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CONVALESCENTS.

*Doris Murray
Glasgow.*

The Royal Hospital for Sick Children

AND ITS DISPENSARY

GLASGOW



*By
Andrew Macgeorge
Miles.*

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A ROYAL HONOUR TO THE HOSPITAL.

SINCE the accompanying pages were written a Memorial was transmitted by the Chairman and Directors to the Secretary for Scotland describing the present position of the Hospital and Dispensary, and suggesting that it would promote the influence of the institution, and be a public benefit, if it should be known that it was honoured by the approval of the Queen by being called "The Royal Hospital."

In answer to this appeal a letter has been received by the Lord Provost of Glasgow from the Marquis of Lothian stating that he had submitted the Memorial to the Queen, and that Her Majesty had been pleased to grant the title of "Royal" to the Hospital. It will now accordingly bear the title of "The Royal Hospital for Sick Children."

THE ROYAL HOSPITAL FOR SICK CHILDREN AND ITS DISPENSARY.

You have been with me at this hospital before. In a little paper, printed more than three years ago, an account of our visit is given. but there have been many changes and improvements since that time, and I am sure you will like to hear more about the children.

Most people are interested in children, and no one whose heart is in its right place can fail in sympathy for a sick child. We feel for it when it is a child of the well to do, surrounded by every comfort, its every want anticipated and provided

for, and tended by a loving mother and loving friends. How much more must our sympathies be touched when the sickness has to be combated while the poor little child is lying—as is too often the case—in an unwholesome lodging, sometimes in a dark cellar, with no sufficient clothing or bedding, without fire, with no comforts, no delicacies of food, or means of alleviating pain, all so sorely needed by a sick child, and without the quiet and peace necessary for sleep. When to this is added, as has too often to be added, a slovenly and careless mother, or a father who, from want of work, or from intemperance, is unable to provide for the family the barest necessities of life, the case of the little sick child is very sad.

There are only two instances mentioned in the New Testament where the gentle

spirit of our Lord was stirred to anger, and one of these was in the cause of little children. It was on the occasion when His disciples, meaning well, but not yet knowing their Master, sought to prevent certain mothers from bringing their children to Him. The disciples could not understand that the great Teacher could concern Himself with children, and they rebuked those that brought them. Our Lord was angry. "He was much displeased," we read, "and said unto them, Suffer the little children to come unto Me, and forbid them not, for of such is the kingdom of Heaven." The mothers had only asked that He would touch them ; but He did more than that. "He took them up in His arms, put His hands on them and blessed them."

Inasmuch as we do anything for a little

child we do it unto Him. Specially must this be so when we do it for a sick child. The object of these few lines is to enlist your sympathy for them.

Among all children, especially in a great manufacturing city like Glasgow, there will always be sickness, and many deaths ; but it is not sufficiently considered how much of this arises from preventible causes. The first and most obvious means of prevention is a liberal provision of medical aid easily accessible to the poorer classes.

It is scarcely credible, but it is true, that before the beginning of 1883 there was no hospital for sick children in Glasgow, although such institutions existed in every other important city in Europe. At that date the infant mortality in Glasgow was appalling. Of the total deaths which took place each year, 50 per cent.—one half—were

of children under five years of age, and that percentage is not yet much reduced. Of that mortality much, humanly speaking, could have been prevented. With proper and timely treatment upwards of 79 per cent. of the children who died might have been saved or benefited. Certainly more than five thousand children under ten years of age die annually in Glasgow whose lives might be saved.

But the number of deaths does not represent all the misery. There are children who, although they do not die, endure a living death. For want of timely medical aid there are thousands growing up half developed, deformed, and, to use the words of an eloquent advocate for sick children's hospitals, "racked with preventible pain and shorn of their natural capacity for health and enjoyment." If they grow up

they are too often a burden to themselves, a burden on the community, envying, it may be, the better fate of those who died in infancy.

The first effort to provide hospital accommodation for sick children in Glasgow was made in January, 1861—among the promoters being some of the most eminent medical men in the city—but so great was the apathy, and, more especially, so great was the prejudice and the opposition of those who cherished the now exploded delusion that the existing hospitals for adults were sufficient for the treatment of children also, that this first effort failed. A few subscriptions were promised, but no money was collected, and the movement was abandoned. It was renewed in 1865 by a few gentlemen who refused to believe that failure in such a cause was possible,



THE FIRST PATIENT.

and, joining the original promoters, they all agreed to renew the effort. This time it was successful. Within a year nearly £2000 was collected, and the ultimate success of the scheme was secured. But many difficulties remained in regard to the acquisition of suitable ground and otherwise, and opposition had still to be combated. All this was eventually overcome, but it was not till the 8th of January, 1883, that the hospital was completed, and the first patient admitted. It may interest the reader to see the portrait of this first patient. It will be found in the annexed plate. He was a boy of five, suffering from curvature of the spine, fortunately so slight as not to require an operation, and by judicious treatment and care his parents were able after a while to take him home cured.

