

I reach the bungalow about half-past six, in time to dress for *chota hazaree*. My husband has returned from his military duties, and brought a brother officer in to breakfast with him; one or two others drop in while that most pleasant meal of the whole day is progressing. Our table is spread in the verandah, adorned with flowers; it is not too hot to be bearable, and so the *chics*—large reed blinds—are some of them left rolled up, and we catch glimpses of the many-hued convolvuli, which however are fast closing up their petals; a date-fence round the house and the tennis-lawn in front is, in the early morning, a complete blaze of colour, as it is so thickly covered with different sorts of convolvuli that the fence is entirely hidden.

We dawdle over our breakfast, talk a small amount of *gub* (gossip), learn each other's plans for the day, arrange where we shall again meet, discuss the last news from home, until the heat becomes oppressive, and the outsiders, not caring to risk sun-stroke by remaining out too late, drop off.

I am writing of the hot weather, and one of the ordinary days of Indian life. Every now and again there is, of course, a diversion—a big dinner, a moonlight picnic, a tennis match, or something just a trifle out of the usual line; but as a rule the monotony of life in the hot weather is very trying and really the hardest thing to bear. "What am I to do all day?" is the question most people ask themselves when the morning breaks—that is, if they have no real aim in life. Those who have some settled plan of action, who do not lose their energy and allow the climate to steal away their talents, are the people who keep their health in India. But I am digressing. After *chota hazaree*, come the usual duties of the lady of the house everywhere. I order dinner, give out the stores for the day, and, that accomplished, settle down to some work or other till lunch; for we, unlike most people in India, kept English hours and made our breakfast at 7.30 or 8 o'clock suffice us till lunch at 1, not going in for another breakfast between 10 and 11.

It is wonderful how many letters have to be written in India—*chits*, as they are familiarly called. Messages are never sent by native servants, but letters or notes, so there is a constant post going on, the most trifling request being contained in a *chit*, which must be answered.

After lunch the hours begin to hang heavily; the house is all shut up, the punkahs and thermantidote are at work, and if you are not a neuralgic person you draw your easy-chair close to the *khush-khush tattie*, which blocks up the door on the side the breeze is supposed to come from, and read or work. For the latter employment, though, you have hardly enough light—that is, if you darken your rooms to the extent most people do. I never could endure to sit in the semi-darkness and wish for the sun to set; the hours always seemed then to be double their ordinary length.

In the worst time—in the hot weather—people rarely stir before dinner, ordering the carriage round immediately after it, and driving in the evening air—if there is any—until it is time to return home to bed. When not quite so hot as this, they adjourn to the band-stand, or some lawn-tennis or Badminton party, or pay calls if they know intimately the people on whom they call—state calls and first calls have to be paid between twelve and two o'clock—returning to dinner about eight o'clock, and sitting out in the compound afterwards, tea or coffee being brought out there.

I liked the life, but then I am bound to say that in India or in England the days are always too short for me, and at the close of each day, spent no matter where, I find I have not accomplished all I had wished and intended to do when I first rose, but have left undone those things which I ought to have done, and most probably have done those things which I ought not to have done. I write this in all seriousness, for such is probably the experience not only of myself individually, but of many amongst us.

E. J.

A HOSPITAL NURSE'S DAY.

BY A PROBATIONER.



HERE is a great deal of talk in these days about ladies as hospital nurses. It is spoken of scornfully by some as the "fashionable mania" of the times; others extol it as the noblest of all vocations. But in spite of all that is spoken and written on the subject, there are very few outsiders who seem to have at all a clear idea of what goes on inside the

walls of a hospital, and perhaps this may be one reason why so many young girls who throw them-

selves enthusiastically and unthinkingly into the work, retire at the end of a few months, weeks, or even days, disappointed and disgusted.

Possibly a brief sketch of hospital routine, by one who has made trial of it, may prove interesting to those who have heard and read discussions on the subject, more especially if they have any fancy for taking up the work themselves.

The day-nurses enter their respective wards at about half-past seven in the morning. Wards are not pleasant at that hour. In spite of good ventilation and open windows, they get close and disagreeable. If there are many bad cases, probably there will be, in spite of disinfectants, an odour the reverse of agree-

able. The ward, too, looks untidy. Night-nurse will be bustling about, getting her patients washed and her beds made; convalescents in their shirt-sleeves walking about, putting out the breakfast things. The ward is unswept, undusted, the fire-places full of cinders, the beds unmade and untidy. Visitors who admire the spotless neatness of a ward when they see it in an afternoon, have little idea of the daily work required to bring it to that condition.

