

Still, though the above remarks form a picture of what might, and occasionally did, happen formerly, it must not be understood to be meant in depreciation of the majority of soldier orderlies themselves. I have a high opinion of them, and of the good work they have done and are doing. Soldiers are very good to their comrades, and will generally nurse them with devoted care and attention; they only need to be taught how to do it.

Since just two years ago, an immense step in advance has been made by the Government by the framing of certain regulations organising a regular system of training for men to be employed in Hospital work.

At the present time, there are two sets of classes held every year in every station, in connection with, and in addition to, the ordinary stretcher drill. A medical officer gives twelve lectures on First Aid and Elementary Nursing to as many men as volunteer for the course, and apply for nursing certificates. After passing this course satisfactorily, the applicants are sent into the wards where Sisters are employed for practical teaching. Should they happen to be quartered in a small station where there are no Nursing Sisters, they will be temporarily transferred to a larger one where they can obtain the requisite teaching, and after one or two months, generally two, of daily attendance in the Sisters' wards, they are given a certificate, which entitles them to extra pay of four annas a day while employed in Hospital work. And the orderlies required for nursing may be retained in Hospital without interruption from any drills or military training (with the one exception of musketry practice), for any time not exceeding twelve months.

This is a great gain, for, for the first time, the Hospital orderly has a real official existence, and the extra pay not only gives them an incentive to learn and do their best, but also attracts a good class of steady men who are worth having and worth teaching. With few exceptions the men are eminently teachable. In many cases they take a very keen and intelligent interest in their work, and almost invariably they are anxious to learn, willing, obliging, and pleasant to work with.

The danger to the system lies chiefly in the fact that to so many people a "certificated orderly" conveys the idea of a "trained orderly," which he certainly is not to begin with. For twelve lectures, and two months' attendance in wards for a few hours daily, can convey only a glimmering of what is really meant by "training"—especially when from ten to twenty men are doing probationer at once. This period must also be a sore trial to the Sisters in charge, and an anxiety lest it may

prove a sore trial to the patients also; consequently much real and practical gain of knowledge and of methodical habits can scarcely begin till the so-called training is over, and a certain number, chosen as far as possible by selection, are retained and employed as the regular Nurse orderlies. However, the other certificated men who have returned to their regimental duties, form a useful fund to draw from as required, for they are sure to be men anxious for Hospital work when it can be obtained; they possess already some idea of what it is like, and are probably prepared to do their work conscientiously.

It was expected at first that the Sisters would merely superintend the nursing of serious cases. But the assistant surgeons had always superintended, and that was not enough. We soon saw that it was necessary to work with the men. The orderlies required practical teaching of every detail—how to make beds without dragging their patients out and in again, how to wash and dress them properly, how to feed them carefully and regularly, &c., and more important still it was necessary to infuse a spirit of work into them by force of example, and to get them to take a real interest and pride in what they were doing. I think there is no doubt but that this has generally been successful.

(To be continued.)

Preventable Accidents.

LACK of space prevented us last week from dealing with the sad death of a patient in the Meath Hospital, Dublin, who was admitted with a self-inflicted wound in the throat, and who ultimately killed himself by taking carbolic acid in the lavatory attached to the ward. The Hospital Committee have been blamed in the press for this sad occurrence, which is perhaps not altogether fair, as the patient was in charge of a constable, who was primarily to blame for permitting a would-be suicide out of his sight. Had he been a Nurse instead of a constable, we should say he was also wrong in allowing him to drink water drawn from a lavatory tap. As the matter stood, his duty was to watch over his prisoner, and his having failed to do so led to the death of the patient, who might, by the way, if left to himself, have committed suicide in other ways than by swallowing a poisonous lotion. A Hospital ward is neither a prison nor a lunatic asylum. Such accidents would be prevented in the future if it were the rule that suicidal patients should be placed, upon admission in the ward, directly in charge of special Nurses—one on

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