

HOSPITAL WORK AND HOSPITAL WORKERS.



NIRTING one side of Smithfield, in the very heart of the City of London, stands a venerable building, St. Bartholomew's Hospital. I should like to show anyone who considers such an institution a melancholy place the inside of one of the

wards, bright with flowers, both cut and growing; with glittering "tins" here and there, plenty of pictures and illuminated texts on the walls, everything looking spotlessly neat and clean; the general aspect anything but gloomy. If the "sister" is present, she may be recognised by her blue dress. She is called by the name of her ward—"Mary," "Elizabeth,"

"John," or whatever it may be. The "nurse" under her wears a brown uniform, with white cap and apron; and the newest importation, the "probationer," undergoing her training in the ward, is distinguished by a grey linen gown, white cap, and a large apron similar to nurse's.

In addition to these, the staff consists of another nurse, now on night duty, and a ward assistant who does the rougher work. Besides the uniform, there are some differences made between the nurses and the probationer. The latter is exempted from night duty, receives a smaller salary, is changed at stated intervals from ward to ward, and attends lectures on medical and surgical nursing. At the end of her year an examination is held, and those who pass are awarded certificates. There is no social distinction between nurses and probationers. All alike are regarded as belonging to the classes of workers, and they do work. Each ward in St. Bartholomew's contains on an average twenty-six beds; by its construction it is divided into two parts, back and front. After the morning's cleaning is over and the night nurse gone, day nurse and probationer each has care of half the ward, under the supervision of the sister, to whom reference is to be made in matters of difficulty. Where duties are thus clearly defined, any omission or negligence is easily detected and traced to its proper cause. From fifteen months' experience I can say that a well-regulated hospital ward is a pleasant place for the workers; and the patients, too, generally seem to appreciate the comforts and care provided for them.

I have often been asked whether a nurse in the wards is likely to meet with annoyance from the medical students, and I can answer, none whatsoever, unless she chooses to bring it upon herself. A nurse of any rank who keeps her own place will find that students and patients alike will respect her, but of course if she encourages levity and flirting she must take the consequences. To say the least of it, such conduct is sadly out of place before sick and dying people.

We now come to consider the position of a nurse with regard to her patients, the sufferers for whose benefit chiefly the great machinery of the hospital has been set in motion. Of course a woman virtually in charge of a number of sick people has to see and do many things which she would not care to describe afterwards; but I can say from experience

that duties from which one would shrink in idea, in one's own room, come so naturally when in hospital, that they are got through as matters of course. A great deal of awkwardness can be avoided by making no fuss over necessary work. Wherever a nurse sees her assistance is not required, her tact should teach her not to press it officiously.

Much can be done in a ward, almost unconsciously, to preserve a good moral tone. Let the workers be most careful themselves to avoid any indelicacy of speech or action, and the patients, low and ignorant though many may be, will have a kind of instinctive feeling that they also may not indulge in any coarseness. It may be necessary sometimes to give a private admonition to the effect that such and such conversation cannot be allowed, but I think, if sister and nurses teach the patients by example, they will very seldom have occasion to resort to precept. We had stringent rules against profanity in St. Bartholomew's. I very seldom heard any in the wards.

In a large general hospital one often sees cases of shocking accidents, and of diseases which would sound truly loathsome if described. I have generally found with these, however, that in the interest of the case, one forgets the unpleasantness of the details, and if by the Divine blessing upon skill and care such a patient can be carried through, it is a great triumph. It is very disheartening to be told that a patient cannot recover. For him it is a melancholy thing to die in hospital under the care of strangers, however kind or skilled they may be. At St. Bartholomew's when anyone was pronounced in danger, his friends were admitted to him at all hours. This was often a great relief to the nurse, especially at night.

We had some queer people brought under our care. One was a keeper of a thieves' lodging house, a blind Irishman, well known to the police. He had been robbed and very nearly murdered in a drunken brawl. As a patient, he was very civil, and grateful for everything that was done for him. He was in great dread of being permanently marked. However, he recovered with scarcely a scar.

