

effected—many of them “gin and opium-drugged babies”—the crèche appears to be a happy solution of the difficulty.

“For threepence or fourpence a day, a poor child, whose mother is compelled to leave it, may enjoy something of the comforts by which the children of the well-to-do are habitually surrounded. Think of it! Instead of squalor, neglect, semi-starvation, and risk to life and limb or of poisonous drugs, the alternative is offered of light, warmth, cleanliness, fresh air, good food, amusement, skilled attention, and happiness.”

The Crèche will, we feel sure, do much to enlighten an awakening public as to its responsibility for the wastage of child life, and also towards the very poor wage-earning mother, whose pale and furrowed face gives one a heart-pang each time we meet her hurrying to and from her daily drudgery.

Our Foreign Letter.

TWO REPRESENTATIVE HOSPITALS IN AMERICA.

One chief difference between American and English hospitals is that in America there exists a much larger proportion of paying patients. It seems that but rarely, even amongst the monied classes in America, are operations performed in the patients' own homes. In the Massachusetts General Hospital at Boston, which I visited three or four months ago, only a small number of beds are absolutely free. The scale of payments for patients begins at ten and a-half dollars per week, equal to two guineas English money. At this rate of payment the patient is not in a separate room; there may be three or four other beds in the ward. A higher scale is twenty-one dollars per week, and the third and highest is thirty-five dollars a week. Patients paying twenty-one dollars have a separate room or ward. At thirty-five dollars the rooms are very well furnished. But even with such a large proportion of paying patients, this hospital is not entirely self-supporting.

Most of the wards have about twenty beds in them, and for these there will be three nurses and a head nurse. The nurse's training is for three years, and she *must* take a six months' obstetric course. American summers, as a rule, last longer and are warmer than ours, so it is natural that their hospitals, even in New England, should have verandahs and fair-sized gardens. Already, early in June, the whole of the children's ward was camping out in the garden of this Boston hospital, where 12 tents were pitched, and very happy the children seemed. Many of the grown-up patients sleep out on the balconies and verandahs. Another difference in American hospitals is the coloured ward, two separate wards being set apart for coloured men and women.

There are 325 beds in this hospital, while in

the City Hospital, Boston—one of the largest hospitals in the States—there are 900 beds. The Medical School of Harvard University also has a large hospital in Boston.

I noticed that the operating theatre was very spacious, and learned that on one day in the week three operations go on at the same time! One couch is placed in front, and the other two farther back at the sides. One doctor keeps the time, and when the chief part of an operation is over, the patient is carried from the front couch to a side one, another case is brought forward, and so on in rotation. I could not help thinking of Barnum's Show in Olympia some years ago, where three performances went on simultaneously in the arena. Our cousins over the water certainly do not let the grass grow under their feet! The out-patients' department was very well arranged, and there were splendid waiting-rooms for these patients.

A MODEL TRAINING SCHOOL.

The Johns Hopkins Hospital at Baltimore is considered one of the finest in the States. The present handsome building dates from 1889, and stands in a commanding position on an eminence near the river, and overlooking the town. It is built of red brick, with white stone facings, and has a central dome with cupola. There is an important Medical School and Nurses' Training School and Home attached to the Hospital, so writing, as I am, to the BRITISH JOURNAL OF NURSING, it will be natural to dwell at length on this training school and home. The new Home, which forms two new wings of the hospital, has only been open one year, and is built, furnished, and arranged with a view of *making the nurses as comfortable as possible*. Each nurse has a room to herself. There is a bright and airy dining-room, where each small table seats seven, and there are shelves along the walls, where each nurse's table napkin is kept in a numbered division. The bath and toilet rooms are excellent, and there is a charming sitting-room and library, where the book-shelves contain 1,500 volumes of general literature. On the walls of the sitting-room hang portraits of Dr. Grenfell, the well-known missionary to Labrador, Father Damian, and Florence Nightingale. The nurses have a piano in their recreation-room. There is also a class and lecture-room with a reference library of 300 volumes. At the end of the halls or corridors there are lounges where, in easy chairs, nurses may read or sew, or occasionally have afternoon tea; by the way, American women are not such slaves to afternoon tea as are the English. If they are in bondage, it is to ice cream, ice cream soda, and kindred drinks.

The “Superintendent of Nurses” has apartments—sitting, bed, bath, and dressing-room—overlooking the lawn. The kitchen and offices were on a par with the rest of the establishment. In the serving-room there was a dish-washer—i.e., a machine for washing dishes, which proves a great economy of time. The feeling of space and the air of comfort in this house are very striking. Half of the expense of this new Home was defrayed

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