Breakfast is the first business and is quickly despatched. Then comes the more serious work of getting all beds made, washing helpless patients, and making them comfortable for the day. When a patient is not very ill this is a simple matter, but in many cases when he is utterly helpless, or when from the nature of his complaint he must not be moved, it often requires some exercise of ingenuity to get him properly attended to. As is natural, it is these helpless patients who require their sheets changed most frequently, and their backs most carefully attended to in order to avoid bed-sore—which of all things is the bug-bear of a nurse.

The beds in a ward are usually divided between the day and the night-nurse, each having her own patients to look to; in which case the "probationer" (ladies as well as others have to begin merely as probationers) helps either nurse with the heavy cases, and thus, if she keep her eyes open and be not above asking for information, may learn much in a short time. But in some wards the probationer may have two or three beds of her own; in this case she will be held in a certain sense responsible for the well-being of the patients. As long as a lady probationer works with a trained nurse, the nurse, as I have found, will always herself do the more disagreeable portions of the work (and very disagreeable they are sometimes), but when a probationer has her own cases to look to, she must be prepared to do everything herself at the risk of being sufficiently sickened. I am far from saying that any nurse would refuse to assist a lady if asked, but I never allowed myself to request assistance merely because the work was unpleasant, and I do not think that ladies who are not prepared to do everything themselves when necessary are likely to become efficient nurses, or to get on with the trained staff.

Probationers must also be ready to be moved at a moment's notice into a fresh ward, when a sudden emergency makes it necessary. I remember being sent one morning from a medical ward where almost all my work had been done, to the accident ward, where they were very busy and without a probationer. The head nurse was attending to some bad case that had just been brought in, and all she had time to say to me was, "Your beds are 23, 24, and 25; 23 is a cut throat, 24 a crushed hand, 25 convalescent; you must do the dressings." There is something a little appalling in having to dress a cut throat and crushed hand, when you are almost entirely ignorant of surgical work, and there is no one at liberty to instruct you but the patients themselves. Still you generally find you can manage well enough if you make up your mind to it, and do not allow yourself to appear nervous. There

is great virtue in a calm exterior. It makes patients believe in you, and then you gradually begin to believe in yourself.

But to return to the day's work. After the beds are made and the ward put tidy (the ward-maid does the sweeping and makes the fires) the nurse dusts and does a hundred nameless little duties, whilst the probationer collects the empty lotion bottles and ointment jars from the cupboards, and carries them down to the dispensary to be filled. After this she must put away the full bottles and jars, which she will have to carry up herself (often no inconsiderable load), keep the cupboards clean and tidy, and do many other duties of a somewhat menial kind, which will vary in every hospital, but must be done; and ladies must be prepared to do a good deal of work which is not nursing and has no direct connection with it.

At ten o'clock medicines are given, and that duty devolves upon the probationer. In medical wards it is a long job, for there pretty nearly every patient will be taking medicine. At ten, too, the students begin to come into the wards, and you have to be ready to attend to their wants, which in many cases are legion. They will ask you to help them with their dressings (the more serious cases are left to the students, and only the less important done by the nurses) and fetch them the necessary materials, and you can learn a great deal in this way if you are inclined, as I have never found a student who was not rather pleased to answer questions and instruct you in the mysteries of bandaging. Gradually you learn the practical part as well as the students themselves, and when the new men come up from the schools into the wards, you in your turn become instructor. There is a fascination about bandaging which makes nurses generally become adepts at it, when they care to try.

Those students who "clerk" for physicians and surgeons, that is, take notes of the cases, frequently appeal to the nurses for information, and if you take an intelligent interest in the patients you can help them considerably by your observations, and in return they will afford you no little instruction on the phenomena of disease if you care to learn.

A good deal has been said of the coarseness, vulgarity, and rudeness of medical students. I can only say I have seen nothing of it. Those at the hospital where I worked for more than a year were as pleasant, gentlemanly a set of young fellows as one need wish to see. Boyish and occasionally noisy amongst themselves they certainly were, but their practical jokes were confined exclusively to one another, and afforded only amusement to patients and nurses who witnessed them. Of course I cannot answer for those at other hospitals, but I have not a word to say against the students at mine.

Between the hours of eleven and one the daily rounds of the house physicians and house surgeons (there were two of each at my hospital) are made, and the nurses have to follow round with them to take orders and do what they require. All orders are given to the head nurse, or in her absence to the staff nurse, and in medical wards the probationer has little to do

except to uncover a patient's chest, support a weak patient, or hold a child for the physician to examine. But if you have not much to do, you may learn a great deal by listening to the lectures the physician will give to his accompanying train of students, and which, though very unintelligible at first, you will soon come to understand in no inconsiderable measure.

