

being so, she cannot be on duty all the twenty-four hours round. Supposing she gets up every two or three hours in the night, and goes round the wards, even so the patients cannot have the necessary attention, and it is cruel to ask any woman who works all day to break her rest at night, and even in her sleep to bear in mind the condition of her patients, and the necessity for waking.

One of two results usually follows the attempt to perform night and day duty. The nurse herself breaks down, or she becomes careless, does not get up, and the patients suffer. An attempt is sometimes made to meet the difficulty by getting some untrained woman to "sit up" at night when there are bad cases in the wards. It is, perhaps, superfluous to point out that the fact of "sitting up" has no miraculous effect, that the afore-mentioned woman undertakes the work, as a rule, after having done a full day's work at home, and that her duty, as she understands it, consists in slumbering in an easy chair in the ward, and may include consuming a considerable portion of the stimulants and meat essences left out for the patients. But, even when the fact that a night nurse is a necessity in a well organized ward is recognized, it is not even yet always considered necessary that her qualifications should equal those of her colleagues on day duty. Infirmary Matrons could give instances of nurses on perpetual night duty, kept there because their appearance would not be tolerated, and their ignorance would be too patent, by day, and even under the Metropolitan Asylums Board, which has, of recent years, raised so greatly the standard of nursing in the hospitals under its control, we believe that the practice of retaining as permanent night nurses women who would not be considered suitable for day duty is not yet obsolete. It may be argued from these facts that night work is not so important as day work, but this is certainly not the case. What happens is that, when an incompetent nurse is alone in a ward at night, unperformed duties escape the observation and reprimand which would follow similar neglect in the day time, and *the patients suffer*.

In no position, even when a nurse is fully qualified, does her sympathy and conscientiousness "tell in" more than on night duty. To give an illustration—"Nurse, the strapping does hurt," says a little voice from a cot. "Go to sleep, Dicky, you naughty boy and don't bother," says Nurse No. 1, and Dicky subsides into quietness, but does *not* go to sleep, and a wakeful night is followed by a raised temperature in the morning. Nurse No. 2, in response to a similar remark, replies: "Wait a minute, Dicky, and I'll come and see to it," and a soft layer of wool

between the aching ankle and the offending stirrup, relieves the pain, and satisfies the child that something is being done. A drink of hot milk, and a kind word, and the tired eyes probably droop, and the little patient falls asleep, or, if not, he is comforted and happy, knowing that Nurse is at hand, and any further wants will be attended to. A small thing, you say, but it is largely the ready performance of "little, nameless, unremembered acts" that goes to make a good night nurse. A sharp-tempered, or superficial nurse may "get done early" and gain a reputation for quickness, if that is the summit of her ambition, but she is not asked for the many little things which are a real relief to her patients. "Nurse — is a tartar, she is," says a sick man, and he waits till her colleague on opposite duty, be it night or day, comes on, before he asks for the little thing which makes all the difference to his comfort. Have you ever thought, good reader, what you would feel if you were an "uninteresting case," and lay in your bed, year in, year out, may be, and had to receive all the necessary attention from unskilful, or unwilling hands, or, again, do you realize what it means to an incurable patient to lie through the small hours of the night, *alone* except for the sick who surround him. No one at hand to moisten his dying lips, to wipe the sweat which gathers, from his brow, to hear his last words, and to lighten, as far as may be, his passage through the dark valley of the shadow of death? Do you say, when he is found dead in his bed in the morning, "It would have made no difference if anyone had been there, nothing could have saved him"? Nothing could have saved him, it is true, but are we therefore to render none of the services which humanity, let alone the profession to which we are pledged, demands of us? It would have made all the difference if some one had been at hand who would, if words of comfort were impossible, at least have given that dumb sympathy which is sometimes the last service which it is possible to render.

Happily, in this country it does not often happen that the sick are left entirely uncared for at night. In the colonies, where nursing organization is less understood, difficulties may be, and sometimes are, met with. "It is bad for nurses to breathe the night air," it is urged, as if any of us, asleep or awake, breathed anything at night but the night air. "There is so little to do." Is there? There are poultices and fomentations to change, two hourly feeds to be administered, four hour medicines to give, patients suffering from malaria and whose garments are soaked with perspiration to be attended to, besides the many other duties which will occur to every nurse.

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