arriving show something of this attitude, as often as not.

On the other hand nurses, as a rule, like the novelty of life under new conditions, and the freedom from the discipline in force in home hospitals, and the restraints that surround a nurse doing private nursing at home. After the novelty has worn off they may take a very different view of the life before them. That is what each nurse will have to find out for herself.

Hospital Life in South Africa.

Matrons in the Colonies frequently receive applications from English nurses for posts in South Africa. And there is perhaps no better way for a nurse to enter on her colonial career than to find such an opening. There are drawbacks, of course, but a nurse's training has generally prepared her to face drawbacks. Matrons still give preference to home-trained nurses, but the colonial hospitals are closely following our methods of training, and it is becoming usual now for the members of the hospital committees who have relatives and friends on the nursing staff to demur at the introduction of English nurses except as Matrons. Many nurses take out patients who are voyaging to Cape Colony, but it is a risky thing for a nurse to go out on chance without obtaining a definite appointment, unless she has monetary means to fall back upon.

Ward Work and Native Patients.

The actual routine and nursing in the hospital wards is in essentials the same all the world over. In South Africa one has to dispense with many comforts and luxuries that lessen the work, and also to do without expensive appliances and inventions. The hospitals are maintained by a Government grant, by the receipts from paying patients, and the funds are increased by charitable bequests, donations, subscriptions and gifts. But in no case is there a surplus of funds, so that economy has to be exercised.

A very real drawback to hospital life in South Africa is the nursing of natives. The Englishwoman at home can have no idea of what it means to nurse Kafirs. She probably thinks the colour of the black man is only skin deep, and physiologically she is right. One should not wish to destroy amiable illusions, but after twelve hours, or at most a week, in a male native ward the English nurse abandons the English notion that the native is "a man and a brother." They will say that he may become so in the course of evolution, but the time is not yet.

As a rule Kafir wards are put in charge of the colonial nurses, who understand and manage natives better than we have ever been able to do. And in a well-ordered hospital the actual tending of the natives is done by Indians or by half-caste Kafirs, while the nurse-in-charge gives medicines and stimulants, carries out the treatment, and does dressings. Some nurses are found to prefer the native wards because of the extra "ward-boys" allowed and for the help the convalescent Kafirs give in the rough work. Other nurses invariably turn sick at the smell of the natives, and never overcome their repugnance to touching them. The children no one objects to. I have often had to nurse them in the wards with white children because it is difficult to separate the sexes as well as the colours in a limited space. The smell of the children is not nearly so marked, and can be met by frequent ablutions and the judicious use of weak carbolic lotion or Sanitas.

Natives make "good cases" from a nursing standpoint. In the surgical wards they do well, and are expected to make good recovery after operation. In the medical wards the acute cases are unmistakably acute, and complications and sequelæ are looked for, no matter how skilled and careful the nursing may be, and the mortality amongst them is much greater than in like circumstances it would be with Europeans. The chronic cases, on the other hand, seem to linger on for ever, and so long as natives are well fed and warm they do not mind how much or how long they are chronic. They are a philosophic race, and they like almost anything better than work.

Professional Side of Hospital Life.

In South Africa nurses miss much of the professional interest and keenness for work that we value so much at home. There are no students, no post-graduate cliniques, no bedside lectures, nor is there any special interest attached to the visiting staff, who are of the general practitioner class one meets in small provincial towns at home, with here and there brilliant exceptions. The visiting staff attend their own paying patients, and in turn supervise the treatment of the resident medical officer, who is, or may be, a fixture. He is also assisted by one or more juniors as may be required, so that much of the professional prestige of a colonial hospital will depend on the medical men attached, and to the nursing staff, and its reputation, so to speak, may fluctuate according to the *personnel* of its officers.

No Feeling or Sentiment Exists.

English hospitals like St. Bartholomew's and St. Thomas's, for example, are institutions as

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