

time of the year, and the patients of the same class as in the Hospital I last mentioned.

The floors were scrupulously clean, the beds were neat, and, on turning up some bed-covering, which I did in several beds in the Surgical Wards, the bandages, splints, and all other appliances were all that could be desired. Each patient had his drinking vessel and dish for food, which articles were of brass, so bright that they looked like gold. These were at each bedside on the floor—the customary place for natives of this country to sit and eat. There was no superfluous furniture in the Wards—simply beds (or cots, as they are called) and one small table, with one chair in the centre of the Ward.

Numbers of accident cases were admitted here, and the out-patients' department, which is a very large one, is on a most admirable system, having males and females distinctly separate, with egress and ingress by turnstiles to Consulting Rooms and Dispensary. This was quite a model Hospital.

The Hospital of which I am now about to give some details was built for native women, and to accommodate sixty patients. I was placed in charge as Matron, Secretary, and Steward before the building was finished, and had to receive and be responsible for all furniture, linen, &c., which the contractor would supply. I had one room given me as private quarters. This was situated in the middle of the building, had a window at each side looking into the Wards, one door from the hall and two doors opening on a passage, therefore the principal part of the air which ventilated my apartment came from Wards occupied by natives. To these advantages were added that of my room being the only means of access from the front to the back of the building, without going out-of-doors, or through either of the Lying-in Wards.

The only accommodation provided for the Nursing Staff was a room of exactly similar dimensions and situation on the first floor, directly over mine. This was also unprovided with furniture.

I was very much surprised to find that no furniture was given either for Matron or Nurses, and mentioned my difficulty in this matter to a Mahomedan gentleman who visited the Hospital on my first day there. Fortune proved kind, for he immediately said, "Will you send me a list of *everything* you require for yourself or your Nurses? Don't be afraid of it being a large one." I there and then sat down and wrote a most formidable list, not forgetting cutlery, glass, china, table and bed linen. These things I received without delay, and, though all were what is commonly known as second-hand, in very good condition.

For several days I was busy, from early morn till dewy eve, in making lists, receiving and checking every item supplied by the contractor. I had only the aid of two native men-servants, who scarcely knew a word of English. After some days of incessant work, I was informed that the patients, eight or ten in number, with all their belongings, were to be transferred at once from the temporary Hospital which they had been occupying. I made all necessary arrangements, and when they arrived, saw them all taken carefully out of the carts which conveyed them and placed in bed, when I got them suitable nourishment.

Then many days still of hard work, arranging everything to the best advantage, old and new furniture, Wards claiming first attention, then Operation Room, special Wards, kitchen, servants' quarters. Much of the linen that I was handed over from the temporary Hospital was torn and old. This I unhesitatingly tore into large pieces, and gave to the servants to clean and dust with. Afterwards I had to pay for these myself, as the rule—which I did not know then—was that unless an article was officially condemned it was not to be destroyed.

The old furniture, I found to my horror, was alive with bugs; and so commenced an endless, and I fear hopeless, war on these dreadful pests, which, once allowed to establish themselves, are next to impossible to dispossess. In this work I had the invaluable aid of one English lady Nurse. I also had one East Indian Nurse and a few native ayahs.

There was no Resident Surgeon, and the Doctors both lived at a considerable distance. Being responsible for the welfare of the patients during their absence, I had to be constantly disturbed at night. Neither of my Nurses were qualified midwives, therefore I had to deliver many of the cases before the Doctor had time to arrive. I had to inspect the food supplied daily by the contractor, and see it cooked and served.

I had a "scruple of conscience" about this food supply, as many items—such as whall, ghee, curry stuff—were so different to anything one had been accustomed to in England. I felt I could not form a true estimate of their quality, therefore I secured the services of a Portuguese clerk, whom I paid myself; and he was a help, as he knew the language of the servants and contractors, and kept some of my books. I had many applicants for training in Nursing, but few of them likely to prove suitable. However, it was my great wish to get Probationers, so I wrote to the Secretary of the local branch of the Countess of Dufferin's Fund, who kindly did all that was possible in getting the committee to grant maintenance fees

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