

clinique, I found it very difficult to convince her that the theory was wrong. In fact, so long as we have these *infermiere* in the wards, it will be all but impossible to make probationers do certain things which—from the Suora, never doing them—have earned the term “basso.” All the ethics are reversed here—more or less—sweeping out the ward (which the ward-maid did where I was trained) is not a low service—our dear Suora, often takes a broom—but many *personal* ministrations which our head nurses, on necessity, do not refuse, are here only performed by the servant nurses.

Antonietta received (in a way) my explanation that probationers who mean to make themselves a career as private nurses must be capable of deftly assisting *themselves* a patient, instead of waking up a tired maid (or relation?) to do so, and that to become deft a great deal of practice was needed; but I felt she accepted the theory with reservations. It is strange how the feeling of things being *infra dig.* clings to even kindly people. How *can* anyone feel that any office for the sick is low?

December 23rd.

My poor little probationer looks quite ill; and yet she is having the easiest of “month’s trial.” Is it possible that southerners have so much less stamina than northerners or am I only unfortunate in the specimens which fall to my share? Antonietta, however, seems to be feeling the moral more than the physical strain; and that is curious, as at first she was so very reasonable. She told me to-day that a male patient was carried through our ward for operation (two days ago—we have no operating room, being “medical,” so they used the doctor’s room for an empyema case), and she heard his groans as they gave him chloroform, ever since then her nerve had gone; she could not sleep or eat; thought every car she passed was a hearse, and every person who stopped in the street was taken ill. Poor little woman!—is it another case of the “unfit”?

Sunday, December 30th.

Antonietta has recovered from her panic, but she told me to-day that she would never dream of nursing if she were not compelled to seek the most paying profession possible to her, and she found mending old lace was not a profitable one. This was depressing, but her truthfulness pleased me; she is a genuinely *good* woman, and whatever she does do she does conscientiously. Still, after this, I was quite moved by meeting an English girl coming from church, who said she envied me profoundly, as nursing was the one thing she had always longed to do. This comradeword was infinitely consoling. No one else here quite understands my caring for nursing, and I feel constantly that most of them only look upon my “mission” as a sort of disagreeable duty which I am tiresome enough to lay before them, asking their assistance therein.

December 31st.

A case of “angina catarrale” was diagnosed this morning, and, lest it should prove diphtheritic, anti-septic precautions were ordered.

Antonietta took fright thereat; the mention of “carbolic” being equivalent to infection-danger. She came to me after the *visita* and said she could not conscientiously stay with an infectious case, as the friend with whom she boards has several small children who are devoted to her, and always with her in the evenings. As there are really no means of

disinfecting oneself or changing dresses in our tiny ward and its limited adjuncts, I thought the girl was right, so gave her her fortnight’s stipend and promised to let her know if I wanted her back again.

I am doubtful, however, of the wisdom of having her in this ward, and am really glad of her voluntary retirement. It gives me time to reflect over the preferability of waiting to take her back till we get our committee arranged, and permission to work in bigger wards.

January 14th.

We have had two of those angina throats. Erminia, the exophthalmic gôitre patient, was most seriously ill; and I stayed one night till 2, as she was quieter and more obedient with me than with the *infermiere*. We have no sisters on ward night duty. Four of them patrol the whole hospital—over 1000 patients often, so they cannot stay very long in one ward, though they do wonders, administering often all the medicine. Erminia began to mend after that night, oxygen, and caffeine hypodermics being the main treatment, and now she is back at her “normal.” It is really nice to see her pleasure at coming back to things—appetite, personal appearance (she is a “superior person” who has “known better days”), and interest in her family, and especially in the little dog, whom her dead husband had greatly loved. She certainly does want to live now; those days and nights of high fever (105°) seem like a dream to her, and she remembers very little, except that she wanted me to stay near her and calm her. At the time she longed to die, refusing food and medicine, saying her sufferings were too great, she did not wish to recover. Knowing that her disease is considered incurable, it was hard to struggle for her life; but of course one did so mechanically, and I own to great relief at finding she is now genuinely anxious to live, and able to find pleasure even as she is.

The other patient—Sofia, cardiac—got over her ulcerated throat more easily. Dr. M— entrusted the local treatment—painting with carbolic—to me during the day. I hope no one else will develop it—it is not diphtheritic, but borders on it, and the attack is followed by great prostration.

January 14th.

A young doctor from the Hospital of S. Giovanni, who had treated Grazia there, came to see how she was progressing. The girl was reading “I Fioretti,” and he asked who had given her the book. On hearing I had done so, he expostulated with me, saying it would encourage her in her religious ideas.

I told him I thought her best chance of recovery lay in that direction, and made her tell him how she had got up and walked to the altar for communion, *kneeling* during a long address of the priest, though as a rule she cannot bend her right leg without acute pain at the hip.

He came up to me after to say I should not encourage her in those ideas—but that instead of making herself a nun, she ought to “take a husband,” and he begged me to try and “suggestionare” this idea. The whole thing was curious, for she is not his patient now. But I suppose our doctor had told him that Grazia was likely to be influenced by me. He, Dr. M—, had asked me to take her especially in hand those days she cried so much, and again when she had a panic over examination, and he has probably observed that since then the girl turns to me for “suggestion.” But as he has never told me to try

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