

Institution would be of benefit untold to her. Here, much is to be learnt of the daily routine of Sick-Nursing. Overlooked by trained and systematic workers, a thoughtful, kind and energetic person could do great good—and no harm. In time, she might become invaluable; and find a sphere of labour exactly suited to her.

If, however, the close attention and unremitting toil be found too much for strength and energy, there is yet another opening of a different kind. In every town almost, and many villages, there now exists a Parish Nurse. In some places, where several live together and work in concert, no further help is needed, or would be accepted. But in the smaller towns and country districts, where one Nurse works alone, how commonly you hear the one complaint, "I have so many patients to attend to, I wish the day were twice as long." Perhaps there are three doctors in the place, each clamouring for the Nurse's help. What happens? The Nurse, conscientious and industrious as she is, must, perforce, leave the less important cases for the more severe. She may have half-a-dozen urgent needs to satisfy, at a considerable distance from each other; these must be dealt with first. Is there not here a sphere for untrained work? Not, of course, in rivalry, but as subordinate to due authority. On slack days, the Nurse-Assistant might accompany Nurse on her rounds, and be shown quite plainly what has to be done. In chronic cases, dressing and attention to old people take up a great deal of the Nurse's time. Great care and gentleness are requisite, and the relations are too busy or too careless for this kind of work. The Nurse-Assistant would be competent, with her previous study and experience, to take the place of her Superior. Perhaps, on one day in the week, the beginner's work could be revised. If all went on satisfactorily, what a relief and comfort to the hard-worked Nurse? She would be free and able to devote her energies more fully to the acute and more important cases, feeling quite sure the old folk were not overlooked. Again, her deputy could very well administer medicine and baths, or take the temperature and keep a chart if left awhile in charge. Often, like troubles, illnesses occur at exactly the same time; and, perhaps, at opposite ends of a long and straggling town. Leaving her Assistant with exact instructions, the Nurse can go from one, and do all that is necessary for the other, feeling that both have equal care.

No doubt, in many other ways, work could be found, on these lines, for such as I have endeavoured to describe. In private homes, there is often a great want of some such person to tend an aged invalid, or a delicate child. In these days of emancipated women, when every kind of masculine employment is eagerly sought after, and prosecuted by them, is it not well to try and help such as prefer more feminine employment? The care of sick and dying is not one in which they would encounter competition from men; and it is a wide field. No doubt there are many who are quite unfitted for it, by nature and disposition. When, however, these have been weeded out, and dismissed to other occupations, there might be found room for some, who, though unqualified to take the highest place, are yet good-hearted and hard-working women. They would be worthy of a position in the lower grade, far above the thoughtless and unreasoning *residuum*.

M. K. DOWDING.

## Our Foreign Letter.

### HOSPITAL LIFE IN BOMBAY.

THE Cama and Allbless Hospitals of Bombay, to which this letter specially refers, are most successfully worked under lady doctors. They were built by Parsees, and intended originally for native women and children. If, however, Europeans offer themselves as patients, they are admitted, and lie side by side in the wards with their darker-skinned sisters, contented to waive any difference of race for the sake of enjoying the skilled care they both alike will receive.

The Nursing is under the charge of an English Matron and Nurses, and a good work is done in training both European and also native women, who afterwards find posts in different parts of India.

These native Nurses are at first very uncivilised, in some cases never having seen a bed before entering the Hospital, but in a short space of time they brighten up, and become very intelligent and clever at anything that requires neatness, such as bandaging, or marking of charts. We find these native Nurses of great use in dealing with our Hindoo patients, who will not drink water from our hands, although they will take medicine readily enough, imagining that is composed without water. So, in cases of our high caste Hindoo patients, we call on one of our Hindoo Nurses to fill their brass drinking vessel with water for them, or again at dinner time, to hand them their food, which has been brought by the Hindoo cook to the bedside; our approaching thoughtlessly to straighten the quilt at such a moment, would cause the patient to forfeit her dinner and go hungry, sooner than break her caste by eating food we had defiled by our shadow perhaps falling on it.

Anyone fresh from England is surprised at first by the airiness of an Indian Hospital. One remembers how Medical Wards at home can only be ventilated with extreme care, and one has a preconceived notion that the great drawback to Indian Nursing must be the closeness of the wards. But this is far from being the case; between each bed is an open archway leading on to a verandah; in Bombay we are favoured with the sea-breezes which blow continually through the wards; the birds fly through, hopping on to the beds of the patients, and building their nests in the rafters overhead. Our tiled floors are clean and cool, whilst covers on the lockers and centre tables with flowers and variegated leaves in vases give a bright look to the place, which our native patients thoroughly appreciate. The children's ward of our Hospital is specially attractive, with its 21 small cots, in which fair-haired European children and brown-eyed natives are equally at home. The latter display just as much fondness for dolls and toys of all sorts as our English children, but this must be an acquired taste, for of purely Indian toys there are hardly any, and the grotesque wooden dolls, one occasionally comes across, are of the roughest description.

Our patients, on admittance to the Hospital, are at first confused by their new surroundings, and being interrogated by a "Madam Sahib," they often answer at random when asked their name, and give perhaps that of Miriam, when it should be Luxembai, and afterwards say, "I felt so confused, I gave the first name I thought of." Ascertaining their ages is also

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