

the nurse; but, besides this, it should largely quicken the powers of observation; to notice the many symptoms of disease that are often only apparent at night, to make use of the boundless opportunities of seeing a patient's condition in those quiet hours when the ward is comparatively still and there is leisure to listen to the various kinds of respirations, to note the different pulses, the varying postures of the sleepers, each telling to an intelligent mind its own story of heart, lung, brain trouble, &c. History papers can be studied, methods of treatment looked up and compared, the first dawn of recovery noted, or that indescribable change which, creeping slowly at night over a patient's face, tells the observant nurse that the end is near. All these points, and hundreds of others, invaluable, and often unnoticed in the rush and hurrying duties of the day, can be stored up and pondered over during the night, and go far to make a really experienced nurse.

Of qualities essential to an ideal night nurse I should place, above all, conscientiousness. Of necessity, she is less supervised than the day nurse, and her temptations to be slack are greater. Then she should be quiet and gentle, kind and considerate, alert and wakeful, also most observant, and able to give an accurate report of what her patient's condition has been during the night.

To be most, or all of these things, a nurse must be careful to maintain her own health; and as the topsy-turvy conditions of the life on night duty are rather apt to upset the judgment of young nurses, it may be well to consider for a moment how she should keep herself in good "condition."

First in importance comes the question of sleep, and this is the point where the worst errors are often made. So many nurses seem to imagine that because they are on night duty they can therefore do with far less sleep than on day duty, and this error is fatal both to their health and their patients' well-being.

Hospital time-tables are so arranged that all nurses have an equal number of hours for sleep, though, of course, at different times; but, I suppose, because it is often daylight, and no one comes to turn out the gas, as on day duty, nurses will lie in bed talking, reading, rustling the pages of books or papers, keeping others awake; or perhaps not in bed at all, but sitting up sewing, writing, or even turning out cupboards, &c. One nurse I knew went so far as to work a sewing machine up to about 3 p.m., until her long-suffering companions in the adjoining cubicles at last struck.

Now this is all very bad—bad for the nurses themselves, and worse still if they share a room with others. It results in a habit of sleeplessness being formed that must necessarily cause a drowsiness during their hours on duty, and ultimate injury to their health. Sleeping is as much a habit as

eating at regular times, and must be cultivated if the nurse means to do good and efficient work. The practice of throwing oneself dressed on one's bed, or into an easy chair by the fire, and dropping off to sleep for a few minutes immediately on coming off duty in the morning, before one's dinner, makes it impossible to sleep at the right time, though, on the other hand, it is a good plan once a week or so to go to bed quite early and get an extra hour or two's rest. Those who try it systematically will be fully repaid by the added feeling of freshness it will give them while at work.

There are some nurses, of course, who are naturally wakeful, and who find it hard to train themselves to sleep at unaccustomed hours. There are few things more trying and nerve-destroying than to lie tossing about hour after hour broad awake, watching the day fade into twilight, disturbed by every distant sound of bells ringing, children crying, doors banging, and the thousand and one irritating, though unavoidable, noises that go on all day long even in the best-arranged hospitals. Then, just as it is getting dark and a welcome drowsiness comes, the inexorable call to rise follows, and it is a real trial to get up, unrested and unrefreshed, to begin the long round of another night's work.

This sort of thing, if long continued, should be reported, as it is a matter for the doctor, or a nervous breakdown will result; but to all nurses on night duty it is likely to occur sometimes. Often it can be averted by a brisk walk in the open air, followed by a hot bath just before going to bed; by keeping the bedroom windows open and the blinds down; sometimes by the perusal of a light though not too exciting story, until a feeling of drowsiness overtakes one; sometimes by taking a few biscuits or a drink of milk during the afternoon.

This matter of taking exercise in the open air is another great factor in maintaining one's efficiency as a night nurse, and is often either quite ignored or pushed to excess. Some rush off every morning after their dinner and thoroughly exhaust themselves with tennis, cycling, walking, or shopping, as the case may be, quite forgetful of the arduous nature of the work behind them last night and before them in the night to come. They attempt too much, and go such long distances that they have to make the greatest efforts to be back by the stipulated time, and finally go to bed in an exhausted condition, often too tired to sleep, and altogether unfit for their work when it comes. Or they close all their windows tightly, and then wonder why they have headache and feel so languid on getting up in the evening. And at night, instead of studying how best to keep the air of their wards fresh, they fasten the ventilators, shut the windows, and yet cannot imagine why they feel so sleepy, or why the superintendent com-

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