

that the *Solace* was the only ship which did not lose more or less of her patients on their homeward voyages. We did not lose one.

I remember well the time we were ordered to Ponce, Porto Rico, after a load of the Army sick who were in the inland hospitals there. Two of our number were sent on shore to receive or reject cases as they were brought to us on ambulances. We had made a clean score so far, and did not want to mar it with the record of a single death. Each patient was examined by one of the nurses as he was brought to the pier preparatory to being put on board a flat board, upon which they were transported to the ship. Many of them were almost hopeless cases. Some of the poor fellows, nothing, apparently, but skin and bone, and looked as though death were already knocking at their portal. Did we refuse any of them? No, all were taken. One would have to have had a heart of stone to refuse the pleading requests, both mute and expressed; or, while a tear gently trickled down the face of an apparently hopeless case, he would look up and say, "Don't leave me behind." "Please take me home." And we did take them home, a ship's load of them. Many of those who had to be brought on board on stretchers, walked down the gang plank with but little assistance upon their arrival at New York. And we were happy, conscious of a good work done, work laid out for us by our doctors, who always had their shoulders to the wheel.

It was on our second trip, immediately after the naval battle off Santiago, that our training was brought into evidence. Our ship was full of sick and wounded. There were forty-seven wounded Spaniards on the upper deck in swinging cots. For ten days and nights we ate and slept as the opportunity offered. There were about one hundred and fifty patients on board, two-thirds of whom were wounded; many, so badly, that they had to be dressed three and four times a day. Amputations were a daily occurrence. The two operating-tables were in constant daily use. The operating-room, though about 20 by 30 feet, was inadequate. Our dressings, wipes, bandages, splints, etc., were soon exhausted, so that we were compelled to work at night to prepare more for the needs of the following day. Heartily glad were we when we arrived at Fortress Munroe and Norfolk, where we were enabled to turn our charges over to the Army and Marine hospitals there, allowing the four doctors and eight over-worked nurses to obtain the rest they so much required.

After discharging our patients and having a good night's rest, the ship was cleaned and fumigated. Surgeon-General Sternberg came on board and went with us to New York, where we

were ordered for stores and repairs. He was so well pleased with the report of the doctors, that each nurse was offered double pay, with the rating of Apothecary, making him eligible to the position of Pharmacist at a maximum salary of eighteen hundred dollars a year and eventual retirement on three-quarter pay; but this entailed an enlistment in the U.S. Navy for a term of years; therefore, the offer was not accepted.

These are the nurses, men, who have come from America to England to help their "British Cousins" in their hour of need, and not the "Orderlies," mere machines of muscle, as some of the London daily papers have been pleased to call them.

Our training does not comprise the simple taking care of the sick, but we are trained to make all our own dressings, bandages, and splints, and apply them, set fractures, put limbs up in plaster, stop hæmorrhage, dispense medicines, assist at operations, and where a Head Nurse shows capabilities, the House Doctor allows him to perform minor operations, under his supervision, without any assistance except that received from the nurses under him, although this is contrary to the rules of the school. A nurse caught manipulating a knife, or other surgical instrument, on his own responsibility, lays himself liable to expulsion. Every one of the sixteen male nurses in London to-day have officiated as Head Nurse in some department of Bellevue Hospital.

I was very much surprised, a few days ago, while visiting some of the hospitals in London, when informed that the nurses here receive none of the above training. Self-reliance is one of the main features of the trained nurses' vocation. They are the doctors' assistants, and not his parrot. Nurses must be of more assistance to a doctor than to simply be able to carry out his orders, if they wish to make themselves felt in the profession. Many doctors of ability and professional pride in the States will not undertake the treatment of a difficult case without the assistance of a trained nurse. They are becoming indispensable to the surgeon and physician, and should be trained to anticipate his wishes, to co-operate with him, and not wait to be told every little thing. Doctors in this present age of "hustle" have too many momentous thoughts to occupy their minds and their time, and don't want to be worried and annoyed with the smaller details of a case. The main secret of success during our nine months of service in the Spanish-American War was due to the fact that the doctors and nurses worked in unison, without jar or discord, with but one common object in view—the relief of the distressed. And we hope and trust that the same thing can be said in

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