

one form or other. On enquiry being made, the fact was brought to light, that pork, being cheap just then had formed the chief of the diet. Now, it is all very well to say they should not have eaten it, but if out of three meals in the day you have ham for breakfast, and salt pork for dinner, and decline both, then your only meal is supper, probably suet-dumpling or cheese. (These meals are *not* imaginary.) No; the labourer is worthy of her food, and there need be no false shame in saying so.

In private houses Nurses have better food in quality, but regularity is not so much attended to. One rule should be emphasized that the Nurse is *not* to eat her meals in the sick-room. The difficulty arises sometimes as to *where* she is to have them, and I always found people quite pleasant about arranging them, if I suggested having them alone when they had finished, I need hardly say that this at once puts the Nurse on her proper footing with both the family and the servants.

3rdly. *Fresh Air*.—A Nurse has this necessary of health more under her control than the other two; for if the time is given to her for exercise she can employ it as she wishes. Very often she feels she cannot exert herself to walk, and air in London is not always fresh, nevertheless change of scene is good for mind and body, and your patient often reaps the benefit of "Nurse's day out," and the top of a tram-car is an excellent place for air without exertion.

Well, now I come to the *work* of Nurses, and I must be careful to make my ideas very clear. I am one of those who consider *no* work too menial to be performed by a Nurse; if it be for the comfort of the patient, that *she* and no other should do it. And, again, I am certain that a ward is kept in much better order if the Sister knows how to clean and sweep; for she soon sees where a fault lies, and sets it right from her practically gained knowledge. But can we not learn all this in our first three months' probationer-ship? and is it not false economy to use up our Nurses' strength in this sweeping and scrubbing which might be done as well by women whose nerves are not to be tested a few hours later in those more delicate duties of holding lamps, instruments, and even wounded limbs? In our large Hospitals fewer Nurses would be needed (because there would not be so many break down) if more wardmaids were employed. Women who have been used to such work do it *better* than those of us who have only learnt it since we came into hospital life.

I felt a remark once made by a rough Whitechapel man to be very true. He said: "Look here, Nurse, I can sweep this ward from end to end with my *one* arm in less time than you can with your *two*, but when it comes to holding my other arm for the doctor, and bandaging it, why then you beat me hollow!"

There are points of etiquette which are very trying to a Nurse's powers of endurance.

When a physician or surgeon is going his round with his class of 20, 30 or more students, rarely *touching* a patient, but merely hearing notes of cases read and expounding abstruse questions of minute physiology in, sometimes, intelligible Latin, is it necessary that, besides the Sister and Staff Nurse, there should be also another, whose task it is to carry round a wash-hand basin with no rest for her aching elbows? How often has the wish to launch that basin, contents and all, at the learned man overpowered all my reverence

for the words of wisdom, which otherwise might have taught me much I was craving to know. The weariness became intolerable when prolonged for three or four hours, and with that jangle in my ears: "Never sit down when your superior is in the ward," and, added to this, the thought of all those beds to make when the "superiors" had departed. Discipline is as necessary to the training of Nurses as of soldiers; obedience and respect to superior officers of the first importance, but the observance of petty rules and forms is made of too much importance, and becomes a waste of time and strength if it in any way incapacitates us for doing work more essential to the well-being of our patients.

A doctor once remarked in my hearing that, except shop-girls, he knew of *no* class of women who suffered more from varicose veins than Nurses. And only lately I have been told by a chiropodist that certainly half of the women who come to him for relief are, or have been, Nurses. Both these evils are the result of standing so much. Sensible boots and shoes will help no doubt, but they are not everything.

Then the evil of over-work is one that may be often lessened by an observant Staff Nurse or Sister, by insisting on having sufficient Nurses to do the ordinary work; and when there is extra work, asking for extra hands. It often needs but the asking, and some arrangement would be contrived.

On sanitary matters connected with Nursing I cannot now enlarge. It lies so much in the Nurse's own power to counteract the evils arising from defective sanitation (or to report her inability to do so) that it is often her own fault if she suffers. The private Nurse is, in this particular, more likely to be victimized than the Hospital Nurse.

It would not be fair for me to relate my experience of a Private Hospital as descriptive of the method of working usually employed in all these Institutions, for I know it is far from common, and Nurses need *not* be driven to lose their self-respect by belonging to such a house, and need not wear out their health in vain. When there is high principle and conscientious working on the part of the head of such an establishment, I cannot believe that Nurses are made such slaves as I have seen them become when the making of money was the sole aim in view.

The bane of these places is having on the staff half-trained Nurses, who have left their Hospitals before they have gained their certificates, and are willing to be paid next to nothing, and to do almost anything for a livelihood. The mistakes they make are many, and fear of exposure and disgrace keeps them in bondage always. They do not lighten the task of the trained Nurses in the house, for with the semblance of many hands the work is done by a few. When the Private Hospital adds to its income by sending out its Nurses to private cases, then indeed is the willing horse (or perhaps I had better say the capable Nurse) worked to death.

*In the house* she is responsible for more than in a Hospital ward, for her patients have separate rooms and demand much, because they pay for attention. No rest is there in such a Hospital for the Nurse who knows her work. The less accomplished members of the household depend on her in every difficulty, and she has not time even for the luxury of a headache, or to be "off duty."

*Out of the house*, that is when nursing private cases,

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