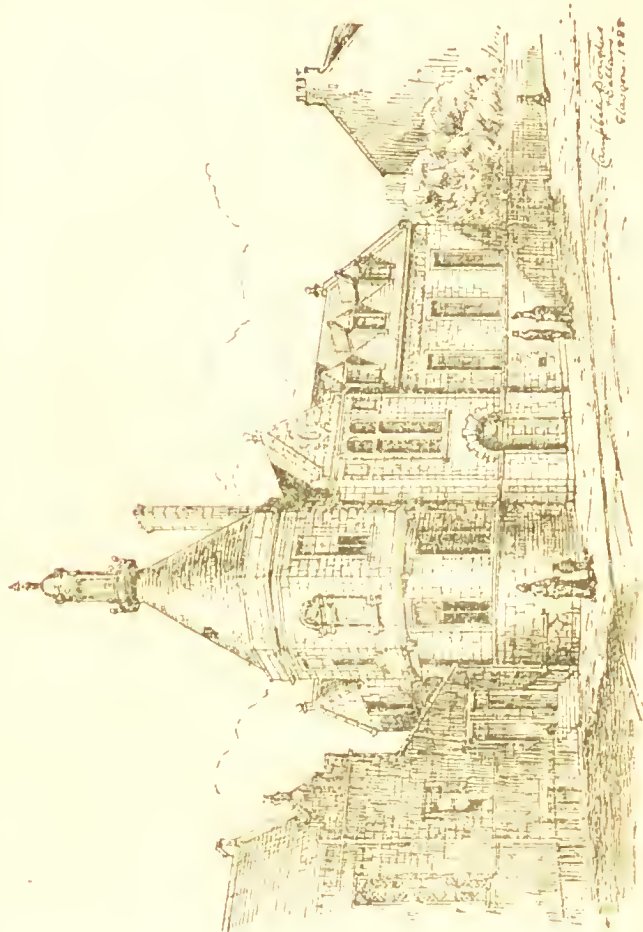
Since the opening of the hospital the tide of success has flowed steadily, and with it, I need not say, the demand for additional accommodation and additional funds. At an early period it became evident that the premises in Scott Street, the first acquired, would not be sufficient to meet the demand for admissions, which went on increasing as the institution became known. This has happily been met, for the time, by the acquisition, in 1887, of the villa and ground adjoining the first house. The result has been the provision of an additional ward containing twelve cots, with other much needed accommodation. The hospital now contains seventy cots, of which 32 are for medical cases and 38 for surgical.

But something more was needed. From the first it was known that without an efficient Dispensary no child's hospital can

be complete. The number of children who can be treated in a hospital is necessarily limited : the number who can be treated in a dispensary is practically without limit. For example, in the Great Ormond Street institution in London, in a recent year, the number of children treated in the hospital amounted to little more than 1000, while in the dispensary connected with it upwards of 15,000 received treatment. Of these the great majority did not require hospital treatment. They were suffering from complaints which prompt attention at a dispensary is sufficient to arrest and cure. Mothers carry their children there, and return with them from time to time, obtaining medicine and advice gratis, and this with the most satisfactory results. But without the treatment thus provided, and the aid so easily obtained, hundreds of these

cases would develop into serious illness, ending in not a few instances in death.

To meet the emergency the Duchess of Montrose, with Lady Campbell of Blythwood, and many other ladies of rank and influence, came to the rescue. This they did by promoting a Bazaar or Fancy Fair, which was held in Glasgow in the end of 1884. Its success was complete. From a portion of the proceeds, placed at their disposal by the ladies, the directors have been enabled to erect a commodious and efficient dispensary, and to open it free of debt; and the balance, by desire of the ladies, has been invested so that the annual proceeds may be applied for behoof of the hospital. The dispensary was formally opened by the Duke and Duchess of Montrose on the 1st of October, 1888, and it is now, like the enlarged hospital, in complete working order.



THE DISPENSARY.

Some who read this may be little acquainted, or not acquainted at all, with the daily routine and working of such an institution as this hospital and its attendant dispensary, and I should like you to come with me and see them, and hear what those in charge can tell us about them. We shall go to the dispensary first.

Here it is in West Graham Street, near the northern end of Cambridge Street—a very central and suitable situation. It is specially suitable from its proximity to the Cowcaddens—a district where there is much poverty, with other physical conditions tending to a high rate of infant mortality. The hour is early, not yet half-past ten, but it is our best time, as it is then the gates are opened for the reception of patients. They remain open from half-past ten to half-past eleven, and then the visiting doctors begin

their work. But at any hour of the day a child may be brought to the dispensary, and if the case is urgent, and one which cannot be attended to by one of the dispensary sisters, it will be sent on to the hospital, which is not far off. Three physicians and three surgeons attend the dispensary—each coming twice a week—with an assistant dresser on the surgical side. Thus at the prescribed hour a physician and a surgeon, men of skill and eminent in their profession, attend every day, each seeing and prescribing for all the cases in his own department. On Saturdays an experienced dental practitioner attends.

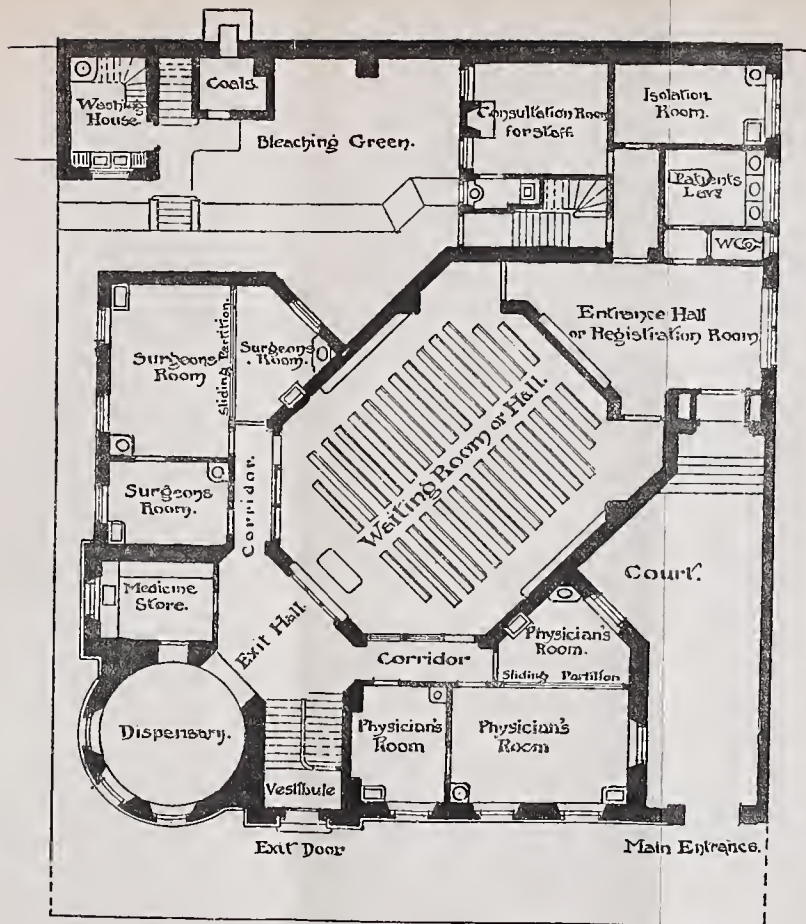
As we arrive the gate is just being opened, and the first to enter is a group of children, who have been gathering for the last quarter of an hour. These are surgical cases. The children have been here before, and know

