

mother to "the infectious alley—garden-path between high hedges—thence to the infectious door of the O.P. department, where he passes directly into one of the glass-sided rooms reserved for that fever. Each cubicle contains everything necessary for diagnosing and writing up particulars of the case, as well as overall for medical officer, hand basin and nail brushes, soap, and glass drum with disinfectant—this one particularly noticed, as only water was available for our hands after our inspection of the Typhus Hospital. Each cubicle has two doors; one by which patient enters, the other opening on the clean corridor along which the doctor passes. After examination, the child is sent to the infectious block via the infectious alley, and enters it from the receiving end, passes through the bath room and is put to bed in a glass observation cubicle, where he is kept several days before being admitted to the general ward. At the other end of the ward is the ward bath-room, convalescent room, and balcony, also the little ward kitchen. In the bathroom, or rather the annex, I noticed the neatest contrivance for collecting ward soiled linen. A canvas bag stretched over a metal band and fastened by a strap and buckle, kept the mouth of the bag open, the whole thing was fixed to a little trolley which consisted simply of a metal frame-work with handle at the top and supported on four wheels; the bag when full is ejected through a shoot in the wall and collected by the laundry staff. All wards and blocks of wards are similar in having a receiving end and observation cubicles. The kitchens are only used for preparation of small meals, or cooking of extras, as a large central kitchen cooks and sends out the meals to the various blocks. The ward wagons deserve mention; the usual white enamelled metal on wheels, the special feature being a row of rings round the shelf through which glass test tubes pass—each containing in disinfectant a thermometer. The thermometers equalled the number of patients—temperature all taken rectally (in adult hospital per rectum for children and men, per vagina for women). Glass screens separated cot from cot where necessary. These were simple in design, a sheet of glass about 2 ft. x 3 ft., framed with enamelled metal, and mounted on a standard high enough to protect the face of one child from his coughing neighbour.

THE DYING WARD.

Attached to each ward was the dying ward. I am still of two minds about this little chamber. Firstly, I did not like the idea of accepting the fatal verdict—how many of us have rejoiced to prove it wrong—also, I did not like the idea of shutting the wee mite off from human company; we never know how lonely these little souls feel nor what criticisms are passing through what we term their immature minds. Hygienically, the chamber appealed to me. I also think it saved the other children from needless curiosity and perhaps fear, but at home one is accustomed to

manage with screens, and while shrouding the fearsome keep in constant touch with the soul that is passing.

THE THEATRE BLOCK.

The theatre block for in-patients is beautifully arranged. A linen room—cupboards with sliding doors—instrument room, surgeons' room. Theatre for dirty cases, theatre for clean, with their respective preparation rooms, and one large sterilising room. At present even the wool sponges are washed and re-sterilised, dressings are so scarce! The X-Ray room is on the opposite side of the passage from the theatres, each of which can be completely darkened and is connected with the X-Ray room, so that the patient can be examined on the table whenever desired. The theatre equipment is of the latest and here again I saw a device which pleased—a metal receptacle for dirty dressings mounted on wheels and having a flap-balanced lid. The theatre is disinfected and heated before each operation by means of vapour passing through jets in the wall and controlled from the neighbouring sterilising room.

THE DIPHTHERITIC BLOCK.

In the diphtheritic block, to obviate the necessity of erecting a "tent" and maintaining a steam kettle, there is a glass cabin which is supplied by steam through a spray in the wall from the bath-room. This labour-saving device appealed to me till I discovered there was no outlet for the vitiated air. The central kitchen machinery and laundry appliances are English and similar to those with which we are familiar. At the Typhus Hospital there is a telephonic exchange at the enquiry room and visitors can speak to the patients from whom they are debarred visiting, the telephone being so arranged that patients can use it at their bedside. In the Children's Hospital there is a movable set of steps surmounted by a platform, from which parents view their children through the ward windows.

ECONOMIC CONDITIONS.

Off-duty and remuneration at Karl and Mary Hospital (war-time arrangement): "Sisters" and probationers one day a month. The Sisters or Charge Nurses used to get 750 marks per annum, but now get 350 per month. Before the war the mark equalled the British shilling; four weeks ago one got 85 to 90 marks for £1, to-day 125 m. The last fall, probably due to the recent insurrection in Silesia (20 kilometres from here). Ward maids are as difficult to obtain and retain as in England at present, and are receiving 350 m. a month—same pay as the Charge Nurse! Before the war they received 330 m. a year. They receive aprons, nurses full uniform. The medical, nursing and domestic staffs are comfortably housed and have their respective dining-rooms off a corridor leading from the central kitchen.

On-duty hours:

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| 1st Sister: 6 a.m. to 1.30 p.m. | } Overlap 1½ hrs. busiest part of day. |
| 2nd Sister: Noon to 10 p.m. | |
| 3rd Sister: 9.30 p.m. to 6 a.m. | |

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