

"It's perfect," I promptly replied, in extenuation of implied reproof.

"Yes, it shines somewhat," she said, smiling; "but time's money."

I turned away crestfallen.

"Hi!" she continued, calling me back, "don't you be riding the 'igh 'orse. You're right, money can't pay for the best; that's between man and his Maker. Don't you never be content with the second best; work well done means sound sleeping and glad waking; it's the only way of living life."

And what nurse will deny that it is in the hospital ward that this strenuous satisfying life is to be found in the very highest degree by those who seek it?

How splendid has been the result in our hospitals of all this forceful giving. Who will dare to assert that the hospital world is decadent? No one who has watched its growth and perfecting during the last quarter of a century. Such a one is lost in admiration and delight at its evidence of ever-increasing vitality.

During a few days recently spent in Edinburgh I was shown the departmental development of the truly magnificent Royal Infirmary. What foresight in the choice of site! What entrancing views! What cool, green, open spaces between block and block! What transports of whirling winds, literally sweeping the wily microbe off its infinitesimal feet!

We went through the splendid Jubilee Memorial Pavilion. It is beautiful, spacious, brilliantly lighted, and is delightfully airy. The comfort and interests of patients, students, and nurses appear to have been wonderfully considered in every particular. Of course it cost a stupendous price in hard cash. But above and beyond the fine building, at every turn one realised what stress of brain and heart had been put into it. The things which make for perfection. Those little *best* things, the inspiration of which "money can't pay for"—the things, in fact, which are "between man and his Maker."

Two more fine pavilions are in course of erection in which to specialise the treatment of diseases of the ear, throat, and eye. When in working order no doubt progress will suggest further improvements; but one cannot imagine in what direction such improvements can be made.

The modern woman is always having the domestic virtues of her grandmother held up for contemplation and example. Dear serene things!

I wonder what they would think of the modern hospital kitchens and laundries, with their well-educated, brisk superintendents and dainty pink-gowned helpers, where every modern appliance which science can devise is ready to hand for use, and where the work is thoroughly well done in hygienic surroundings. No doubt with gastronomic

reason they would bewail the absence of the jack, and spit, and basting ladle. But taking them all round, when one compares the hospital of to-day with those in which the sick languished and suffered and died terribly half a century ago, I just want to have it out with my grandmother, and ask her how she *dared* to let these things be, even if her own dear ones were well cared for. I feel convinced I could inspire her with a due sense of her delinquencies, and make her say "I'm sorry."

The broad principles of securing for the sick unlimited fresh air, light, and breathing space, and a magnificent site—so well exemplified in the building of the Royal Infirmary at Edinburgh—have been adopted in many Scottish hospitals, notably at the Ruchill Fever Hospital at Glasgow, opened two years ago, and where a flourishing school in fever nursing has been established, and in connection with the New Fever Hospital for Edinburgh, situated close to the city at Colinton Mains, which is nearing completion, and which is to be opened in the spring.

Nothing can excel the beautiful sites selected for these noble institutions, and how best to utilise the clinical material gathered for treatment under their many roofs, both in furthering the uses of medicine and nursing, is the question of the hour with their able officers. Both hospitals are fortunate in having medical superintendents deeply interested in nursing—men with modern and liberal views on this absorbing question, who are "at one" with their energetic and progressive Matrons in desiring to keep well ahead in nursing educational matters.

Of Scottish nurses much might be written. Suffice it to say that Scottish women are temperamentally suited for the profession of nursing; well educated in every class, physically and, in consequence, mentally strong, they bring to their arduous duties unusual qualities. In Edinburgh I met no nursing grotesques in the streets, with distracted manes and shameless bonnets. The nurses I met going soberly about their duties looked eminently reliable women, to judge from appearances and clothes. Trim head-gear, warm, well-brushed cloaks, sensible shoes. In the hospitals, without exception, they wore their uniform well—it fitted, was beautifully got up, and neatly put on, and, if appearances, are an index of quality, then the nurses of Scotland are of good sturdy stuff. Indeed, the tenacity of purpose and power of endurance which characterises Scottish women all the world over has placed them at home and abroad in the very front ranks of the nursing profession.

Now I want them to utilise these fine qualities for the common good, and to help by co-operation to raise nursing into the well-disciplined, legalised profession it deserves to be.

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