

porridge in the morning, porridge at midday and porridge at night. In reality, they gave their patients more chickens, more of everything and of a better class than in that London hospital with which their critics were associated. The infirmary, notwithstanding, had been found to be managed on a very much lower rate, and it was still more important to know that it was managed not only economically but efficiently and well. The food given to the patients was of the very best class. There was no scrimping and no waste. It might be well if the London hospitals took a leaf out of the book of the infirmary. They might find it for the benefit of their patients.

From personal inspection, we can testify to the excellent domestic arrangements at the Edinburgh Royal Infirmary, and the quality of the food appeared of the best. It would be well if our poor could fancy porridge at breakfast—our well-to-do people relish it thoroughly, but it is too nearly akin to the time-honoured “skilly” of penitentiary and prison for the poor to swallow it without misgiving. Well-made and served hot, Scotch oatmeal porridge is food for the Gods.

It is reported that the presence of mind of two nurses, Miss Anna McGrath and Miss Sarah Smith saved the lives of hundreds of inmates of the prison on Blackwall's Island, East River, New York, which was burned down last week. The fire broke out in the sewing-room of a building, mainly of wood, occupied by six hundred women prisoners. It was first discovered by Miss McGrath. She called Miss Smith, and together they rushed to the office containing a lever by which they were able to open simultaneously all the cell doors.

Miss McGrath and Miss Smith took upon themselves the direction of the staff of nurses and attendants. They led the way upstairs through the burning building, and fifty bedridden old women were carried down, many of them from the fourth storey.

The women who had escaped when the cell doors were thrown open were reassured and calmed by the nurses, and helped in carrying out the bedridden.

Everything was done in absolute order, and the last woman was carried down a burning staircase.

The governor of the prison considers it almost a miracle that no lives were lost, as the building was one of the oldest on the city's penal settlement, and has long been considered a deadly fire-trap. Only the absence of any wind prevented the fire from spreading to the other buildings.

Miss A. M. Crawford, writes in *The Canadian Nurse*, of the Dynevor Hospital in Manitoba:—

“This hospital is entirely for the Indians and half-breeds. No white patients are taken; the rule is to admit no patient who does not receive ‘treaty money’ from the Government. It is situated at a lovely spot on the Red River, about half-way between Winnipeg and the mouth of the river, and is reached by rail to West Selkirk, then a drive of 3 miles through a well-settled district; the farms on either bank of the river being cultivated by the original owners, Indians and their mixed descendants. The hospital proper was originally the house of the late Archdeacon Cowley, built about forty years ago, and is as substantial to-day as then; the greatest objection to its present use being the small, deep-set windows. It has been used as a hospital about ten years, and at present can accommodate about twelve or fourteen patients. There was a very nice Nurse's Home built adjoining it, through the efforts of some of the Eastern churches' missionary aids, but as there has never been more than the one nurse, it has never been used. Miss Mitchell, a graduate of the Southern Hospital, Liverpool, England, has been in charge for the past five years, and as there is no resident doctor, and she is nurse in charge, dispenser and compounder of drugs, head cook, chief gardener and general factotum, with only one Indian girl in the kitchen as help, one can readily understand why she has only had one short holiday in her five years. In fact, she is a missionary in every way, and has to make ends meet, both in surgical, housekeeping and all other work. As her patients are nearly all tubercular, the work gets quite monotonous. If it were not for an occasional shooting accident, it would be almost impossible to continue working for such a length of time in the surroundings. One case, for instance, came all the way from Moose Factory. In the winter an Indian had been accidentally shot in the arm whilst out trapping, and it was three weeks or more before he reached the hospital. His arm was in a fearful condition, and had to be amputated at the shoulder. However, for once there seemed to be no tubercular complications, and there was every prospect of his getting back to the north again. It is marvellous the stoical way in which all Indians bear pain, but it is very sad to see the number which are cut down yearly by their worst enemy, tuberculosis. Miss Mitchell has the grounds in first-class shape, and takes her relaxation in superintending and making her patients interested in outdoor work. Her vegetables were far ahead of those on the farms, and as for flowers and indoor plants, they were many and beautiful. This hospital is supported by the Government and aided by the Anglican Churches throughout Canada. Though placed in such a beautiful spot, it is shut off in winter time, and Miss Mitchell deserves all sympathy and honour for the courage and steadfastness in her labours for the bodies and souls of the ‘noble red man,’ who, unfortunately, seems now doomed to be wiped out by the ‘great white plague.’”

We have been wondering if nurses in this country interest themselves sufficiently in “the great white plague.” We fear not.

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