

was told, and was left alone at some distance from the staff nurse to watch these terrors; she being kept busy all night with a drunken woman, who never regained consciousness, and died in the early morning, making most gruesome noises. Next night I went to the ward of which I was ultimately to become the Sister to "watch for hæmorrhage"; that was the "watchword" of the night charts in those days, and—you will scarcely believe me—as soon as the house surgeon appeared to make his round I walked straight up to him and begged him not to let me be taken off his case, lest I should be sent to that awful Surgery again. The staff nurse only smiled. (House surgeons always have a "soft spot" for the "Pro.," and I was never taken.) I learnt in that ward to make my first linseed poultice; it was for an abscess in the shoulder of a policeman. It almost broke my heart to make him sit up and have a fresh cool poultice applied. And he said, "Thank you." Brave man.

My patient really did have hæmorrhage—(as a rule, if you watch, they don't)—and I was sent to find the house surgeon. Unfortunately there were two of the same name, but by the kind help of a dresser I found him, and, returning, was told to hold the large shaded candle whilst the patient's tongue was plugged with strips of lint soaked in turpentine—horrible, but true. Soon the kind staff nurse took the candle, whilst I retired once more to the cold-water tap in the kitchen. That ends my "History of Fainting," but what would have happened had I been sent to the operating theatre during my first three months I cannot say.

Night duty made me feel so ill in the mornings that in the short time between leaving the ward and the early morning dinner I used to lie on my bed and weep, and protest that I could not go on; my bedroom companion chaffs me about it to this day.

When I returned after three weeks to day duty I was given a week to recover before seeing the physician, and during that week I left off praying that he wouldn't pass me, and rather hoped he would, and he did.

I went to various wards, where I was told I "should never make a nurse," and rolled plaster bandages so tight they would not soak, and sat when the house surgeon came into the ward, and was told to take food to "Mrs. Twenty-two," which struck me as a remarkable name, and did—and didn't do—everything a new Pro. ever did—and didn't do—and will always do and not do.

Shortly I was again sent to the Surgery, but in daylight, where I spent five really happy

months, assisting the junior house surgeons with—and really enjoying—their operations. On returning to night duty I incurred the displeasure of my staff nurse by speaking to one of the junior house surgeon friends when he came to the ward.

Being over a certain age I was sent to the diphtheria ward, where the staff nurse, who was then "not one of ourselves," did not suffer from insomnia, and I did many things a Pro. is not as a rule allowed to do, and enjoyed it. I got a very bad throat, and was off duty for six weeks or so. Eventually, through much tribulation, including tears in the bathroom, I passed my first examination, coming out third of thirty-three. Having at school passed the Oxford and Cambridge Locals, I had not the dread so many of my colleagues seemed to have of the exams.

My first three months as staff nurse were spent on night duty in a male surgical ward. How I survived the responsibility I do not know. Does anyone ever realise, I wonder, what many nurses go through on "night duty"? And yet there was a great fascination in it. You felt "a bit of a Sister" as you took the house surgeon round, and suggested that a student should have a little jam added to his milk diet, and so forth. And then, again, you heard the porter's whistle, and you almost prayed the case might not be for you—but it was, and you rather enjoyed it, after all.

On day duty in this ward I was at last taken to the operating theatre, and instead of fainting I thought I should have attained the height of success could I be theatre nurse, and have ready what each surgeon required without being asked for it. And two years after my thought was realised, and I was theatre nurse in sole charge for two and a half years, and the post was all I thought it would be.

I then became night superintendent. Visiting the different wards and seeing the various treatments of both medical and surgical cases was most interesting and instructive. At the end of eighteen months I was appointed Sister of the diphtheria ward—a splendid experience for training one's eye, and ear, and meeting emergencies, and making one self-reliant.

After two and a half years' much-enjoyed work there I left "diphtheria" for surgical work again, becoming Sister of a male surgical ward—the height of my ambition.

Looking back, and remembering vividly my "new Pro." days, and my subsequent agonies from inexperience as a staff nurse, I can still say "It was worth it," and so write this, *Pour encourager les autres.*

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