In surgical wards, however, you have something else to do, generally, than stand and listen. Although the nurses put out by each bed-side what they think will be wanted for the case, the surgeon may ask for a dozen unexpected things, or he may entirely change a dressing, or want a poultice made at a moment's notice, and the head nurse will look to you to fetch what is wanted, and expect you to make no mistakes. It is therefore very desirable to have a pretty clear notion of the *kind* of thing likely to be wanted for a case, to notice how many pads and bandages are required for a certain sort of splint, for example, so that one journey may be sufficient, and every one's time and temper may be saved; for nobody likes to be kept waiting unnecessarily—least of all house surgeons.

If you will take the trouble to use your brains and bestir yourself, a head nurse will soon get to trust you, and take pains to train you in her ways; and nothing, as I have found, is pleasanter than to have plenty to do, and to know you are likely to do it without blundering.

One golden rule in hospital work is—"Never be in a hurry." Be as quick as you like—the quicker the better—but never allow yourself to be *hurried*. It will only retard your progress. It is certainly nervous work sometimes being called on to undo a dressing with the surgeon and a crowd of students standing waiting, when the pin has got hopelessly buried in the bandage, or the bandage takes it into its head *not* to come off. But do not let yourself get flurried. Surgeons never reprove a nurse for acting with deliberation, but they have a strong objection to uncertain, hurried movements, which are bad for the patient, and cause unnecessary pain.

Ladies must be prepared to witness many sickening sights if they become nurses. It is no good to attempt it if they faint at the sight of blood, or have not nerve to stand by and see an abscess opened, perhaps to hold a limb whilst the surgeon makes an incision, and this when the patient is conscious, crying out, perhaps struggling. True, all regular operations are performed under æther, but small ones that last but a few seconds are done then and there in the wards; for the giving of æther is a long and troublesome job, entailing often much after-sickness and discomfort to the patient, worse really than a few moments' sharp pain.

Dinners are served at twelve, and have to be cleared away by one o'clock, as after that hour the visiting physicians and surgeons make their rounds. These have each their own particular days; and though they may come every day in the week if they have bad cases, they do not make a general tour to every patient more than twice in the week. The nurses follow round as before, taking orders and fetching what is required.

The real work of the day is then over. Probationers

go out from two to three hours every alternate afternoon; staff nurses, on alternate evenings. Patients generally sleep peacefully during the afternoon, and have their tea at four o'clock. The evenings are pretty quiet. There is medicine to give, the suppers to serve, and in surgical wards a certain number of dressings to do. At about half-past nine one of the house physicians or surgeons walks round, looking at any patient who seems to require attention, but not disturbing those who are asleep. After this the night-nurses come in, and the day's work is done.

It must not be supposed, however, that all evenings are so quiet as this; far from it. In an accident ward, you may any moment see a patient carried in on a stretcher or in a chair; and if you are alone in the ward you will have to put your best foot foremost, and keep a cool head, for it is you who will have to get him to bed and ready for the surgeon. In very bad cases the surgeon would most likely come in with the patient, and a nurse from another ward would be asked to come and help; but all ordinary accidents a probationer would be expected to get to bed unassisted. Mind, if it is a broken leg or injured back, that you give him a bed with a fracture, not a sacking bottom,* or you will have the head nurse and the surgeon down on you at once. Do not be frightened of a little blood. A patient who presents a ghastly spectacle on admission has often but a small and unimportant wound. The amount of blood that has oozed out looks so much more than it often is, and deceives the inexperienced as to the gravity of the hurt. If the patient is cold and shivering put the blanket next him, and get him a hot-water bottle.

But I must conclude. When I am asked my opinion about the relative merits of "lady nurses," as distinguished from those of a lower social class, I have but one answer. To me it seems not a class question at all, but one of individual character; and education and refinement give, as they must always do, an advantage to the possessor. To say that a lady must nurse well because she is a lady, seems to me an absurdity; but granted the natural love of the work, the tact, and culture, and powers of self-control and observation engendered by life in "society," are never more needed than in the many-sided life in a hospital ward. The best nurses I have met have not been ladies by position, but that is no reason why ladies should not attain to their excellence. Hospital life is not one to be taken up thoughtlessly, as a means of escape from a dull home, or in the hope of excitement and change. Those who begin nursing on these grounds will hardly be likely to succeed. But to those who really love the work for its own sake, and are willing to put up with much that is disagreeable in order to attain a very beautiful and noble end, I can say with truth that I think they will find a great and increasing enjoyment in the work. For myself, I do not hesitate to affirm that I never spent a happier year of my life than as probationer in a London hospital.

* A "fracture bed" is made with a wooden framework at the bottom, instead of the ordinary sacking, so that there is no yielding or sinking in the middle.