

have nursed small-pox cases at home will have some faint conception of what it means to nurse through an epidemic in a tropical climate. Miss Brewerton, in conjunction with Miss Whitbread, insisted upon undertaking the work of nursing these cases herself, and took charge of the patients throughout the epidemic, living in the wards all day, sleeping in the passage outside at night, and getting up at intervals to attend to them.

"If ever any people deserved crowns," says Miss Saunders, "they do, the way they nursed through that epidemic was marvellous, when the last patient went out Miss Whitbread broke down utterly, and had a bad attack of fever, we thought she would have to come home she was so ill. One cannot wonder at it. I went into the ward once myself and got fever immediately, the smell was so terrible."

Many interesting cases are to be seen in the Hospital which are not met with at home. Even acute dysentery is rarely met with in an English hospital, then there is beri-beri, elephantiasis, guinea worm and other tropical diseases. There are also many ophthalmic cases. An interesting case recently admitted was a child who was thought to have tetanus. But not only were his masseters rigid, so that artificial feeding was necessary, he had general rigidity of the muscles also. Wherever he was placed, there he stood like a lay figure. He was taken out of the Hospital while still in this condition by his parents, who thought he would die, and wished him to die at home, but he ultimately recovered.

We learn also from Miss Saunders that every precaution is taken to prevent cases of plague being landed in Zanzibar. Considering its frequent communication with Bombay and Madagascar, it says much for the vigilance of the sanitary authorities that it has escaped. In the event of any cases occurring, arrangements have been made to isolate them on an island about two miles away from Zanzibar, where a building which was erected for a prison, but which has never yet been used for that purpose, will accommodate a considerable number of patients if necessary. Coming home, Miss Saunders experienced some of the effects of the proximity of the plague. The ship she travelled by was compelled to fly the yellow quarantine flag, as having passed through infected ports, and at Marseilles the passengers were kept for a day in a quarantine building "sitting on their boxes" while the authorities satisfied themselves as to their freedom from plague. Such regulations, though necessary, are tiresome, and even more, when one's patient is still in a condition requiring considerable care.

Night Nursing.

"WHAT a curious subject to choose," one imagines a reader saying, "it is as comprehensive as 'day nursing,' and that could surely not be dealt with in the limits of a single article." Even so, dear reader, but, at the same time, there is much that can be said, and, moreover, that needs saying, on the subject of night nursing. You, trained probably in a large hospital, rightly consider that it would be as reasonable to suppose that patients were properly cared for if they were nursed from 8 p.m. to 8 a.m., and then left absolutely alone the whole day long, as if the reverse practice obtained, and you even ridicule the idea of night duty being considered unnecessary, and impossible, in any institution which makes any pretensions to providing skilled nursing care. If you consider for a moment, however, you will find that the preposterous idea that sick people do not need nursing at night has not yet died out. It is strange, but true. It is universally admitted that the sick are worse by night than by day, that the time when their vitality is lowest is between three and four a.m., that more deaths take place in the night than in the day, and that, consequently, patients need the closest attention at that time, and yet there are people, there are even medical men, so—shall we say—misguided as to hold that a night nurse is not a necessity even in a hospital of between thirty and forty beds.

If we consider the question closely we shall have to admit that in many, perhaps most, cottage hospital of ten beds and under, the nursing, housekeeping, and general superintendence, all the twenty-four hours round, are performed by one woman. When a cottage hospital is built, the question of nursing is not one which, in the opinion of committees new to their work, usually demands much consideration. Their views are well defined. They must have a "Matron." Her salary? Well, £20 to £25 per annum is all they can afford. For this sum the Matron is expected to perform all the aforesaid duties, being allowed, perhaps, a holiday of three weeks in the year—and, possibly, being required to find a substitute at her own expense—year in, year out. The medical men attached to the institution acquiesce with this arrangement as a proper one, and, even more extraordinary, nurses are to be found who will accept such positions. It will be realized by all well trained nurses that, under these conditions, patients *cannot* be nursed at night as they are accustomed to understand nursing. Even the single-handed Matron of a cottage hospital is human, and, this

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