

NURSING ON THE CONTINENT.

BY AN ENGLISH NURSE.

Nurses often seek fresh fields and pastures new, and hear many different versions of the state of nursing on the Continent. All may be true, for one must remember that while one part of the Continent may be up-to-date as far as nursing methods are concerned, yet there are many places where things are quite mediæval. There is plenty of scope abroad for English nurses who know their work, and who can adapt themselves. This last proviso is really most important, as unless a nurse can suit herself to her surroundings, be she never so skilled and clever, she will fail. Most English people on the Continent divide into two classes—the rich, who travel *en prince*, and who, when they need a nurse, are so surrounded by English comfort that the nurse has little of the local element to contend with, and the *very poor* English, who live abroad for reasons of economy. They cannot afford to pay an English nurse. If a nurse desires to work among the foreigners themselves, and under foreign doctors, she can get plenty of work, provided she possesses the two qualifications already stated. She must not try to make a German bedroom into an English bedroom, nor must she harp upon the superiority of English methods; she will do much more for her country if she silently does her duty and lives as a nurse should. Undoubtedly surgery is far more advanced in Germany, Belgium and France than in England, but nursing is not on a level with it. For instance, when the operating theatre at the Hospital S. Pierre at Brussels was fitted with the latest model of an operating table, and had a wonderful sterilising room, and a unique system of testing the cleanliness of the hands of those concerned at each operation, there was no system of night nursing or of proper diet. The Sisters wore stuff dresses, and patients were woefully nursed. A friend of mine was operated on in a foreign hospital for appendicitis. She suffered a great deal of pain, and had intense thirst; slats were placed at the sides of the beds at night, and the bell to summon the Sister was not to be used except for grave emergency. Imagine the suffering of my friend, and, indeed, all the patients. I gained a sight of nursing in Vienna, visiting the hospitals, and also an up-to-date nursing home. Sisters—*i.e.*, nuns—were in charge, but the lay element was beginning to make itself felt, and now the religious rule is distinctly lessening. The Nursing Home was certainly very well managed, although to English eyes there seemed no attempt at comfort, which is strange when one remembers the luxury that the Viennese consider necessary in everyday life. What impressed me very much in Vienna was the *Freiwillige Rettungsgesellschaft* ("Voluntary Ambulance Society"). This is a most excellent organisation and has stations everywhere. In case of accident or sudden illness one can obtain first aid from one of these stations, and also other valuable assistance, such as an ambulance. One

can consult a list to find which hospitals have empty beds (these are kept up-to-date), also lists of those voluntary helpers who will render first aid or ambulance service. There is a similar society dealing with animals, and I first saw the horse ambulance there, by which I mean an ambulance carrying away an injured horse. To give an illustration of the work of the Voluntary Ambulance Society. A young lady was dressing for her first ball, when she was seized with violent abdominal pain. Her maid was frightened, and a doctor was sent for. He diagnosed the case as appendicitis, and ordered immediate operation. The young patient was staying in a small flat, where the operation and subsequent nursing was obviously impossible. *Quoi faire?* A message was sent to the nearest Voluntary Aid Station, the list of hospitals consulted, a bed arranged for by telephone, ambulance ordered, and the patient taken at once to the theatre on arrival at the hospital. She made a good recovery.

Massage is another branch in which great things have been done in Vienna. I nursed a small patient who had been operated on by Professor Lorenz for congenital hip disease. She had a plaster case to lie in at night, by means of which the left leg was kept flexed at a right angle. The case was beautifully made, padded, and covered with white silk and pink velvet, tied with pink ribbons. The child, who was only 5½, was a most delightful patient. Her left leg had to be stretched on the seat when in a carriage, and kept at right angles to the other when sitting, and she eventually got quite well. She was a twin, and when making the usual and frequent curtsy was obliged to drag her poor left leg behind her, in order to make the "bob." Her little twin sister always made the same awkward movement, so that they should be the same in everything. It was very anxious work to let a lively child move about freely, as she was not to think of herself as ill, and at the same time one knew that a fall would have direful results. However, I am glad to say that during the nine months she was under my care she never even slipped.

Professor Lorenz's special massage and exercises did much for this patient. His rooms were always crowded with people from all parts of the world. I remember in one morning meeting the little daughter of the American millionaire, Armour, who also had hip trouble, a Turkish lady with an ankylosed elbow, two Englishmen with stiff knees, and an Indian with spinal disease. The Professor, I remember as a kindly old gentleman and a vision comes back to me of a photograph I saw of him with his wife and family, the latter consisting (then) of two boys, one about 21 years, the other 21 days—no others between!

In Germany I once had a patient at Bad Nauheim. She had a weak heart, and took the baths and treatment, and was ordered special diet, the main idea being *something* every two hours, the something generally meaning milk and *zwieback* (rusks). She did very well, and I afterwards had a similar case in Brussels when

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