

The Leith Public Health Hospital.

SCOTLAND is coming to the front in Hospital construction, and her latest Hospital is on the most advanced principles. Externally, there has been no unnecessary expenditure, but in the internal arrangements there is the most admirable forethought and enterprise.

Nine acres of land were acquired for the Hospital site, which allows ample space for recreation grounds—one for convalescent patients, and another for the Nurses. The patients' recreation ground is divided by fences, so that the different patients may be isolated from each other, although they can indulge in as much social converse as they can enjoy "over the walls." All the different blocks which go to make up the Hospital have been placed north and south, and in such a position that the best advantage can be taken of the light and sunshine during the greater part of the day.

A novel method of guarding against the spread of infection by means of visitors' clothing has been devised. It will probably have the effect of diminishing the number of friends clamouring for admission on "visiting days."

At the gatekeeper's lodge there is a waiting-room for patients' friends, who will be required to remain there until arrangements are made for their visit to the wards. When they pass out of this room they will be taken to an adjoining apartment, where they will remove their outer clothing. Thence they pass to another room where a Hospital garment will be provided. They then go to the wards, on leaving which they pass to another room within the lodge, where the Hospital robe, which reaches right down to the ankles, will be taken off, after which the visitor will return to the room where he left his outer "street clothes," and having put them on leaves the building. The cast-off robe is at once washed and disinfected.

The cooking is done entirely by gas and steam, and throughout the whole kitchen, larder, and bread rooms, the walls are completely tiled. In the milk-house the ceiling, too, is of white glazed tiles. The larder is fitted with thick glass shelves, so that no dust may linger on either lower or upper surface. Altogether it would be very difficult to find a more model Hospital than that which has just been opened at Leith.

The Indian Army Nursing Service.*

By MISS CATHERINE G. LOCH, R.R.C.

DIFFICULTIES.

(Continued from page 205.)

It will now be worth while to describe some of the difficulties to be encountered, and to try to give some idea of what Nurses entering this service may have to expect.

Naturally there are disappointments as well as successes, for it is still a comparatively new work in a new country. The Sisters who came out first realised that there was a great work to be done in India, and that they were the pioneers of a new departure, and the knowledge of this held them together and strengthened them, and those who come out year by year to join our ranks must endeavour to keep it before their eyes also.

Our chief object has been to show that we were in serious earnest. The Sisters have worked very hard indeed, and their work has been generally recognised and appreciated, and I must not omit to mention most gratefully the very efficient help and support that we have received from very many of the medical men under whom we have been placed.

But let no Nurses in England imagine that in the military Nursing Service in India they will find all the regularity and perfection of a London Hospital; if they do they will be disappointed with their work, which is full of unexpected restrictions. When the first Sisters arrived they had to make a place for themselves, a niche, as it were, in an already existing and working organisation; they had to work with medical officers, many of whom had never worked with lady Nurses before, and who often did not know what Nurses should be expected to do, or are capable of doing. Then the assistant surgeons, or apothecaries, as they were called at that time, had certainly never worked with Nurses. They were inclined to look on the Sisters with very jealous eyes, and the difficulty in connection with them lay chiefly in the impossibility of defining exactly where sub-medical charge ends, and where nursing charge and responsibility should begin. It was often most difficult to organise the work smoothly and satisfactorily, and even when the Sisters had succeeded in doing so, it often happened that both the doctors and the apothecaries would be transferred to other stations, new ones

* Being a Paper read at the Nursing Conference, London, June 4th, 1896.

[previous page](#)

[next page](#)