

are ever too ready to let their minds dwell upon the patients they have just left, or are about to return to; but as this shows the interest they feel in their work, we will not quarrel with them for it.

So, whilst they breakfast, these Staff Nurses, and Probationers, discuss the ward events of yesterday, and the probable improvement, or the opposite, of their patients to-day; the operations to be performed; the patients who went out yesterday; the "nice" friends who came, and the beautiful, "real country" flowers that they brought. Breakfast is over, but still the chat goes on, when, again the clock strikes—seven this time—and at once, these women rise, for they only sat waiting this summons, which sends them to their respective wards, and to their day's duty. As they enter the wards, they take in with them fresh life, and vigour; the night Nurses, and patients, feel that the long night is over, and new hope, and cheerfulness, have entered.

A little latitude is generally allowed the Sisters in the early morning, because they frequently give up some of the time they could claim as their own. How can a Sister always leave her ward, as the clock strikes the hour, either to take her recreation in the day, or to retire to her room at night. Often there are patients so bad, a crisis so near, an operation just to be performed, or one of the honorary doctors or surgeons just about to make his round, with a special patient or two to see; and, perhaps, one of her two recreation hours is consumed, if not both. There are times when she cannot leave these important duties to her Staff Nurses, and she takes her chance of an hour later, or foregoes it altogether. In some hospitals, she is not quite free from night responsibility. She is sometimes on duty when her Nurses arrive, and it should always be expected that she may be there, but often the Staff Nurse takes the superintendence from seven until nearly eight.

Sister is here this morning to see her day Nurses come on duty, and to superintend their work.

First, she looks through the night Nurse's report, notes any changes in the symptoms of her patients, and what has been done for them, the kind of night they have passed, &c.

The patients have had their early breakfast given them by the Night Nurse, who is now busy washing helpless patients, seeing that those who are able to go to the lavatory, go there, and giving bowls of water, towels, &c., to those who, although they cannot leave their beds, are able to wash themselves. Occasionally, Sister has to remind her Nurses of Miss Fisher's good advice, "Wash a patient as you would wish to be washed yourself." Whilst the washing progresses, Sister visits all her patients, observes their condition, and has a cheery good morning for each. The day Nurse's first duty is to remove such vessels as may have been allowed in the night, the Staff Nurse putting into proper vessels prepared for it, such urine as Sister desires

her to save for the doctor, labelling the vessels and covering them.

Next comes a most important part of the Nurse's and Probationer's work—bedmaking. They do this together, one on each side of the bed, or it may be, one taking care of an almost helpless patient, whilst the other makes the bed quickly. In quite helpless cases, the bedmaking is done dexterously by both, without removing the patient from bed. One of our authorities says Sister should always see her patients' beds made, and should spare no pains in training those under her, to make the patients' beds as smooth as possible. There should be no wrinkles, certainly none under a patient, or there will probably soon be bed-sores. Every good Nurse knows that if a bed-sore be difficult to prevent, it is much more difficult to cure. She cannot be too careful about this part of her duty; bed-sores add greatly to the pain and distress of the patient, wearing out the already exhausted system, or perhaps causing death from blood-poisoning; therefore all "backs" are carefully attended to, and every means used to prevent bed-sores. It is superfluous, perhaps, to say that Sister sees that her patients and their beds are clean, being especially careful that there are no "rucks," or crumbs. She is careful, too, that any patient that needs stimulant before exertion has it.

The work goes steadily on; the patients are washed and their beds are made; the night Nurse has renewed poultices and fomentations; it is 8 a.m., and she leaves the ward—her duty is over. Nurse and Probationer sweep, polish, and dust; the ward-maid builds up the fires, and cleans the hearths; Sister takes the morning temperatures; Nurse and Probationer rub those patients that need rubbing, bring in flowers, and give last tidying touches until 9, when the patients settle down for a comfortable sleep; those who have been up, and perhaps helping a little, are again in bed until the doctor has made his round; Sister is left in charge, whilst Nurse and Probationer retire to dress, and take light lunch. At 9.30 they return, prepare and give the patients' luncheon, do small dressings, fill ice bags, and then, if the ward be surgical, they prepare and place ready dressings, baskets, bowls, syringes, strapping, &c. Sister gives the 10 o'clock medicines, and sees that all is ready and tidy for the Honorary Staff. This hospital is fortunate in having an Honorary Staff who make their rounds early, and who for the most part finish their rounds by about 12 a.m. Only one or two, forget that dinner kept waiting, means heavy meat, leaden potatoes, and sticky pudding; not very appetising at any time, and certainly not tempting for sick people.

It is 10 a.m.; the visiting staff begin to arrive, the House Physician and House Surgeon attend the Doctor and Surgeon whose "week" it is. Sister is ready too, with inkstand and bed-ticket—those signs

[previous page](#)

[next page](#)