

basin, taps for both hot and cold water. We find close at hand a refectory, a recreation room, in which are a piano and games, and leading through a folding door, the library, where a liberal supply of papers, periodicals and writing materials are to be found, and where the stock volumes of the library are kept, on glass-protected shelves, under lock and key, and are given out by the Night Sister at stated periods. Here also, each carefully put away in its own box, are kept the plaster anatomical models, so useful in studying for examinations. A dozen little tables are arranged round this room, at which the Nurses can write and study undisturbed, as it is the strictly enforced rule, that silence shall be maintained in this apartment.

Then an ample supply of baths are attached to this department, for the sole use of the Night Nurses, by which means each Nurse can take her daily bath—an absolute necessity for maintaining the health and strength of women, engaged in an employment so trying to the nervous system as Nursing. How many a breakdown has been averted by the bracing effects of a daily dip in fresh cold water, is not to be calculated. All Nurses and Probationers on night duty will sleep in the Night Nursing quarters, and, for this reason, too many changes from night to day duty must be avoided. The change of the regular Ward Staff Nurses should take place, if possible, on certain days—say, the first of every three months, as this period will be found less trying to the health, than shorter periods of alternate night and day duty; and, again, if the time is prolonged to any great extent, many women find the strain too much, and become debilitated in consequence.

The system, still pursued in some of our large Hospitals, of having a permanent Staff of Night Nurses is very undesirable; and though it is a great saving of trouble to the organiser, it brings in its train innumerable defects in system and discipline, which are wisest avoided. For instance, by this permanent system, the Day Nurses become naturally the *protégées* and mainstay of the Sister of the Ward; whilst she has very little opportunity of seeing and influencing her Night Nurses. This may breed a species of independence, and lack of personal interest in one another, which is avoided by the change on to day duty, and which prevents any shadow of favouritism being imagined, at times when differences of opinion may arise between the Day and Night Nurse. Nurses on night duty have also much more time at their command, in which to perform their duties, especially in the Surgical Wards, that they may—I do not say, all do—get into somewhat lazy habits. A change, at stated periods, on to day

duty, effectually prevents the chance of deterioration in their work, and keeps them up to the mark, both in skill and knowledge.

The hours on duty are usually about twelve hours for the Night Nursing Staff. It should be lessened if possible, but this is not easy to do in a large and busy Hospital. The Night Nurses are called, for the greater part of the year, at 7.45 p.m., are down to prayers and breakfast at 8.30, at which one Night Sister presides, who, having previously had an interview with the Matron, has received from her verbal as well as written instructions concerning all arrangements and necessary changes of special Nurses for the night. The Night Sister reads out orders, after grace, and the Nurses go straight to their Wards, reporting themselves, as the clock strikes nine, to the Sister of the Ward. From her the Staff Nurse will receive all the minute directions for the nursing of the sick during the night, all changes and special directions being also written in the night order book, for the use of the Night Sister and Nurses.

A tour of the Ward will now be made, Sister and Nurse going round together. The Special Nurses will be found at their cases, and will receive from the Sister a detailed account of the progress of their patients during the day, directions to be carried out during the night, and will in return prepare a verbal and written report for the Sister by the morning. This system teaches the Special Nurse to observe more accurately, and also to put her observations into simple language, which will prove of the utmost value to her, and the medical men for whom she may work in the future, in a more independent capacity. The Special Nurse will always be under the supervision of the experienced Staff Nurse, to whom she must apply in an emergency, or under any circumstance of difficulty. The *routine* duty of the Special Nurse is unvarying. The ailment of a certain patient requires that he should be specially guarded and cared for; therefore, if once "put on" special duty, it means that, unless relieved for meals, *the Nurse must not absent herself from the bed-side of her patient, for one single minute, upon any excuse whatever.* She must from the first be made to understand the responsibility of her position, and that life and death may depend upon her faithfulness.

Nurses of many years' experience, when Special Nursing was not in vogue, or rather during the transition stage of Nursing, when an "extra" was allowed to help to take charge of a serious case, can doubtless recall cases in which the Special Nurse, had she been at her post, might have been the means of saving, or at least prolonging, a patient's life. Looking back, during my time of training, I can recollect more than one such regrettable

[previous page](#)

[next page](#)