Another of our patients had his occupation entered on the Registrar's book as a burglar. He had met with an accident while escaping after robbing a house. We had no opportunity of judging of him as an inmate, as the police took him away immediately, contrary to the protestations of the house surgeon. He died in prison soon afterwards from the effects of his injuries.

Most of our patients, however, were of a more respectable class than these; and as a rule they were very amenable and easy to manage. Still, in a mixed crowd, such as we received, there were occasional cases of gross insubordination, even of positive insolence. These unpleasant people were not by any means of the lowest social grade; they generally would have described themselves as "superior," and seemed to think they rather patronised our hospital by coming in. A few patients whom we had, of a class quite above these, were not in the least troublesome nor exacting, though they must often have felt the publicity and restraints of the ward very irksome. If a patient was really unmanageable a nurse always had her remedy. A report made to the house surgeon through the sister would bring down at least a severe reprimand, and probably in case of a repetition of the offence summary dismissal from the ward. No sister would like to report a patient frivolously, knowing the probable consequences; but I

have seen cases where it was absolutely necessary to do so.

If a nurse once loses her character for truthfulness, her influence for good is gone. This is specially the case with children. There was no ward allotted to them at St. Bartholomew's, so we had to take them in among the adults. Up to seven years old little boys were sent with the women. The courage and patience of some, who were scarcely more than mere infants, were surprising. I remember one little fellow about four or five years old, whose leg had been badly scalded; the daily cleansing and dressing looked a most uncomfortable process. His dresser was very good-natured to the child, and, while preparing to begin, used to say, "Well, Tommy" (a convenient pet name supposed to suit all the little boys in St. Bartholomew's), "we won't hurt you more than we can help, and I see you're going to be a brave boy, and not cry. You never cry, do you?" The child would keep perfectly still as long as he could; then he used to make a little murmuring noise, and when the dresser looked up at him, as if astonished, would say, "I'm laughing, sir; I'm only laughing." Though the pain may be the same, this method of dealing with children causes far fewer tears, and far less resistance, than the system of saying, "Why, that couldn't hurt you!" "What are you crying for now, I'd like to know?" or some such address, which one hears occasionally in the wards. Children are very sensible, and very amenable to reason, especially when they see the person speaking to them means what he says. As to taking nauseous medicine, my experience is that most of them make considerable less fuss over it than the adults, when it is brought to them as a matter of course. If the nurse hesitates or seems to have the slightest idea that they will refuse, there probably will be rebellion. Telling them it is "not nasty" will not help matters at all. I remember once hearing a surgeon say to a child on seeing her shrink back, after he had told her that something he was going to do would not hurt her, "You needn't be afraid. I never deceive my patients." By acting upon this principle in the wards, a nurse will gain the respect and confidence of those placed under her care.

Perhaps one of the most thankless and disagreeable duties a nurse has to perform is to carry out the rule which forbids food or drink to be brought to the patients without the sanction of the physician or surgeon. In the medical wards, the sisters are particular about this, but among surgical patients the rule was not at all rigorously observed, and a nurse who tried to enforce it had many sour looks and hard words to bear. The patients seemed to have an idea that we were stealing their dainties, potted meat, pork pies, or whatever they might be, for our own use. I remember once overhearing an affectionate wish that two green apples, which by the way I had thrown into the scrubber's pail, might choke me. Friends of patients seem to have an idea, which no argument or entreaty can remove, that in no disease can grapes, oranges, or a certain sweetmeat called acid-drops, do any harm. Questioning is of no use; one must search the lockers and, even so, patients will manage to evade detection. As an instance, we had a little boy in a medical ward about whose diet we were most particular. He assured me one day that he had been brought nothing but some clean clothes, and nothing else appeared in his locker. Some time afterwards, however, on arranging him in bed, I found a pocket-handkerchief full of pieces of orange. An-



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other day I found some very unwholesome-looking cakes between his pillows. In the same ward, a girl in typhoid fever had about a pound of grapes and five or six oranges left with her by *injudicious* friends. No one who has not worked in the wards can have the least idea of the difficulties caused by smuggled food. The rule is hung up in a conspicuous place; to enforce it is another matter.

