

adequate for the present, when all charitable endeavour is becoming constructive, and when medicine tends continually to prevention.

The actual nursing in the Italian hospitals—that portion of work which with us is done by one set of persons, viz., the nurses—is here divided up between *three* sets of persons—viz., the physicians or their students, the nuns, and the servant-nurses, who also do a large portion of what we call ward-maid's or orderly's work. This, at least, is the way it seems to an outside observer, though, doubtless, it would not be so classified by the officers themselves.

Take the physicians first. It is perfectly evident that the younger residents and medical students do many acts and parts of nursing work, because one can see them doing them. Minor dressings, charting, observation of symptoms and of the effect of drugs, shaving for operations, oftentimes taking temperature, pulse, and respiration, are some of the parts of the work performed by these young men. True, in our hospitals they may do the same things, but they do them to learn, and not because there is no one else to do them.

Second, the nuns. The usual proportion of nuns to a hospital is seldom greater than one to twenty-five patients, and is oftener one to fifty. No one would, then, imagine that it could be possible for the Sisters to do more than supervise, maintain order and tranquility (which they do in a wonderful way), give medicines (special ones), carry out special orders, and keep up a general oversight, seeing visitors, reporting to the physicians, and ordering the household side. This they also do well. Their kitchens are beautiful, and their bed-linen, patients' gowns, doctors' aprons, &c., are admirably kept, beautifully clean and mended, and ample in supply. In short, it appears that the nuns do well and faithfully everything that they have been taught to do. Their failures are in what they have not been taught, and in what they are not allowed to do.

It is hard to understand, after reading the lives of Catherine, Theresa, and other saints, why the Church should forbid certain duties to the nuns. I am inclined to think that the saints drew no lines. But hospital nuns are not allowed to attend personally to any parts of the human body except the upper and lower extremities, even with women patients—indeed, even with children. They cannot, therefore, bathe and change and prevent bed-sores. This is not their fault, but the fault of their system, and this system also has another serious fault for a nursing service: that its members must recognise, not the medical profession, but the Church, as its ultimate authority. While these two, theoretically, should not clash, yet practically this result follows, that the nuns do not get the physicians' point of view in the care of cases.

They are not allowed to do gynaecological or obstetrical nursing. While, therefore, they are *in charge* of these divisions, they see and know nothing of the details. Who does these things, then? This brings us to—

Third, the servant-nurses. The servant-nurses are of the grade of our ward-maids and orderlies. They receive wages and work as servants. Besides the ward work, the cleaning, sweeping, tray-carrying, meal-bringing, and all the various maids' work, they must also do everything that is left in the province of nursing after we have deducted the share performed by the physicians and the nuns. They carry the bed-pans, change the soiled sheets, make poultices and apply them, give enemas, put the typhoids into their tubs, fill ice-caps, &c., *ad infinitum*. Need we ask how all this is done?

They also do the night duty, so far as it is done. The one or two nuns who are in charge of a big hospital at night can do no more than make rounds, and in one fine, new hospital I was shown the little window at the end of a long ward through which the night sister "looked" at the ward. These servant-nurses, as might be expected, sleep the greater part of the night, and the patients take care of one another.

They are also short in numbers. As an illustration, in one ward of 150 women and children there was a staff of four nuns and six servant-nurses. As a result, their hours are extremely—even inhumanly—long, varying from eleven and twelve to thirty hours at a stretch.

Now, it was the fashion of the Middle Ages for people who worked at all to work themselves to death. Catherine of Siena died at thirty, and all the saints overworked themselves. But it is not in accordance with modern common-sense to kill one set of people while trying to cure another set.

But most difficult of all complications is the economic complication.

The servant-nurses, being uneducated, are paid very little, housed very badly, and altogether represent a cheap-labour element. The nuns, being supported by their orders, are also cheap labour, as the hospitals pay comparatively small sums for their services.

The medical students and young physicians are getting an education which is worth their while, and many of these young men are called to a sort of "private duty" when there is serious illness in the houses of the wealthy; that is, it is quite customary to have a nun for the sick person and a young physician to stay in the house, sit up at night, &c. Add to this that the midwives of Italy are very thoroughly trained in a two-years' service in Government universities, and that they absorb most, if not all, of gynaecological work, and it will be realised how many and how firmly entrenched are the competitors of the modern trained nurse.

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