

Our Foreign Letter.

IMPRESSIONS OF SOME HOSPITALS ON THE MEDITERRANEAN.

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ST. GEORGE'S HOSPITAL (continued).



With regard to the nurses, I treated them as my co-workers, and as the pioneers of a very noble profession in their country. I told them that the hos-

pital was their own and the pride and honour of their community, that I was there only to organise the management and to teach them the art of nursing, and that after that they must stand on their own feet and continue the work themselves.

As a help I had a native nun who had been in the hospital already some eighteen months, and who had had some training from an English Matron who had been in the hospital some five or six months during that time, and who, being handicapped by a lack of knowledge of the language, had been unable to accomplish anything.

The nun was very ignorant and bigoted, and was very satisfied with the superficial knowledge she had acquired. But she had a real vocation for nursing; the most trying, the most loathsome cases—such as leprosy—were her delight, and she had great prestige with the patients, which was a great help to me in maintaining discipline. I first made her head nurse, and then night superintendent.

But to go back to the nurses. It was perfectly astonishing how soon they grasped the situation, and how easily they learnt the *technique* of nursing. Before the year was out they could chart, dress wounds and bandage beautifully, give enemata, douches, hypodermic injections with deftness and skill, and two of them could prepare the operating theatre to the minutest detail for even major operations. But this meant their coming to me every morning at seven o'clock and receiving orders and instructions for the day, and giving me reports every evening, followed by practical lessons and explanation of their cases. As they got more advanced, not knowing my anatomy and technical terms in Arabic, I got two of the doctors to lecture to them on hygiene, medicine, and surgery. Surgery they grasped at once, and loved attending operations and dressing wounds, but medical work, which requires greater patience, close watching, and more intellectual knowledge, they fled in.

There was one thing that I had constantly to fight about with the Committee, and that was having an insufficient nursing and domestic staff, the want being supplied by the patients or their relatives. I told them that the principle was a bad one, because, when we got hold of useful patients, we were inclined to

keep them after they were well, and thus pauperise them. I had seen quite enough of that sort of thing in English workhouses to set my face against it.

As to the patients' relatives coming to nurse them, I abolished that system the very first week. There were four mothers nursing their children, and one of these was a grown-up young man. When I read in this paper a few weeks ago an account of one of the mission hospitals in China, in which the doctor tells us that he looked upon it as an economy to the hospital and a means of spiritual help to have the relatives come into the hospital and nurse their people (under supervision), I could but think what a mistaken and fatal principle and theory it was. Knowing what I know, not only of *Eastern nations*, but of the *English poor*—who will, after the minutest and strictest instructions, give a new-born infant, not three days old, "only a little gruel," and will manage to smuggle in not only biscuits but heavy plum-pudding to a typhoid patient or one suffering from a gastric ulcer (on rectal feeding)—I can but think it is one of the saddest courses to take.

On the contrary, what I aimed at was to make all these people feel that nursing was an art, a study, a profession for the educated, not a thing to be done by the first-comer, and that, if we could not afford to fill the hospital with patients, let us limit the number and nurse those we did take thoroughly and well, and start the thing on a right foundation and basis.

But my object was not the conversion of these people; I tried to raise them morally, and to teach them a sense of rectitude of principle, in which are necessarily involved order, discipline, and administration. I explained to them that Great Britain's greatness consisted in her just laws and in the willingness of her people to submit themselves to these laws, and that this was the atmosphere one breathed on entering a British hospital. There were laws for all—doctors, committee, and nurses; and though the latter might be dukes' daughters, they would be the first to submit themselves to the rules.

Perhaps the greatest gainers—apart from the patients—by the new *régime* were the doctors, who, clever in themselves, had had no real opportunities of proving their gifts or of developing them. For, even if they were given posts in *European* hospitals, whether in Syria or Egypt, yet these were always either minor or subordinate ones, whereas under the new condition of things they were masters in their own hospital, which now contained all they required for the most up-to-date operations; and nursing was done on English lines, which they much appreciated. One of them had finished his studies in Paris, and made a special study of gynaecology and obstetric surgery, and allowed no opportunity to pass for operations. The wounds heal here very rapidly, so that surgical work is most satisfactory.

I must tell you about our first laparotomy—you can imagine how carefully he was nursed. On the sixth evening after the operation he seemed so comfortable that I told the nurse she might leave him alone and go to her supper. This was the first time he had been left alone. Imagine my surprise when one of the servants came to me with a very white face, saying that the patient was standing at the back door buying cigarettes! There are times in life when one is too dumbfounded to speak. I went to the ward and watched the man tottering back to bed, while the nurses and servants watched me to see what I would

[previous page](#)

[next page](#)