Another difficulty which must distress a conscientious nurse arises from the extreme liberality of the patients and their friends in offering presents, chiefly money. People of that class seem unable to understand the simple statement, "It is against the rule." I daresay this is often a temptation to a nurse who is really poor, and has a great deal to do with her salary. The giver looks quite amazed when convinced that one is serious in refusing. "Then you really won't take it?"

"Really, no; but thank you for the kind intention."

It is a painful thing to have thus to hurt the feelings of those who mean well, but it had often to be done in the wards. One day a poor young man bringing in a sick wife offered me sixpence with the words, "Be kind to her." I hope before she left he was convinced that a bribe was not necessary to bespeak our attention.

The patients as a general rule behave very well to one another while in hospital. Sometimes their forbearance was put rather severely to the test at St. Bartholomew's, where there are no private wards, when cases were brought in which required perfect quietness. Screens were drawn round the bed in these instances, and a carpet laid down the middle of the ward. I have sometimes been surprised to see how the patients, even giddy boys, would try to keep still day after day. The convalescents, too, were generally ready to help those who were still confined to bed, or were just beginning to get about. Sometimes their zeal to be of use was too ardent, and had to be checked. I have only very rarely overheard any wrangling or disputing among either men or women, and all seemed ready to make allowance for one another. I recollect saying to a girl, who had been kept awake by a fellow patient, that I was sorry to hear the ward had been so disturbed last night. "Ah," she replied, "if she kept me awake, then perhaps I might keep her awake another time. We mustn't be hard on each other; we all do it in turn."

I have sometimes wondered whether the pains that were taken to keep them and their surroundings clean while in the wards had any effect upon the patients after their return to their own homes. From what I have seen of some who came back as out patients, I am not inclined to be sanguine about it, but I do say that during my time at St. Bartholomew's I only met one person who objected to submit to the hospital regulations as to cleanliness, even when these involved cutting the hair close to the head.

"We have done nothing for this child but keep her clean," said a visiting surgeon of the eye wards on discharging one of his patients. He might have added that we had fed her well, for, indeed, the poor little thing had seemed half-starved, as well as nearly blind, when she was brought in. "Poverty, hunger, and dirt" are active agents in filling the wards; and as to the results of intemperance one comes across, perhaps the less said about them the better. A good many of our patients had taken the pledge, and we were always glad to hear them say so. It certainly was no hardship at St. Bartholomew's, where there was always plenty of excellent milk for those who drank no beer.

As to the state of education among the people with whom we came in contact, it was quite a common thing, on offering a book to a

patient, that he or she was not able to read, or could only read a little. "Ah, nurse, I wouldn't be as low as I am if I could read," said a poor girl to me. It was rather surprising to find cases of this ignorance among the young in these enlightened days. One middle-aged patient I had in a man's ward did not know the clock.

Some young men we had of a better class were highly educated, and had read some very learned books, which they were able to quote and discuss, expressing themselves clearly and well. Many of these seemed to me to hold very free opinions upon the subject of religion. On asking one of them, an Irishman, whether he was a Roman Catholic, I got for answer, "Indeed I'm nothing." This man used to attend the church afterwards.

In the religious instructions of the patients their teachers had a great deal to contend with, between ignorance on the one hand and intellectual pride on the other. There is a resident chaplain, or "hospitalier," and an assistant, who devote their whole time to the work. The hospital is itself a parish, the church of St. Bartholomew-the-Less standing in the grounds. Each of these clergymen gives a lecture once a week in each ward, and during some part of the same day goes round the beds for private visitation. There are not many Roman Catholic patients, but they have a chaplain appointed, who is most regular in his visits, also a lady reader. The flower mission ladies came round once a fortnight to all, patients and nurses alike. The late Vicar told me that, on admitting them, he had asked them to limit themselves to flowers and texts, and they carried out his directions to the letter. One of the almoners used to come round the wards very often to talk to the people. He always carried a bag full of Testaments, which he distributed to new comers, and few patients left the hospital without one. He was very liberal, but his gifts were always bestowed through the sister, and on her recommendation, as he never encouraged beggary.

