

to her Doctor came as a surprise. He probably only awaited her sufficient recovery to remove her to some Institution where the Hospital training and skilled attention extended a little farther than the brass door-plate, or the daily advertisements. I once visited a friend in a Private Home, who was operated on for malignant disease of the breast. After a while, her Surgeon ordered her to get up for an hour or two by the fire. During the transit the drainage-tube of the wound was lost, whether inside or outside the patient was a matter of conjecture. She ultimately found it herself—in fact, in her dressing-gown, but it reflected no very high credit on the mode of protecting a wound and moving a patient. Very shortly after the operation another question was discussed so warmly by Nurse and patient, that the latter only had her way by insisting that unless one or two simple measures were tried, she would send for her operating Surgeon and refer the matter to him. To a sensible middle-aged woman, who was used to sickness, and knew the value of good nursing, the organisation of every detail in that house—for the comfort of the proprietor's balance at the bank more than for the sick, who came for a care and attention which they had a right to expect—must have been a standing warning. Her next operation was performed in lodgings with a competent Nurse, who, I presume, secures her drainage-tube in its normal locality. The head of a Nursing Home should be a conscientious woman as well as a conscientious Nurse. There are endless temptations to turn small things to her own advantage, and build up a competence out of the profits accruing from sources which have no right to enrich her, because they directly or indirectly are injustices to the patients in her care, but "Conscience is not a law," and even spoken and written laws are sometimes broken.—

Yours faithfully,
H. P.

To the Editor of "The Nursing Record."

Sir,—I am thankful to see in the correspondence on Home Hospitals, that the subject of Nurses sleeping in the rooms of male patients has been touched upon, and that "Matrona" has voted the system quite unjustifiable. I should like to state my own experience on the subject. Some two years ago, after Hospital training (being then aged twenty-three), I joined a Home Hospital, where I found the "extravagance" of a Night Staff was not entertained for a moment, the result being that slight cases were left entirely alone from nine p.m. till eight a.m., and bad cases paid for a Special Nurse, who was on duty day and night. With lady patients this was tolerable, though killing work for the Nurse. I had been in the house some three months before I was placed special on a young man, and as it was a case in which hæmorrhage might occur, I remained up and in uniform for the first night. On the second night I was ordered to put on my dressing-gown and sleep on a camp bedstead at the foot of his bed. The patient having been ordered a draught and having gone quietly to sleep, I laid down wearied out with thirty-six hours on duty, and was soon fast asleep. My horror can be imagined when I suddenly awoke and found my patient out of bed, standing near and grinning at me. I entirely lost my head and fled from the room, and did not dare to return until I had put on my uniform, and had called a Day Nurse, and asked her to come with me. We found the patient in bed, and he explained that upon awakening he thought he was alone, got out of bed, and then discovered me asleep on the couch, and was *amused at the situation*. I was not, and left the Institution next day, after stating plainly I considered the system both dangerous for the patient and indecent for the Nurse. I may add that in that same Institution critical cases of ovariectomy, colotomy, trachæotomy,

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