the ways of the place, and they are come to have their wounds examined and dressed. Recollecting how tenderly they have been treated they seem to enjoy their visits to the dispensary, and as a rule they tidy themselves for the occasion. As they enter they smile at the Sister who receives them, and usually bid her a cheerful "Good morning." The women who are now coming up behind are mothers bringing children in their arms—too ill or too young to walk. Those who have been here before show their cards, and all are passed into the Reception hall to wait till called in to the doctor. The new cases are first examined by the assistant house surgeon of the hospital, who attends here at this time. A sharp look-out is always kept for infectious cases, and when such occur they are put aside and sent to the "Isolation room"

for special consideration by the visiting physician.

The name and age of each new patient is then entered in the Register by one of the Sisters, with the names of its parents or guardians for the time being, and their address, occupation, and average weekly wages. The use made of this information will be noticed presently. Should any child be considered too dirty for examination by the doctor, the mother is sent with it to the bath room, where hot and cold water, with soap and towels, are freely provided.

The reception hall is a spacious, airy room, lighted from above, with rows of forms on each side, separated by a passage in the middle. One side is for the medical cases, and on that side, communicating by a corridor, are commodious apartments for the visiting physician. The other side



GROUND PLAN OF THE DISPENSARY.

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of the hall is for the reception of the surgical cases, and on that side are the rooms for the visiting surgeon. Each patient as it arrives is sent by the Sister to the seats on the side of the reception hall appropriate to the case. The mothers at their first visit often look round as if awe-struck by "so grand a place," and on their return, as one of the Sisters tells us, the more tidy and cleanly appearance of both mother and child seems to show that the mother has been "trying to make them more fit to be in it."

The annexed plan shows the arrangement of the ground floor of the dispensary. It will be observed that, besides the rooms for the physicians and surgeons, there is a Consultation room for the staff, an Isolation room, and ample cleansing and lavatory accommodation.

But the doctors have now arrived, and the patients begin to be called in. It will be interesting to pay a short visit to each of the consulting rooms and see what is done there. We ask one of the Sisters if this is allowable, and as she answers, "certainly," we pass first into the surgical room, where the surgeon, whose visiting-day this is, motions us to a seat, and goes on with his work. The case he is engaged with is a simple one—an abscess which had been previously treated. The wound is now examined and dressed by the doctor, and the mother takes the child away.

The next is also a simple case—a little boy with "a sore arm"—who is brought in by a bigger brother—a boy of twelve. They have been here before. Their history is a too common one—the parents earning good wages, but given to drink, and the children

neglected. The smaller boy had got his arm badly hurt, and it might have become a serious wound, for the mother had paid no attention to it. But the brother—a noble little fellow, who had learned well his Sunday school lesson, and was already bestowing on his younger brothers and sisters the care which their parents failed to give—had heard of the dispensary, and brought his little brother there. The door had swung open one morning, and he had come in, leading the little one by the hand. “Come on Mat.,” he was heard saying, “dinna be feared.” The arm had been then skilfully treated by the surgeon, who performed a simple operation, the elder child all the time holding his brother’s hand, saying, “Cheer up, Mat.; it’s near done; ye’re a’ richt.” He has come back this morning to have the wound dressed, and *he is* “a’ richt.”

The next case is a boy of seven or eight, with a sore leg. The doctor pronounces it a bad case of eczema, induced perhaps by recent injudicious applications of cold-water bandages. A prescription is given, but the mother says there is something else wrong. "His arm is not right." The jacket is removed, and a careful examination shows that *there is* something wrong. It may be incipient disease of the joint, and the case must be watched. All that can be done at present is to ensure absolute rest to the limb. A few words to the Sister in attendance, and she goes to the dispensing room, and returns immediately with a splint, a quantity of fine wadding, and a bandage. The doctor bends the splint to the proper shape, and applies it with the wadding to the arm. The whole is then bandaged, and the patient is dismissed, with careful instructions to the

mother. It is all quickly done. The doctor touches his bell, and another case is brought in.