All patients who were able were required by the rules to attend the church on Sundays, unless contrary to their religious principles. There was generally a very fair muster; but I often thought it a pity that a more comfortable place was not set apart for their accommodation. There are pews for doctors, sisters, nurses, and other officials. There was also a daily morning service in the church, but it was held at an hour when few nurses could attend. We used to send a patient or two from our ward. Prayers are read in the wards morning and evening, a form being hung up behind each bed. No chance religious visiting or tract-distributing is allowed. The chaplains are expected to examine every religious book proposed to be circulated in the wards.

If hospital work is to be efficiently performed, hospital workers must be provided with proper comforts. I believe the days are now past when a nurse was given board wages, and supposed to cook and eat her food in the ward in any chance interval of leisure; or, when the night nurse had no comfortable arrangements made for rest during the day-time. When these and similar abuses prevailed one cannot wonder at nurses as a class being given to drink and being otherwise untrustworthy. Regular and comfortable meals are absolutely necessary for those engaged about the sick. Of course a richly endowed London hospital can offer higher pecuniary inducements than an institution dependent upon voluntary contributions. Still the salary given at St. Bartholomew's, from £20 to £24 a year, does not seem at all too large for the class of women one would like to see in the wards.

I hope that in this short sketch I have con-

veyed the idea that there is nothing poetical, nothing sentimental, in hospital life. Any woman who enters upon it with her head full of romantic notions will find them rudely dispelled in a very short time. The calling of a nurse involves plenty of hard uphill work and drudgery, and many disappointments, too. Still, there is a great deal of solid satisfaction to be derived from it. Unless a woman has a real liking for the work, good health, good spirits, and an even temper, she had better not undertake it. There are many other qualifications desirable, but lacking these, a nurse is not likely to succeed.

And lastly, is there not the highest motive of all? Though, if we are true to our Christian profession, we find work to do for God in every position to which it shall please Him to call us, yet it does seem as if the wards of a hospital were specially consecrated to Him who "went about healing all manner of sickness and all manner of disease among the people." And the humblest attendant on the suffering poor can in the hour of deepest depression and apparent failure take comfort and courage from the Master's words:—"I was sick and ye visited me.—Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

FRENCH COOKERY CONTRASTED WITH ENGLISH.



ANY people fall into the error of speaking and acting as if the saying, "Paris c'est la France," were really fact. In like manner, I have heard those who have spent months in France, staying the whole time in the best hotels, dilate on French cookery,

and speak of the way the French live. I would have my readers remember that the cooking and living in hotels differ as much from the providing in private families as a dinner at a table d'hôte in England does from the ordinary home dinner. Again, many who travel in France go to hotels or pensions (boarding houses), frequented almost exclusively by English, and the proprietors of such have an annoying way of suiting their dishes, as they think, to their customers. The result of this is that they are neither good English nor good French. I was much amused a few weeks ago to see written on a menu (bill of fare) "English mint sauce;" but my amusement was turned into disgust when I had taken some and discovered that it was warm gravy with chopped mint in it—no vinegar! It would be difficult to imagine anything more flat. However, it is not always the case that our English dishes are spoilt, for what the chef (the name by which head cooks are always called in France) called "English pancakes" were certainly delicious little compounds, as far superior to our pancakes as the mint sauce was inferior.

Here let me give a word of advice to my young readers who wish to learn French cooking: do not attempt to improve or alter recipes, at all events until you have carefully tried them, and found that the results are not satisfactory. I was looking through some papers the other day, and found what pur-