

ordinary way used for three patients, after which the ticking is emptied, washed, and then refilled with new wood-fibre, the old being destroyed. Should any case prove specific, or should there be any suspicion of septic trouble in connection with one, this course is pursued at once. The ward is very bright and cheery, with polished floor, and a red flannel square, folded cornerwise, at the foot of each bed.

The point which is unique about the department, however, is that everything is in duplicate—ward, labour room, kitchen, annexes—and periodically a move is made from one ward to the other while the one that has been in use is fumigated with formalin—a necessary arrangement, as the success of maternity work depends on the absolutely aseptic conditions under which it is performed.

The staff of the ward consists of a midwife and a pupil on day duty, and the same on night duty. It will be remembered that not long since the Medical Superintendent (Dr. Potter) strongly counselled this arrangement, so that the midwife, who then had only an assistant, might get her proper rest at night. The nurses' quarters are near the wards, as when engaged on this service they live separately from the general nursing staff.

The infirmary trains eight midwifery pupils in the course of the year, and has many more applications than vacancies. The Matron, Miss Malim, has for years past very wisely accepted only such candidates as hold a three years' certificate of training. She found it unsatisfactory to give midwifery training to women with no knowledge of general nursing, and rightly considers one branch the complement of the other. The period of training is for three months, or until such time as the pupils have seen the required number of cases. The fee, which is only £10, is intended to cover the expenses of board, lodging, and washing, and, if necessary, medical attendance. The ordinary nursing staff of the infirmary are required to enter as paying pupils in the ordinary way if they wish for experience in this branch. That a proportion of them do so shows that they appreciate its value.

"Do medical practitioners and nurses become hardened by constant contact with suffering?" is a question which is often asked. And the answer is, undoubtedly, that, unless with an increased knowledge of the suffering which surrounds them they realise the sanctity of pain, it is almost inevitable that they should become somewhat callous.

We should be the last to minimise the splendid services rendered to the sick by the scientific wave which has swept over our hospitals during the last decade. Accurate knowledge founded on proved facts must ever be the only sure basis of the increase

of medical knowledge, and, in a lesser degree, the same truth applies to nursing knowledge also. But there is undoubtedly a danger lest a keen enthusiasm for "clinical material," which demonstrates obscure or interesting phases of disease, should blunt the comprehension of both doctors and nurses to the imperative right of suffering not associated with any special scientific interest, to treatment and relief in our hospitals. Is not the tendency nowadays to sift out interesting cases for admission to hospital wards, and to inform others that there are no beds available, or to refer them to the Poor Law infirmary?

A quarter of a century ago the distinguishing virtue of the best physicians and surgeons was their keen sympathy with suffering wherever and however exhibited. It will be an ill day not only for the sick, but also for the efficiency of medicine and nursing, if this feeling becomes obscured or weakened. For in dealing with disease the human organism with which it is interwoven must always be taken into account, even in order to cope effectively with the trouble, quite apart from humanitarian motives.

Perhaps no cases need more consideration and constant care than those of hip disease, yet it not infrequently happens that these are turned away from our hospital doors, while even nurses have been known to regret that a Potts' fracture was not put up in plaster in the out-patient department and sent home, instead of "taking up a bed" in the hospital ward. Surely this point of view is totally opposed to the true spirit of nursing. We believe that a little personal knowledge of pain and sickness is a valuable asset in a nurse's equipment. Who that has suffered from a fractured ankle would, for instance, speak of "a stupid old Potts," or grudge a few nights of hospital care to anyone who had sustained this injury? Surely admission to a hospital should depend not primarily on the interest of the case, but upon the need of the sufferer. From this point of view we are inclined to think that the experiences and duties connected with maternity make many women more sympathetic with all forms of suffering, more especially with those of little children.

But, whether matrons or spinsters, nurses at least are bound always to keep before them the fact that the principal end of their work is to lessen the amount of human suffering. Any scientific knowledge they may possess is but a means to this end.

We can vouch for the following story, illustrating a callousness of feeling happily rare in a nurse:—

"Lady M., who was dangerously ill, awoke one night to find her nurse sitting at the foot of her bed, smoking a cigarette and reading a novel. Somewhat startled, the patient cried out, 'What are you doing nurse?' To which the nurse replied, 'Good gracious! I thought you were dead!'"

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