But our time is limited, and, leaving the surgeon to go on with his little patients, we cross to the room on the medical side, where the visiting physician for the day is dealing with medical cases. He has just disposed of one, and rung his bell for another, and there is now coming in a poorly-clad but respectable-looking woman with an interesting looking child, a thin, delicate girl of ten, whose face would be beautiful had it not so pinched and starved a look. "What is it?" the doctor asks. "She has a bad cough," the mother says, "which shakes her terribly, and sorely hurts her chest and back, and for years past she has been weak and delicate." The doctor has beside him a nice

little couch raised to an elevation higher than his table, and on this the child is laid and her chest exposed, and the doctor with his stethoscope makes a careful examination. Then he writes a prescription, and the attending Sister lifts the child and carries her to the ante-room to have her clothes adjusted—the mother following with the prescription. There is nothing serious yet, the doctor tells us—nothing that would not soon be put right by nourishing food and warm clothing. Their story is a sad one. The father is a sober, able-bodied workman, but lost to his family. He is insane. Sent to the asylum some years ago, the experiment had once or twice been tried of permitting him to return to his family, but each time only to send him back again. “He will never be out again now,” the poor woman tells us. She is doing “all she can”

for the children, but her employment is precarious, and occasionally the illness of one or other of them obliges her to stay at home, and so lose work. Things, it is hoped, will be better for them in the future, now that the mother has found her way to the dispensary. They will be visited also at their home, as others are visited, by the dispensary Sisters, or some kind member of the Ladies' committee, who have at their disposal small sums allotted from the Samaritan Fund, which the Ladies have provided; and some articles of warm clothing, contributed by generous donors, will also be available. We should like to give a trifle to the poor mother, but the Sister says no, and the doctor says no. Not money in hand; but we may leave it with the Sister to be expended on soup or other nourishing food for the delicate child.

Again the bell is touched, and a sailor's wife comes in with a child lying motionless in her arms. In answer to the doctor's inquiry she says—"Jamie's that *quact*; I dinna ken what's come ower him." No wonder he is quiet. He is utterly worn out by bronchitis, and only careful watching and skilful treatment in one of the little warm cots at the hospital can save him. So to the hospital the doctor orders him to be taken straightway, where we shall hope he will soon be all right again.

But we must go, for we have another department to see. It is the place where the prescriptions are made up—a pleasant, bright circular room. There is a counter in front, and an array of drawers and bottles behind it. You will see it on the plan, with the medicine store attached, which contains all sorts of medical and surgical appliances.

To this place come all the mothers with the little patients as they leave the doctors, and each in turn presents the prescription and has it dispensed. A dispenser from the Old Apothecaries' Hall is in attendance here, and also the assistant surgeon from the Hospital. Everything, of course, is provided gratuitously—all but the bottles. One very young-looking mother, with a sick infant in her arms, has just laid her prescription on the counter, but without a bottle. "Have you a penny for the bottle?" the assistant asks. "Yes," she says, anticipating the question, and lays it down. This is necessary. If bottles were provided they would not, as a rule, be taken care of. They would be broken, or lost, or made away with.

This I think is all we have to see at the Dispensary except the accommodation upstairs. Like everything else it is very com-

plete. There are a Ladies' work-room, a Store-room, a room for Specialists, and suitable accommodation for the two Sisters, and for a caretaker and his wife. From one of the Sisters we shall learn some further particulars about the dispensary work which may interest you.

As I have said, each doctor attends twice a week. As a rule each patient returns on the day of the attendance of the doctor who first saw the child, but if the case requires attention in the intervening days, the doctor whose day it is will see the patient and prescribe. Ordinary simple dressings of the wounds of patients are attended to at the time by the Sister, or by the doctor himself or his assistant dresser. If the case is found to be serious, and one requiring continuous attention, it is sent to the Hospital. The Sisters also see to the undressing of the patients,

when that is necessary, and preparing them for examination. It is also their duty to see that the doctors' rooms are ready for them, and that all instruments, bandages, or other requisites are at hand and ready for use. Small operations, such as do not require immediate after-attendance, are performed at the time by the visiting surgeon. More important operations are referred to the hospital.

In particular cases where the treatment prevents a child being brought back to the dispensary, or where there are doubts as to the directions of the doctors being understood or properly carried out, or when any special advice or treatment is required, the child will be visited at its home by the dispensary Sisters, one of them taking the medical cases and the other the surgical. It is also part of the duty of these ladies,

so far as they can overtake it, to visit the children who have been discharged from the hospital. At these visits the Sisters will not only dress wounds, but will distribute the clothing placed at their disposal, and they will occasionally also supply eggs and beef tea when the people need it, and it is found they cannot get it otherwise. In this visiting, as we have said, members of the Ladies' committee take part. Much good is done in this way, not only in the relief of suffering by the services of the kind visitors, but in the education of the mothers in the management of their children when sick, and in showing them the importance of domestic cleanliness and order.

Another important advantage of these home visits is that they tend to prevent imposition. No subscribers' lines are required to ensure a child being received and treated

when it is brought to the dispensary. This is one of the features of the institution which was specially commended by Sir George Macleod. He justly condemned the system of requiring such lines as one bad in practice, and which was attended in many cases by serious, and in some by fatal, results. Admission, treatment, medicine, and surgical appliances are free to every comer. It is enough that the child is sick and poor. By poor, however, it is by no means meant that the parents are paupers. Cases are of too frequent occurrence among working people when work fails, or when the head of the family is temporarily incapacitated from working, and when the children can with difficulty be supplied with the barest necessities. Many such families would scorn "to come on the parish," and if a little one falls sick, and the necessary advice and medicine,

if it has to be paid for, must come off the already scanty food of the others, it is apt to be put off, till perhaps it is too late. In such cases when a mother can, without loss of independence or self-respect, come to a dispensary like this at the very commencement of the child's illness, and get advice and medicine free, the good done is incalculable.

