

trained nurse. The surgeon was without any kind of apron—the sisters having to lend their cotton ones. The orderly's ideas of lifting a patient on to an operation table showed how imperfect his training had been. The wounded man was pulled and dragged to such an extent that I longed to come to the rescue.

BAD NURSING IN MILITARY HOSPITALS.

The actual nursing of the patient next struck me forcibly, but to my mind, of course, the word "nursing" is foreign to the Army. Patients are provided for, they are housed and fed, but not *nursed*. The following case will fully illustrate my meaning: In a room lay a man who had a compound fracture of the thigh. He was too ill to be in the general ward. The thing that might have saved this man was good nursing, which, of course, includes proper feeding. Food was not wanting; by his side on a locker were a bottle of uncorked stout, half a basin of jelly and a large piece of bread. Now each of these items of food was of the best, no doubt; so the argument that good food was provided for the soldier was absolutely true, but let me enter more thoroughly into the subject in order to prove my point about the bad nursing. In the first place, this man was far too ill to be left by himself. The flies were a constant torment, and he was quite unable to brush them away. This may appear a little thing but the irritation and discomfort alone were enough to diminish his strength. Would any large hospital allow a similar case to be nursed in this style? The lowest class are taken into our hospitals and treated and nursed with the most perfect skill and given every chance of life. Why should the uncomplaining soldier who is serving his country be looked after in his military hospital in this slipshod and unmethodical manner? Our civilian hospitals would be most deservedly condemned if such treatment were meted out to any of their patients and an instant demand would be made by the staff to look into the system where such a case of bad nursing could occur.

Now as to the question of feeding. How was he to get this food which had been so liberally provided? An orderly, I know, would run in and out at intervals, and suggest something to eat from this collection. Although the British soldier is a rough man, he requires the same coaxing as any other sick person. Everything was provided for him according to Government. Almost his only chance of life depended on nursing, but this was impossible to procure. No blame can be attached to the sisters and orderlies; they were terribly overworked. Who is to blame? Certainly not the Royal Army Medical Corps working in South Africa, but the system on which the Army nursing is worked.

THE "SYSTEM" TO BLAME.

This hospital was very much understaffed. The harm of scanty, indifferent nursing tells against the credit of the Army surgeon, for it must be remembered that the cases sent down to the base hospitals are generally of a very serious nature, and the graver operations, which are impossible at the front, are undertaken here. Surely the surgeon must hesitate to perform these major operations when he considers the successful issue of the case depends on perfect nursing. A lengthy criticism on the nursing of Wynburg Hospital could be entered into, but enough has been said to justify my statements that a want of reform is needed in the system on which base hospitals are worked.

(To be continued.)

The American Nursing World.

MEETINGS of the Committee for planning the Nurses' Congress have lately been held in New York, the official account of which we print below. The date of the Congress has been arranged for the third week, instead of the last week in September, which decision will be welcomed by Delegates from England, as it will enable them to be back by the end of September in time for the 1st of October, when so many nursing schools begin their training year.

THE CONGRESS OF NURSES.

THE Committee on convening a Congress of Nurses, met on Thursday and Friday, the 3rd and 4th of January, 1901, at the Post-Graduate Nurses' Club, New York City. There were present Miss Keating, Mrs. Hampton Robb, Miss Riddle, Miss Aline, Miss McDowell, Miss Dock, Miss Thornton, Miss Walker and Miss Banfield. Miss Keating was made temporary Chairman. The Provisional Secretary, Miss Dock, reported on the preliminary work of sending announcements and invitations. Letters asking for delegates have been sent to the following organizations:—In the United States, the Spanish-American Order of War Nurses, the St. Barnabas Guild, and all individual Alumnae, Clubs, and Associations. In Canada, to the Alumnae, and to the Victorian Order of Nurses. In Great Britain, to the Royal Navy Nursing Service, the Army Nursing Service, the Indian Nursing Service, the Poor Law Nursing Service, the Metropolitan Asylum Board, the Queen's Institute for Nurses, both to the Central Office and the Branches in Ireland, Scotland and Wales, the Colonial Nursing Association, the Northern Workhouse Association, the Matrons' Council of Great Britain and Ireland, the League of St. Bartholomew's Nurses, the Royal British Nurses' Association, the Registered Nurses' Society, St. John's House, the Nurses' Co-operation, the Midwives' Institute, the Incorporated Society of Trained Masseuses, the Bradford Incorporated Nurses' Institution, and to the London, St. Bartholomew's, St. Thomas', Guy's, Middlesex, St. George's, and St. Mary's Hospitals in London; to the Birmingham General Hospital, the Leed's General Infirmary, the Manchester Royal Infirmary, the Liverpool Royal Infirmary, the Royal Infirmary, Bristol, the Royal Infirmary, Newcastle-on-Tyne, the Royal Infirmarys of Edinburgh and Glasgow, the Western Infirmary of Glasgow, the Royal Scottish Nurses' Association, the Dublin Nurses' Club, the Dublin Metropolitan Technical School for Nurses,

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