

happily convalescent, and sleeping the peaceful sleep of returning health; others restless and uncomfortable; others delirious and wandering; others dying; and possibly one bed surrounded by the well-known screens, behind which in the course of the night the nurse will have to perform reverently the last sacred duties for the dead. She will have to take the temperature, the pulse, and the respiration, to note the changes in either, and to act accordingly. She will have to administer suppositories and enemas of all kinds. All this does indeed give that true experience in nursing for which she has been waiting and working.

Or, again, when she comes to the surgical wards, and the operating theatre, her work now really begins. There, also, she is expected to know all the dressings that will be wanted for each case by the different surgeons, and to get them ready in an incredibly short time; to pad splints perfectly; to get everything ready for operations, and to prepare the patients likewise. She will be required to dress wounds of every kind before the critical eye of the sister, to bandage deftly and neatly, to be cool and ready in all times of emergency, to keep her patients bright and happy, and yet quiet and well under control; to cheer and encourage them before a serious operation, to be with them during it, and to tend them with all delicate handling after it is over; to understand the regulation of ventilation, and the advantages of cleanliness in the healing of wounds. For all this the staff nurse is responsible. And then comes some time spent in the obstetric ward; and that is again a great opportunity for a nurse to work on towards her goal—"efficiency," for in that ward, if anywhere, is needed so much tact, so much refined feeling, so much close observation, so much gentle dexterity under difficulties. And she may there have the advantage of being special nurse to a case of ovariectomy; and what greater opportunity can there be than that affords for obtaining experience in true nursing?

In this way it is not at all difficult to understand how only too quickly the three years fly by, and find the nurse at the end of her hospital training still feeling the extent of her ignorance and longing for yet more experience, but with a more ardent love of her profession than ever, and ready to sacrifice herself in every way in order that she may carry it on to perfection, remembering that—

"Slowly to perfection cometh
Every great and glorious thing."

Have we then now found our efficient nurse? I would venture to suggest she still requires something beyond all this to make her so. So far she has only been dealing with individuals *en masse*, with patients in the different wards. She has been entirely under control and supervision; she has always had some one close at hand to whom she can apply in any case of difficulty, and a doctor almost within

call in a case of necessity. Is she ready to stand quite alone now—to have no one to whom she can appeal for help—to be many miles from a doctor, and to have none of the hospital appliances at hand? I hardly think she would be ready for all these and the like emergencies without some further training and experience, which should now take the form of private nursing.

Who that has not experienced it can understand the vast difference there is, for instance, between a hospital ward and a sick room in a private house? The first full of patients with various ailments: some very ill indeed, others just recovering (and what is more refreshing and stimulating than to watch a patient daily regaining health after a desperate struggle for life), others up and convalescent, ready and willing to give a helping hand; with, very likely, amongst them a bright, merry little boy, full of fun and merriment. The nurse when "off duty" having no further anxiety about her patients, for she knows they are as well taken care of when she is absent as when she is present.

The second is one patient alone in a room where all is quiet, who is very sensitive and possibly very irritable, looking to and expecting from the one nurse everything he wants: attention, care, diet, medicine, skill, and knowledge, sympathy always ready, and brightness amidst the gloomy surroundings, a pleasant voice, good reading, and a mind able to enter into *his* views of subjects when he is able to discuss them. Or, on the other hand, if he is dying, he looks to her still, no longer for skill, and knowledge, and deft-handedness—it is too late for that now; but for something outside and beyond this world of suffering and sorrow, something which will help him to pass bravely through the valley of the shadow of death. Or, again, the patient may be an irritable, peevish, badly-brought-up child, who knows nothing of obedience and submission, with whom the nurse is shut up day after day to amuse and interest as well as to nurse. And when the nurse is "off duty" for a few hours she still has her patient on her mind, and if anything happens in her absence she is still responsible. And what is even more difficult still, she will now have to deal with the friends and relations of her patient, and how much tact and good feeling does it require for that. As Miss Wood has so wisely said in her article on Private Nursing, "It can hardly help the friends in their time of sorrow to have an official presence in the house, unsympathetic and exceedingly jealous of her dignity. It can hardly comfort the sick man to see that his nurse, though adding greatly to his ease, is coming between him and his relatives and causing dissension and discord." Who, indeed, is sufficient for these things? Only the nurse who has learnt to possess—

"A heart at leisure from *itself*,
To soothe and sympathize."

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