But this, it need not be said, is in some cases liable to abuse, and as far as possible it is provided against. One security against it, as we have said, is the visiting the child's home; but, besides this, in special cases where there is a suspicion that the charity is being abused, the name and address of the parents—taken in every case when a child is brought to the dispensary—are sent to the Charity Organization Society, by whom inquiries are made, and the result reported.

These reports are often satisfactory, but too often they are otherwise—"parents earn good wages, but drink; children neglected." But for this terrible "drink" how comparatively easy would it be to fight the battle with sickness among the poor.

Cases are brought to the dispensary in which the child is very ill, simply from want of food and care, and when it has, in consequence, become so far reduced as to require hospital treatment. A number of years ago, before the dispensary existed, two cases of this kind were brought to the hospital. They were babies, neither of them more than fourteen months old. They were in a deplorable condition—pitiable to look at. They were suffering from "wasting," caused by being ill fed and ill cared for. They were carefully tended and nursed, and after having been in the hospital ten or twelve weeks they

were taken away. What they were like when brought in I have endeavoured to describe. What they were like when they went out the reader will see for himself by turning to the frontispiece of this little book. It is from a photograph of the two babies, taken after they had been about seven or eight weeks in the hospital.

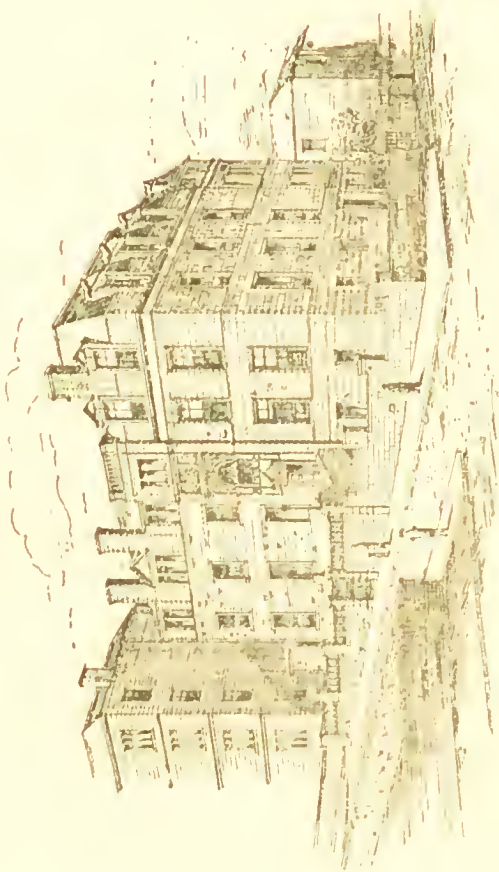
In very many of the dispensary cases, however, the child's illness has arisen from want of ordinary care, and the too common neglect of cleanliness; and in many instances it has been caused from giving improper food as much as from want of food. One of the Sisters tells us of an instance which occurred recently. A mother with a child in her arms came to say that she had been obliged to stay at home to attend an ailing child which had just died, and that she feared the one she was carrying was

dying also; but she had brought him, though almost without hope. The doctor examined him, and questioned her closely as to his diet. He said that as yet there was nothing radically wrong, and he ordered some medicine; but he told the mother that the child was suffering specially from irregular feeding and unsuitable food, and he gave her special directions as to this, and also as to keeping the child clean. She returned in a week with the child already wonderfully improved. The medicine had done good, but it was chiefly the doctor's firm insistence, that if the child's life was to be saved his directions as to cleanliness and proper food must be strictly carried out, that had awakened in the mother a determination to do better, and in this she had been successful. And it is not her own children only who will be benefited. She will tell her neigh-

hours, and they will see what can be gained by attending to the instructions given at the dispensary, and how much the health of their children depends on giving them the right kind of food, and by habitual attention to cleanliness.

We have said that the number of cases which can be treated at the dispensary is practically unlimited. Five hundred can be treated each year in the hospital, but it is calculated that at the dispensary as many as ten thousand children may be treated annually. This cannot fail to tell sensibly on our statistics of sickness, not to speak of our death rate. The service rendered at the dispensary, also, will immensely relieve the strain on the resources of the hospital. In cases without number, which would come to require treatment there, the illness will be arrested, and cures

THE HOSPITAL.



effected, by the relief afforded by the treatment at the dispensary.

We must now take leave of this interesting institution for the present. On another day you must come with me to the hospital.

Here we are at it, and the Lady Superintendent receives us with her usual courtesy. It is a bright November day, and we shall see the wards and the newly added accommodation to advantage. You have been here before, but, as I said, the hospital has been enlarged, and there have been many changes and improvements since then. We shall look at these first.

This is the new house. It and the one first acquired were, as you know, detached villas, each with a considerable portion of vacant ground, part of which has been already turned to good account, but a portion of it

will still be available in the event of further accommodation being found necessary. The two houses now communicate with each other, and the most important of the uses to which the later acquisition has been applied is the formation of the additional ward in which we are now standing. It is a bright and airy room. It is devoted entirely to medical cases, and affords ample accommodation for twelve patients. It has been aptly called "the Carlile ward," in honour of our chairman, by whose exceptional generosity the expenses incurred in forming it, and in effecting the other alterations consequent on the acquisition of the new building, have been defrayed. The accommodation for the staff in the main building was defective and very limited, and this has now been remedied. The house surgeons' rooms have been improved. Commodious dormitories have been

provided for the staff. The operating theatre, which was too small for its purpose, has been increased in size. A new washing-house and laundry have been erected, and so placed as to be cut off from the main building, and the washing, part of which had formerly to be done outside, and paid for, will all be now overtaken within the building by the hospital servants. Other improvements, sanatory and others, have been made, so as to secure perfect efficiency in every department. These we shall see again: they need not be described in detail here. Altogether, I may venture to say that in its equipment and general management this hospital will be found equal to any in the kingdom; and the same may be said of the dispensary.

