

rooms, taking with them, as they pass the side-board, a bottle of ale or stout. This, with some biscuits or cake of their own providing, forms their supper, taken in their own rooms. Is not this an even more dangerous habit? For surely then the nurses come to look upon the ale or stout as the chief item of their supper, and may not this in some cases lead to a dependence on alcohol *alone* when tired or ill? Of course, I am not asserting that this course is invariably pursued either at the hospital of which I am now speaking or at any other; but that it is a matter of very frequent occurrence I know from personal experience. And is it not putting unnecessary temptation in the path of those to whom it may appeal with more than ordinary power?

Then many of the hospitals make another great mistake—namely, that when a nurse is “run down” and (perhaps) anæmic, the most usual thing is for her to be ordered a tonic and *port wine*. This, I think, is most often the case at the hospitals where the welfare of the nursing staff is most thought of, and the nurses are best looked after when ill. And this in the face of all the medical evidence there now is against the use of alcohol as a general remedy in such cases. It is surely likely to implant in a nurse’s mind the idea, which a large proportion of the medical profession is now endeavouring to combat, that alcohol is the first thing to fly to in illness. This idea is dangerous for the nurse herself, and, as I said before, may lead to the saddest results in the course of her career. And may we not take a wider view than this, and say that it is distinctly limiting the influence for good of the entire nursing profession? Would it not be far better if every nurse could say that during the whole of her training, whether ill or well, she had never had recourse to alcohol in any form? There are many women, thank God, who *can* now say so, thanks, perhaps, to the temperance principles they have been taught from childhood, and the grace God has given them to be faithful to those principles. But might not these instances be multiplied by hundreds if the hospitals, instead of encouraging the use of alcohol by supplying it to the nursing staff, would remove it entirely from the dietary? Surely it would be the most sensible proceeding, when there is such decided proof that the use of alcohol not only does not increase, but actually *reduces*, the capacity for work in those who take it.

If these remarks apply to nurses who are still in hospital, do they not much more apply to those who, having finished their training, have taken up the work of private nursing? There, I think, the mischief caused by this error in hospital training may be magnified enormously. The faults and failings of private nurses are many, but the life is a hard and a lonely one. Given kind

and considerate employers, still a great deal of anxiety and a great deal of strain fall to the nurse’s lot, especially if she is conscientious and really gives of her best to her patients. There must be irregular hours and broken sleep, even under the best conditions, and, in some cases, there may be great want of consideration for the nurse, even over points where consideration would be possible. To the woman who has relied on alcohol to “pull her together,” or “pick her up” when she is tired or overdone, there is a strong temptation facing her, and one almost says it is no wonder if she falls. If, on the other hand, she has never learnt to depend on alcohol, the idea of flying to it under such circumstances never enters her head.

Private nurses also have, I think, a larger sphere of influence than those who are in hospitals or institutions, and here, again, surely the value of a nurse with strong temperance principles cannot be exaggerated. A nurse who could impress upon her patients the error of the ideas which have prevailed about the use of alcohol both in acute illness and in convalescence might, I think, do much good work. And such nurses would certainly be helpful to the doctors who are working for the temperance cause.

I have not touched at all on the question of the expense to the hospitals, though I think the amount of money expended on alcohol, both for the nursing and domestic staff and also for the patients, is one which calls for very careful inquiry. In view of the large body of medical evidence as to the restricted value of alcohol either as food or as medicine, it would be well, from a financial point of view, to find out the expenditure on alcohol in the various hospitals which depend so largely on public donations. From the point of view of this article also, it would be a help to have clear statistics as to the number of hospitals in which alcohol forms part of the dietary of the nursing staff. I can speak from personal experience of eight hospitals, some in London, others in the provinces, in which I have taken either permanent or holiday duty, and in six out of those eight alcohol was provided, or else the option was given of having a certain sum for “beer money.” Having found in which hospitals this plan was followed, it would surely be possible for the temperance societies to address a protest to the House Committee. Perhaps it would only be possible at first to bring pressure to bear on the London hospitals. Allowing this to be so, it would be no small point gained, for a very large proportion of nurses begin their work in the wards of these hospitals. Moreover, if the leading London hospitals supported temperance principles more strongly, their influence would soon spread to the provinces. If the attention of the hospital authorities were drawn to the fact that this promiscuous supply of alcohol was

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