

should be directed to remedying this evil, which is now, I am happy to say, almost generally recognised.

The old bad arrangement of permanent night Nurses is also still in vogue at some Infirmaries, but is fast giving way to the more enlightened and rational plan of alternate night and day duty. As the system of having none but trained women as Nurses makes its way, it is impossible to place Nurses (other than Charge Nurses) on night duty in rotation for periods varying from two to four months at a time. All of us know how injuriously the prolonged strain of night duty affects all but the toughest women, how it tends to promote hysterical and morbid tendencies, that lead in some cases to the secret use of stimulants and drugs, which, instead of really combating the growing evil, only serve to intensify it, and overwhelm the Nurse in inevitable ruin. We know how almost impossible it is for the Nurse to retain her freshness and vigour, her professional interest in her work, whilst labouring under the depressing influence of continued night duty; and almost the only point that can be urged in its favour is that it is convenient and gives less trouble to those who have to make the Nursing arrangements.

No Infirmary should be without a thoroughly Hospital-trained night Superintendent. I lay stress on the *Hospital* training, as the night Superintendent should have had a wider experience than it is possible to gain in Infirmaries, where the work is narrower and more unvarying and where it is difficult to gain the amount of surgical experience that would make a Nurse really valuable in an emergency. She should undoubtedly be a lady who can control and supervise the night Nurses, being a kind of centre for them, and also one on whose knowledge they can place reliance in an emergency.

She should also be entrusted with the full responsibility of her office during the night, as any position short of this places her invidiously as a *locum tenens*, and if she is a woman worthy of her name of Nurse, she is worthy of full trust.

The Nursing arrangements at Infirmaries should undoubtedly include the training of Probationers, more especially for future work in their own Wards. The salary given Nurses at better Infirmaries will compare very favourably with that received at many Hospitals. But Hospital Trained Nurses always find a difficulty in settling down to the quieter Infirmary life, whereas there is not the same difficulty with those who have been trained in its Wards. The absence of Students and Dressers gives those Nurses who really love their work ample opportunity of learning more, perhaps, of its details than in

Hospitals with large Medical Schools, where much must necessarily be left for the Students. With good Charge Nurses or Sisters at the heads of Wards, and a Trained Matron at the head of the Nursing department, it is possible to give most excellent training, more especially in Medical work, to Probationers. I believe the law will not allow Infirmaries to be utilised for students; but properly managed and arranged, they are available as very excellent training schools for Nurses.

Thus far as concerns Metropolitan Infirmaries and those of large towns; but the case is different in the country Infirmaries. The Infirmary is generally only a department of the Workhouse, and is virtually under the control of the Master of the Union, though the position of the Trained Nurse is one of actual independence. There is no Resident Medical Officer, so that the Nurse holds a post of great responsibility. As in some cases the Doctor lives at some great distance, she very often combines the work of a Midwife with that of a Nurse. The work must of necessity be somewhat monotonous, especially in the summer, and the life a lonely one, as it is a rare exception for two Nurses to be required in the country Infirmary; in some cases an Assistant Nurse is employed, and then the work can be done in a more thorough manner. A Nurse accustomed to the routine of a London Hospital would find herself in very unaccustomed surroundings. Picture, perhaps, about fifty patients, all scattered about in small Wards, upstairs and downstairs; no assistance but that of Wardsmen or Wardswomen, who are able-bodied paupers. One of these is in charge of each Ward in the absence of the Nurse, and at night is responsible for calling her if her aid is required; there is no other Night Nurse. In the day they assist in the work of the Wards, the Nurse keeping all the special Nursing in her own hands. All arrangements are generally most primitive—water to be fetched and heated, bathrooms often conspicuous by their absence, the beds old-fashioned, and other details on the same scale, so that the Nurse would be quite puzzled at her start, and unless she had resources within herself would probably be in despair.

But there is another side to the picture; the Nurse has everything in her power to make or mar as she pleases. Her position is that of Ward Sister and mother. The happiness and well-being of those patients is entirely in her hands; they must look to her not only for their treatment, but for every care and consideration that can mitigate their lot. The Nurse may pass through her duties in a hard cold spirit, doing just so much and no more; or she may throw her heart into the work, bringing a kindly cheerful light into her Wards, brightening up the lives of those whose misfortune

[previous page](#)

[next page](#)