Before going through the wards it will interest you to hear some particulars about

the hospital—its staff, and its routine work. This is the substance of it:—

The resident staff of the hospital consists of the Lady Superintendent; the Sisters, of whom there are four—one for each ward; the Nurses; a House Surgeon; an Assistant House Surgeon, and the domestic servants.

The nurses may be divided into three classes—Pupils who are not bound for any length of time, and who pay for their training; Probationers who are under engagement to give attendance for two years, during which they receive training. At the expiry of that time, if the probationers are willing, and are found suitable, they are retained as staff nurses, with suitable salaries. During the past year two probationers completed their training, both of whom remained on the nursing staff. At the expiry of last year (1888), there were eleven

probationers training in the hospital, of whom five were in their first, and six in their second year. Applicants for training had been so numerous that many had to be refused. During the same period two pupils completed their first period of training, which is one year. The position and work of the pupils is precisely the same as that of the probationers, except as to the term of engagement. The Sisters take a general charge. They receive salaries, and are also provided with indoor uniforms. The two Sisters at the dispensary are in the same position as to salary, but they are provided with outdoor as well as indoor uniform. In the hospital the work of the Sisters is to superintend and teach the nurses, and as the wards are not large they take a practical share in the work, and this they do with little difference in their "off duty" time.

The annexed plate represents one of the nurses in her hospital uniform. At her feet are two of the little patients—one a bright little girl of four, who is under treatment for hip joint disease, and the other, a little boy of the same age, suffering from pleurisy.

All the nurses are ladies who have been well educated, and in the hospital they are all on the same footing. They all join together in the principal meals with the lady superintendent, and otherwise they rank as equals.

Three physicians and three surgeons, all of high standing in their profession, form the outside staff.

Of house servants there is a competent number—so many for the house and so many for the laundry.

To turn now to the work done in the hospital it may interest you to know how



NURSE AND TWO CHILDREN.

each day is spent there, and the history of one day is, as a rule, the history of every day.

They keep early hours. At 6.20 each morning the ward maids begin to sweep out the wards, and then the children begin to wake up, but no talking is allowed yet, and they only speak in whispers to the other children near them. At 7 o'clock the gong sounds. This is the signal for the nurses to assemble for prayers, and it is also the signal that the children are now free to talk—a privilege which they are not slow to indulge. At 7.35 the Sister of the ward comes on duty, and receives from the nurse who has been in attendance during the night, her report of anything requiring mention. At 7.40 the day nurses go on duty, and the children are washed and prepared for the day. At 8 o'clock breakfast

is served, this grace being sung by the nurses and all the children in the wards:—

“ Be present at our table, Lord,
Be here and everywhere adored :
These mereies bless and grant that we
May now and ever thankful be. Amen.”

At 9 o'clock the house surgeon commences his round of visits. This, in the surgical wards, is the dark hour of the day for the little patients, and many touching appeals are made to the doctor “not to hurt us.” There is great glee when he happens to pass by a case with the remark, “I need not dress that arm this morning.” But he is very gentle with them, and almost before he leaves the ward the children have forgotten their fears and are occupied with their picture books and other amusements.

The nurses are now busy with their daily

work. There are many things to do ; among these, occasionally, the preparing of a convalescent child to go home, and in such cases the leave-taking is sometimes amusing and often touching. Little friendships have been formed, and the small patient is seen trotting round to each cot to shake hands with companions whom probably it will never see again.

From twelve to one is the usual time when new patients are admitted. Sometimes this is a simple matter, and the child is easily reconciled to its new surroundings, but in other cases the parting with parents is painful, and it takes all the ingenuity of the nurses to persuade the child that the hospital is "so nice a place." The preliminary bath is usually a formidable thing, and the exclamation, "Oh, I'll be drowned!" is not uncommon with children whose acquaint-

tance with water has been very slight. But a rub down before a good fire, the friendly reception by the children in the ward, and a few well chosen toys, soon restore equanimity.

At 12 o'clock dinner is served. The annexed plate represents a group in Ward III. about to partake of this meal. The children are just going to sing "grace." The Sister at the head of the table, in the dark dress, will then uncover the hot-water tin which contains the dinner, and serve it out, while the two nurses at the side will carry the plates to the children in bed, and feed those who are not old enough to do that for themselves, or who are unable to sit up. One of the nurses has in her arms the baby of the ward—a little boy of fourteen months. He is fretful, poor little fellow, for besides the illness that brought him here he is



DINNER.

cutting his teeth. The little boy, Johnny, standing by the Sister is always eager to help, but his left hand only is available—the right having been badly scalded. The sweet little girl, Mary, on the form next him, is only four years old. She has just had an operation performed on her arm and will soon be quite well. The boy on the form looking round has had a long and severe illness, ending in the amputation of his leg. He is getting fast well again, and will soon be sent to the much-prized “Home” at Helensburgh. The little girl on the other side of the table is an old patient. Two years ago a disease following measles, from which few recover, greatly injured her face. She pays frequent visits to the ward, where some wonderful patching is done. Her face is now beginning to look natural, and it will soon be all right.

But to return to the dinner. The tin in front of the Sister has four divisions. Two contain minced meat and vegetables for the children on "full diet." In the third is "Scotch broth" for those on second diet, and in the fourth is chicken or fish for little invalids for whom these are more suitable. At the end of the table stands a wooden tray holding a large milk pudding for the second course. There are mugs and feeding cups for the "drink of milk" which concludes the meal.

