; the nearest stores may be some days' journey away; so may the nearest dentist. Again, insects may be a veritable plague. To meet these and a hundred and one other new conditions the following few suggestions are given; many others will be learnt from the residents in the district, but only experience can teach their value.

Kit.—Provide warm as well as cool clothing; it will be needed, if only for the return journey. A woollen coat for use after tennis, etc., is most useful. Clothing should be loose fitting; underwear plentiful and of good silk, silk and cotton, or fine cellular material, preferably dark-coloured or black. Underwear should be so designed that every garment hangs from the shoulders. Standardized uniform, or a simple white gown, is worn with open neck, low collar and short sleeves. The seams in the armpits should be double-sewn. Evening dresses wear best if made of good crêpe-de-Chine or satin, and an evening wrap will be required. Footwear should be of the best, carefully fitted at least a size larger than that usually worn, because in hot weather the feet tend to swell; or, possibly, two pairs of stockings may have to be worn (*see p. 107*). Every-day shoes should have rubber heels. Mosquito boots should be provided; and, of course, a mosquito net (*see p. 107*).

Choose light, airy hats, but provide adequate protection from the sun, either a helmet, which is most serviceable (it should be purchased abroad), or a parasol lined with green, the outer covering being of a good material such as heavy tussore. Sun glasses should be of Crookes's glass with non-rusting rims. For night attire pyjamas are best, with the addition of a cholera-belt worn outside should the nights be chilly. Children should be attired in one-piece suits, infants in night-dresses long enough to be tied at the bottom; an exposed body is so easily chilled. If a mackintosh and goloshes or rubber boots are needed, see that the seams are stitched, not merely *stuck* together.

It is advisable for protection to keep clothes in an air-tight metal box, but they should be frequently aired. A good electric torch of a size for which new batteries can be readily obtained is very useful. A spare light-bulb should be provided. In very damp places, how-