

The *Infirmière* of the Maternity Ward is certainly superior. She is a Kabyle and an orphan. She can neither read nor write, but she works hard and seems a kindly little soul.

The *Infirmière* of the Women's Medical Ward can neither read nor write.

She wears a red Geneva cross on her chest, earrings, felt slippers, and on her small and well-shaped hands a few rings, but her nails are long and dirty. Her hair is arranged in a tuft on her forehead, accentuating her strabismus.

The arrival of a certificated nurse from France troubled her but little. When the doctor asked the new nurse if she knew how to give hypodermic injections of quinine to patients suffering from tropical fever, she hesitated, thinking there was something special to be noticed. The doctor said, "Oh, well, I'll show you." Imagine the triumph of the *infirmière*. She trotted out of the ward to soon return with a little black saucepan, a handful of cotton wool, and a syringe.

The doctor washed the patient's skin with a swab of wool dipped in the saucepan, and then took out the needle. To his surprise, he found also the tube containing the sterilised solution of quinine. He explained the futility of her effort, but she seemed to think it was as well to do things properly before the new comer. The third *infirmière* was under notice to leave when we arrived. She wore high heels, her hair dressed with care, and her waist small. The *infirmières* and *infirmières* sleep in the ward and thus represent the night staff.

The Medical Staff is composed of a midwife, a surgeon, and a physician for civilians, and the major for the soldiers.

The midwife only comes when she is sent for, therefore I did not see her. The Major had finished his visit, so I only had time to hear very complimentary remarks about the Bordeaux nurses.

The civil surgeon is an old Navy man. He received the new *Infirmière* Major coldly. No doubt all her predecessors had been introduced as possessing every nursing quality, and had left without leaving any proof of their ability. When the Director suggested the Sister-in-Charge should accompany him on his round, he said he had Elise and that was sufficient. Since then he seems to have learnt to appreciate a trained nurse, and shows it by being horribly disagreeable on the alternate days when Mlle. Granger accompanies the Physician.

The Physician is a younger man, full of energy and enthusiasm. It is due to his insisting on the absolute need of a trained nurse in the hospital, that the Director wrote to Bordeaux asking for someone to accept the post of *Infirmière* Major.

He received us in a long brown holland coat with a very loose belt.

In the wards and corridors the native patients spoke their own dialect, and he answered in the same. I told him that the patients seemed to love him. He said "That may be, but they have no faith in us European doctors unless another native says that our advice may be followed with safety."

The patients have the reputation of being the scum of the earth.

However bad the hospitals may be, they are palaces compared with the hovels of the poorer Europeans and the *gourbis* of the natives. They seem devoid of what I might call the sanitary sense. Flies and vermin make no impression on them. They accept without a murmur that the bed-pans by their beds are only emptied twice in 24 hours. When the new nurse tried to get them emptied as often as necessary she received no encouragement from the patients, and found real resistance on the part of the subordinate staff. The untidiness of the wards, which struck me as dreadful, seems no doubt home-like to them.

Although there are many Europeans in the hospital there are often representatives of three or four other races, not counting the Algerians, by their different tribes. They are nearly all of the Mohammedan religion—a religion which forbids women to be treated by a medical man—so that in the wards the women we see are despised, and have lost their caste, and must not be taken as a type of their race.

The natives crouch upon their pillows. It drives Mlle. Granger to despair when she sees the last hernia doubled up in bed, and there no means of persuading him to lie in the approved position.

I saw a group in a small ward of two beds which I should have liked to take with my kodak, but it is against the Musselman principles to be photographed. In one bed a once-beautiful Arab woman was dying of consumption. In the other, a Kabyle cuddled her year-old baby. She wore a red camisole, an old gold-coloured shawl over her shoulders, and a red silk handkerchief wound round her head. Two large round silver earrings, five inches across, were threaded through the upper part of the ears, and the weight taken off by a ribbon across the head connecting the two ornaments. The baby was in a dress originally white, with a blue silk handkerchief tied round its head. Picturesque, no doubt, but not nurse-like.

The above description will allow the reader to form her own conclusions. It is not an easy task to battle with that indescribable something which is opposed to progress.

There are the material difficulties which need to be coped with, and linked with them are obstacles arising from race, religion, and tradition which can be overcome, perhaps with years and years of perseverance—and with "money, money—hard, horrid, glittering, all-powerful pelf!"

C. E.

A LADY ORGANISER OF CONTRIBUTIONS.

Mrs. Marriott has been appointed Lady Organiser of Contributions by the Committee of the Herefordshire General Hospital. Her office is somewhat a new departure, and it is hoped that as she will come into touch with so many people in the city and county in the course of her duties, further subscriptions will be the result. Mrs. Marriott's salary is to be £50. It will be interesting to watch the effects of the appointment.

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