Dinner is followed by the washing of the little faces and hands, and then the patients have a short sleep. Between two and four they amuse themselves with their toys and picture books. The annexed illustration represents a group of convalescents. Others who are convalescent, or who do not require confinement to their beds, go



A GROUP OF CONVALESCENTS

about the ward and converse or play with the other children. This is only interrupted occasionally by the visits of the staff, which to many of them is a matter of importance, for although in some cases it means pain, they consider it a great thing "to have the professors."

Tea, which is served at four o'clock, is a particularly happy meal with the children, as it is then they are allowed to have, besides bread and butter, the eggs or sponge cakes which their friends are allowed to bring them.

At five o'clock the children are bathed and prepared for the night—white jackets taking the place of the bright red ones worn during the day. At half-past six they have some bread and milk for supper, and then prayers. These are read aloud by the Sister, the children repeating after her:—

“Almighty Father, we praise Thee for all the mercies of this day. We are now going to lie down upon our beds, and take our rest. Watch over us all this night, and let Thy holy angels keep watch about our beds ; and when we awake in the morning teach us in all things to please Thee, for Jesus Christ’s sake, Amen.”

This is followed by the Lord’s Prayer, and a familiar hymn such as “Jesus, tender Shepherd, hear me,” or, “Now the day is over.”

On Sundays the nurses read to the children Scripture stories, and such appropriate books as have been sent to the hospital. These readings are much enjoyed by the little listeners. Every morning and evening prayers are read to the nurses and house servants by a sister, or by the lady superintendent.

The parents or other friends of the chil-

dren are permitted to come and see them on Sundays and Wednesdays—a privilege in most cases much prized by both parent and child.

The teaching at the hospital—always unsectarian—the pure moral atmosphere of the place, and the brightness and cleanliness of everything in it, cannot fail to impress the children. It must impress the parents also, and the child will carry with it to the other children in the poor home some influences which are sure to brighten it. An example of this is related in the first of the hospital Reports which it is pleasant to repeat here. Tommy, a bright little fellow of four, had been treated in the surgical ward, and when dismissed he did not forget his hospital training. The asking a blessing before meals had been a thing unknown in his home, but now he would not commence a meal without singing

his "grace," and he sought to teach it to his little brothers and sisters. Tommy's ear had caught the air correctly, but he could not give all the words, and his mother, willing to meet the wishes of the little missionary, came to the hospital and got a copy of them in order to continue the work that Tommy had begun.

But to return. With the children's supper the day practically ends. It need scarcely be added that during the day, and it is the same by night, medicines and other necessary treatment are given as required.

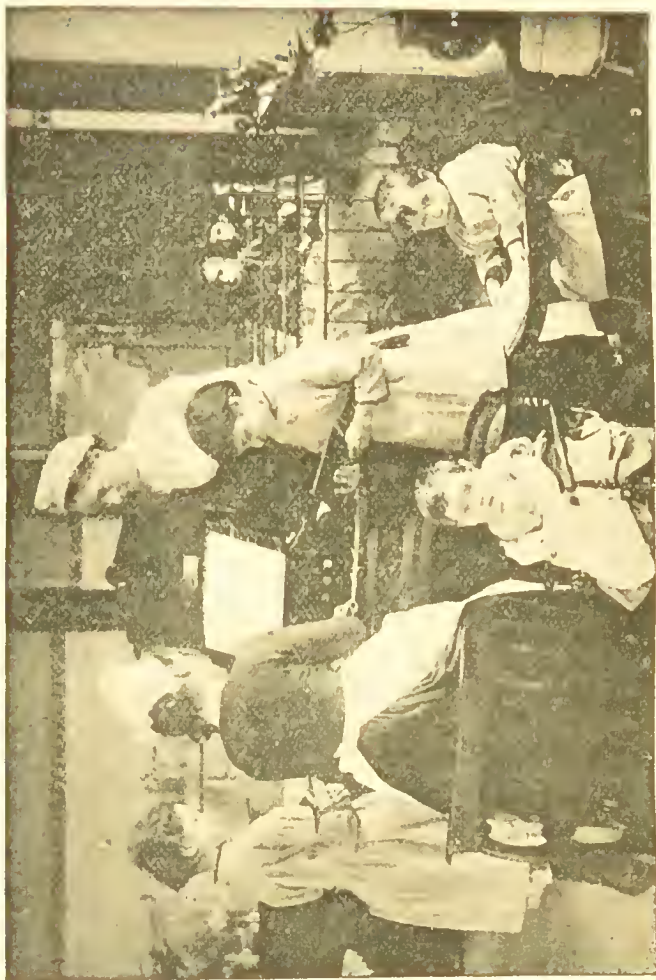
Then the night work begins. At 9.30 p.m. in each ward a nurse goes on duty, receiving from the Sister instructions as to the treatment of each child—the medicines to be given, dressings and the like, with notes as to special cases. All these are entered in a book, and in the morning, when

the Sister comes on duty, she receives from the night nurse her report as to what has been done. Such is the usual hospital routine.

But the day is broken with occasional pleasant incidents. Frequently the wards are brightened by the visits of members of the Ladies' Auxiliary Association, an organization to which the hospital is much indebted. They have their own president, vice-president, secretary, and treasurer, with an influential committee. Their work is to visit the hospital in rotation, inspecting the wards and reporting any alterations they deem advisable. They frequently converse with the children, and materially assist in contributing to their amusement. Some of their number also visit at their homes children who have left the hospital, to see that they continue to be properly treated.

They have also divided the city, as well as places in the neighbouring counties, into districts where an annual canvass is made for subscriptions. In this way the funds of the hospital have been benefited to an important extent. A great delight to the children is when any of these ladies bring flowers, which they often do, and when the convalescents who are able to run about the ward are allowed to assist in arranging the bouquets.

