

educationalists, but because, on account of their social position or of the financial support which they are likely to bring to the institution, it is desirable to secure their co-operation. Of the needs of medical and nursing education they know little. In the case of medicine the difficulty of dealing with this important and highly specialised branch has been met by the appointment of medical committees, whose recommendations receive the consideration to which they are entitled.

What we need now is the formation of nursing committees, such as already exist in a few instances, to deal with matters affecting nursing education. We do not doubt that the large majority of committee men are desirous of doing their best for the nursing schools which they control, but they have not the knowledge which enables them to deal effectively with so specialised a branch of work; further, they hesitate, we believe rightly, to expend large sums of money, subscribed for the relief of the sick poor, on costly educational curricula. It must be realised that if such education is to be efficient in the future it must be specially endowed. To bring this need before the public would be one of the primary duties of nursing committees.

We learn that a systematic attempt is being made to induce members of the Society for the State Registration of Trained Nurses to withdraw from membership. Such tactics are unworthy of a moment's consideration, and can have no weight with those who have joined the Society with an unselfish desire for the common good.

The Passing Bell.

By the death of Miss Jane Pow, who was buried at Penicuik last week, an interesting personality has passed away. Miss Pow, who was eighty-one years of age, went to Edinburgh as a nurse in the early sixties, and there attracted the notice of an eminent physician. For the next thirty years she had a continuous list of engagements with some of the most distinguished families in the country. Her engagements frequently extended to foreign countries as France, Spain, and Germany, and on one occasion whilst residing in a château in Hesse-Darmstadt she had the honour of being visited by the Princess Alice and two of her children. On another occasion, when Nurse Pow was fulfilling an engagement with the Duchess of Albany, Her Majesty Queen Victoria came to visit the invalid, and, finding her asleep, she remained and had tea with Nurse Pow. Upon the death of the Duke of Albany, Her Majesty gave Nurse Pow a magnificent gold Lorne brooch, and on other occasions bestowed upon her marks of Royal favour. Thirteen years ago she retired, and during the remainder of her life lived at Penicuik in company with her sister.

Nurses and Night Duty.

By Miss E. MARGARET FOX,
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Old ideas die hard. Established by long-standing tradition, rooted in prejudice, and watered by custom, they are particularly difficult to kill, and have a way of rearing flourishing heads and showing a remarkable tenacity of life, even when the ground is supposed to be clear and ready to receive the seeds of progress.

So lingers the idea even now in some nurses' minds that there is something derogatory in night duty, that one's talents are not properly appreciated, that one's nursing powers have not full scope, and that a slack or slovenly nurse who cannot manage her ward well, or is not smart enough to pass her examinations, "will do" for night duty.

But it seems to me that, so far from being derogatory, there is no branch of nursing work more important; that the best, the steadiest, the most conscientious nurses are needed for it; and that if a nurse is careless, noisy, frivolous, or undependable in any way, she is certainly better on day duty under closer supervision.

Doubtless, the fact that nursing as a profession is yet in its youth has something to do with the idea that night duty is unimportant. Still living in the memory of old, and even middle-aged, nurses among us are the days when it was not considered necessary for a trained nurse to be on duty at night; when doctors and day nurses alike went off duty, and patients were left to get through the long night as best they could with an elderly "watcher" to sit in the ward with them, and, perchance, doze or drink the hours away; when delirious patients were strapped down to prevent their wandering; helpless ones had supplies of food and drink left on a chair by their side, with, perhaps, a hand-bell to summon assistance when necessary; convalescents had to rise from their beds to render help to those worse than themselves; bed-pans and urinals were left unemptied in the wards till morning, and patients remained for hours in a wet and soiled condition, unable to move, and, often, actually dying, without a kindly hand to hold, or a tender human voice to cheer, as they passed from their loveless, suffering life here to the Love beyond.

But now these days have long since passed, and in every well-organised hospital at the present time is a nurse, or more than one (according to the number of patients), in each ward, and a responsible night superintendent in charge of the whole. From one to three months at a time is the period of night work usually required in a year from a nurse; and a very valuable part of her training she may make it—if she chooses.

For night duty is important, if only that it implies a far greater responsibility on the part of

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