

of acute cases, the plan of taking a Probationer, who will, in a short time, be able to dispense with the Nurse the latter part of the day, must be seriously considered.

At present if I am on duty at night I go to bed after dinner, as the afternoon work may be managed by one with contrivance; but with the Matron it is found more convenient to take her rest from about six a.m. until 10.30, just before the Doctor's arrival, depending for more upon the possibility of a quiet time after dinner; but we have so many visitors and demands for "the Matron," that it is impossible for her to secure any lengthened rest during the day.

Our Chaplain belongs to the "good time coming." Instead we have the Clergy connected with the three churches of the parish; each taking his turn in conducting the evening service, with an address in the Ward on every Wednesday afternoon, from three to four p.m. We generally arrange it in the Ward having fewest convalescents. Wednesday was chosen in the place of Sunday, all the Clergy being so much engaged that day. On Sunday the patients have visitors in the afternoon, and we fill up the evening, when possible, with hymns and some reading aloud. I attend church morning and evening alternately with the Matron. I have one whole day, from 10.30., and one half day in each month; but as I have no friends near London, I have been allowed, when it could be so arranged, to take them at odd times instead, whenever it has been possible to see any of my friends, who all come from a distance.

It is, of course, impossible to gain as large and varied experience in a Cottage as in a General Hospital; and it is also minus any excitement as to operations, &c. Companions are few, and means of recreation less; but whatever Nursing is done here must be done perfectly, and a great part of it must of necessity be seen and done by the same Nurse. Therefore, what she learns she is likely to more minutely remember, from the constant attention devolving almost always on the same person; and particularly in acute cases, requiring incessant watching, does the opportunity occur for noting the treatment in every detail, from the beginning and throughout the course of the disease. Here the urine-testing being performed by the Matron, it is the Nurse's own fault if she does not acquire an accurate knowledge of the same, every help possible being given her. Another advantage should be that the prescriptions are all copied by the chemist on to the bottles, for the convenience of the Doctors, in enabling them to see at a glance what medicines they have ordered. The directions are also given in Latin, thus furnishing by unavoidable practice a great aid to the Nurse in learning that part of

her profession. There is also one advantage to be had here that does not exist in some of the large Hospitals—that of practically learning how to give and what to do for first aid in both Medical and Surgical cases, as having no Resident Medical Officer, we have all that work—which in the case of accidents is usually performed in the Surgery by the Dressers at a large Hospital—ourselves to do before the Surgeon or Doctor's arrival, and it provides plenty of scope for pluck, presence of mind, and such-like virtues, especially when attended by violent drunkenness, &c. Also, in the event of admitting a bad Medical case, we have only our own experience, knowledge, and common sense to resort to until his arrival, which, should he be out, may be unavoidably postponed for some time, so laying upon us a heavy responsibility. I have found the practical ambulance lessons thus taken far more comprehensive and instructive than any of the lectures I have listened to on the same subject could possibly be; and the value of learning to successfully act and rely upon one's own judgment must, I think, be obvious to everyone.

Compared with a larger Hospital, its mental advantages are great; for here, if desired, is to be found time for a judicious consideration of patients' individual feelings and fancies, and for indulging in sympathetic behaviour towards them, which I am sure is, in many instances, a comfort much missed in the busy life of a large Hospital; and not only is it a comfort to the patients, but is of incalculable value to the mind of the Nurse, as it cultivates a thoughtfulness on her part, which will be found to go far in preventing that blunting of the sensibilities which is partly inevitable in our profession. It is beyond doubt that it is more than possible to gain an efficient general knowledge of both Surgical, Medical, and Obstetric Nursing in a Cottage Hospital; therefore, why should its greatest disadvantage be allowed to exist—that is, the system generally prevailing of refusing to recognise a Cottage Hospital training, or in many cases even declining to admit a Nurse with experience thus gained, as Probationers desirous of gaining a certificate, after two or three years' training; for if obedience, gentleness, unselfishness, intelligence, and presence of mind are acknowledged to be the chief qualities of a Nurse, there is certainly no reason why they should not be publicly admitted as attainable in a Cottage Hospital, for there they are decidedly taught and enforced, just as strictly—perhaps more so—as in any of the larger institutions? Why, then, should not a Nurse, possessed of a practical knowledge of the elements of general Nursing, and a reputation for obedience, &c.,

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