Another pleasure for the children is music and singing. They have several musical boxes, and in each of wards I. II. and III. there is an American organ, and on these one or other of the Sisters or nurses occasionally plays—some of the children joining in singing some familiar hymn or child's song. The annexed plate, taken in one of the surgical wards, represents the Sister of the



A MUSICAL PARTY.

ward playing on one of these small organs. Behind is one of the nurses and on each side of the Sister is a child—the one on her left, aged twelve, suffering from disease of the hip joint, and the one on the right, aged nine, suffering from bone disease. They are joining in singing a hymn. Below is a little girl of four and to the right a boy of five, both suffering from the too common complaint of hip joint disease. Behind are two children in their cots.

We shall walk through the other wards, but there will not be time to hear the particulars of each case. There are many varieties of complaints. The children are of different ages, varying from five months up to ten and twelve years, and there is an interesting variety in the expressions and types of character shown among them. As we go round, the Sisters

or the doctor will tell us anything worth noting. Here is a little girl of six who was brought in suffering from severe illness, mainly induced, the doctor says, by want of food and sufficient clothing. Under judicious care and treatment she is fast getting better. The nurse had wondered how a child so ill could consume so much bread and butter, but the mystery was solved by the discovery of several pieces of bread in the child's comb and brush bag. The discovery disconcerted her, but it was pleasant to hear her explanation. She had been thinking of her starving brothers and sisters at home, and contrasting their condition with the comforts with which she herself was surrounded. "Oh, please let me keep it," she cried, appealingly; "my brother comes to see me to-morrow, and they have nothing to eat at home." It need hardly be

said that the brother when he came did not go away unsupplied.

Here is a case from a distant part of Argyllshire, a child of ten, who was brought in suffering from epileptic fits. The case is worth noticing only as an example of what is so common—the happiness of children in the hospital, and their perfect content to be there. Her father, who is a blacksmith with a family of ten children, left her at the hospital with natural misgivings as to how she would bear the separation from her home, but the bright ward in which she found herself, and the companionship of the other children, almost immediately put her at her ease. She is now very happy, and there is no home sickness. She tells her father when he comes to see her how good every one is to her, and that “the hospital is such a beautiful place.” She is not

wearying to go home, she says. She is getting better, with every prospect of recovery.

Here in this other cot is a poor little mite of four, whose leg it had been necessary to amputate. For several days after the operation he said nothing about it, and it was hoped he was in ignorance. But he had not forgotten what the doctor had done, nor had he forgiven him. One morning the child said to him, "The last time ye pit me through an operation ye took aff' ma leg; but wait till I tell my faither, and he'll sort ye."

Here is a still younger patient—a little baby boy only five months old. It was a case of a very sore arm, which had been sent on to the hospital from the dispensary. The surgeon there saw that the sore was caused by a piece of dead bone deep down,

and that it would require careful hospital treatment. He had to be weaned in the hospital. He is now getting quite well. A bright little fellow with a sweet expression of face, he is the favourite of the ward, and is nursed and petted the livelong day.

Here is another interesting case. The little boy in this cot is only eighteen months old. He had been suffering for some time from obstructed breathing, but he had suddenly got alarmingly worse, and one evening he was brought hurriedly to the hospital in a cab by his parents, and tracheotomy was immediately performed by the house surgeon. The child, as we now see it, is sleeping quietly in its cot, and if there is no further complication, there is every hope, the doctor tells us, that it will recover. But it will require time, and the careful watching and nursing which it is sure to get here.

In the other eots there are many interesting cases, every one with its own little story, and almost every one, it should be added, confirming what is now an accepted fact, the necessity of separate hospitals for sick children.

But we must now leave. Before we go, we hear of the recent visit to the hospital of Her Royal Highness the Princess Louise, who is its patron. There was no formal reception, the directors having had reason to know that the absence of ceremony was what the Princess would like. Her Royal Highness, who was accompanied by the Lord Provost, Sir James King, and Miss Campbell of Blythswood, was first conducted to the board room, where she kindly signed her name in the visitors' book, and was presented by Mrs. Gairdner, the president of the Ladies' Com-

mittee, with a sachet containing some photographs of the interiors of the wards, with groups of the children. Having expressed a wish to go at once to the wards, the Princess was conducted there by the lady superintendent and the house surgeon—Sir James King and the rest of the party following. They went first to one of the medical wards, the “Jane Grant Ward,” so named as a memorial of a lady who died lately in Edinburgh, and by whose sister, Miss Susan Grant, £2000 had been presented to the hospital as a tribute to her sister’s memory. On entering this ward the Princess was presented with a beautiful bouquet by a little girl, one of the convalescents. At almost every cot her Royal Highness stopped, inquiring about the case, and saying something kind to the child. To one—a little boy two and a half years old, suf-

fering from infantile paralysis—she gave a flower, taken from the bouquet in her hand, and she herself fastened it into his jacket. Another patient, a little girl, had been for some time amusing herself with making an embroidered book mark, and, on hearing that the Princess was coming, she said she would like to give it to her. This she did from her little cot, and the present was graciously accepted. It bore the not inappropriate words, “No cross, no crown.”

The party then proceeded upstairs to one of the surgical wards, where the Princess again showed the same interest in the children and their ailments; but her time was limited, and she was obliged to leave before completing the round of that ward. On leaving, her Royal Highness said how much she had been pleased, and expressed the hope that she would con-

tinue to hear good reports of the work. It was a pleasing visit, and it left with many of the children sunny recollections which they will long cherish, and with which they will brighten many a poor home.

A. M.

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