

but we used to notice at the Hospital for Sick Children that there was a remarkable preponderance of small persons among those who showed the best capacity for nursing sick children. It is possible, therefore, that a Nurse quite suitable for sick children might not possess the muscular strength requisite for attending on adults.

Then we come to the question of separating Hospital and private practice in Nursing. Is it desirable that Nurses engaged in Hospital Nursing should be also available for private patients?

Of course at Hospitals where the Nursing Staff is only such as is sufficient for the needs of the Hospital work there can be no question of supplying Nurses to the outside public. But at many Hospitals now there is a Nursing Home attached, from which both the Hospital and the public are supplied; and the question then arises whether a certain set of Nurses should be kept for the Hospital work and a certain other set for private practice, or whether these should be interchangeable, a Nurse being sometimes employed upon Hospital work and at other times in private practice. It might at first sight appear to be an advantage that there should be the opportunity of making such variety in a Nurse's duties as would be afforded by the change from Hospital to private practice, or from private practice to Hospital work.

But I do not think this is so; for arduous work such as Hospital Nursing is best endured when regularly and habitually carried on, with proper provision for rest and recreation. The Nurse then becomes acclimatised and habituated to the Hospital atmosphere and routine, and is more resistant to the disturbing influences to which she is exposed than if her work is less regular in duration and constant in kind. Even the necessary and proper holiday, however restorative, has been often noticed to be followed by a temporary diminution in the power of resistance.

The advantages of such regularity and habit of life are much interfered with when the Nurse is liable, at any moment, to be employed in private practice, where these conditions are necessarily both different and inconstant. Other objections to such an arrangement are that it is apt to lead to frequent changes in the Hospital Wards, and that there is the danger that the wish to accommodate members of the Staff, and to increase the reputation of the Nursing School, may lead to the best Nurses being sent to private patients, and their consequent withdrawal to a great extent from the Hospital service.

Some part of the Staff kept for private practice might be available as supernumeraries, or to supply vacancies in the Hospital Staff, produced

by sickness or other temporary causes; but as a rule the two sets of Nurses had best be kept distinct.

It only remains for me to discuss the mode of providing for night duty, and to consider whether it were better to have a separate Staff of Nurses for night work, or whether this should be done in turn by some of those otherwise engaged on Day Nursing.

Theoretically, I suppose, it might be maintained that it is best to have a separate set of Night Nurses for Hospital work, chiefly on these grounds: that it is difficult for a Nurse quickly to acquire the power of sleeping in the day and keeping wakeful at night, and, therefore, if Nurses ordinarily engaged on day duty are placed at regularly recurring intervals on night work, their health suffers for want of sleep, which they are unable to obtain in the day; moreover, that it takes a great part of the time during which they are on night duty to acquire the habit of sleeping in the day, and, when they are getting used to doing so, the time has probably arrived for their resuming day work.

But, practically, I believe it would be impossible to obtain a satisfactory staff of Night Nurses. The night work has so much less interest, the Nurses see so little of the general work of the Hospital or of the Medical Staff, and the opportunities of increasing experience are so much diminished, that the work would not be sufficiently attractive to induce the good Nurses, as a rule, to undertake it.

I do not know of any Hospital in London wherein there is a separate staff of Nurses confined to night duty, though at some—as at St. George's—there are a certain number of Nurses on permanent night duty by their own choice.

Very various arrangements are in force at the different Hospitals to meet the difficulties of night nursing. It seems to be generally recognised that night duty is to the majority a considerable trial to the health. Some Nurses seem absolutely unable to endure it, partly on account of the physical, and partly because of the mental disturbance and strain it involves; so that I understand it is usual at most Hospitals to put Probationers on night duty for a short period only. At St. George's, for instance, Probationers only take night duty for one month in their first year. The period for which night duty is undertaken varies very much. The time most commonly arranged is three months; in some instances this alternates with the same period of day duty, in others the turn of night duty does not recur so frequently. Alternate periods of one month are in force at one Hospital, and at others there is no rule on the matter, the distribution of the work

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