

the Sisters is seemingly to act as a species of peripatetic inkstand in attendance on the doctors; their minor duties are the occasional supervision of the Nurses, carving the meat for the patients' dinners, and reporting tittle-tattle to the Matron. From this it follows that as the Matron does not go through the wards, all the opinions of that person regarding the character and the work of the Nurses must be formed upon the reports of the Sisters and not from personal observation. It is not necessary for me to expatiate upon the weakness of human nature to prove that such a system must inevitably at times result in injustice and bitter resentment on the part of those who consider themselves injured. A system whereby a subordinate Nurse can only be exonerated from an accusation through the discomfiture of her superior officer—the Sister—would inevitably result in disorganization and lack of discipline. Therefore, at all costs, the superior officer must be supported, and the Nurse must go to the wall.

Then for two days there was a lull—and on the 24th, the third and last article appeared—from which I insert the following extracts:—

I must now illustrate the wrong done by placing the serious responsibility of sick persons on inexperienced Probationers before they have been taught anything but how to sweep and dust. I saw a Probationer throw a sheet, taken from a typhoid patient's bed, down the shoot, one day with the rest of the soiled linen. Little as I know about infection, it appeared to me to be a most dangerous proceeding, and I have learnt by subsequent inquiries that such carelessness and ignorance could not occur in a properly managed Hospital.

In the wards where the Nurses are overworked many acts of negligence of the patients' comfort almost inevitably occur, but these are only suitable for description in a medical paper. It is only fair to say, with regard to the night Nurses, that if they do fall into slovenly methods it is not altogether their fault, because their hours are so long, and their duties so arduous. One of them told me one morning that 'she had not had a moment's rest since a quarter past twelve the previous night,' and it was then nearly nine in the morning. 'I am almost dead with fatigue,' she said. 'The patients have been so very restless, we have only just finished our work, and have not even had time for a cup of tea. However, we will have something to eat at ten o'clock, and I suppose I shall exist until I get to the dining room.'

It is not surprising, therefore, that the condition of cleanliness in which the 'great unwashed' are kept is not above reproach, because it is not possible to bestow sufficient attention and care upon the patients.

When one considers that one night Nurse is expected, at the end of twelve hours of incessant and hard labour, to be responsible for the cleanliness of thirty heads, it is impossible to wonder that there are instances in which the work is performed in a superficial and not altogether satisfactory manner. For example, I was utterly dumbfounded to find, one morning, a Probationer washing the combs, used for the patients' heads, in the scullery with a piece of tow; after which process she emptied the methylated spirit and the *pediculi* into the sink! But in justice to the Nurse it must be said that I think she was so dazed with weariness she did not fully realize what she was doing; her one idea evidently, was to scramble through her work as quickly as she could, and the sink in which the diet tins and plates

and washed was the nearest receptacle for the repulsive contents of her basin.

'AT THE DISCRETION OF THE MATRON.'

Possibly no one hears the results of an insufficient number of night Nurses, and the terrible strain entailed upon these women by twelve hours of incessant work throughout the night. Two patients in one of the wards—and I have their names and addresses—told me of a case where a woman, out of her mind, got out of bed one night and walked out into the hall—in the absence of the night Nurse, and a night or two later the same patient, also in the absence of the Nurse, got out of bed and tried to jump out of the window, but one of the patients, awakening, screamed, and the Nurse arrived in time to prevent her doing so. It seemed to me very strange that a delirious patient should not have had a special Nurse to prevent such an accident being possible. I am told that the Matron—who, I have said, seldom if ever enters the wards—has the authority to send a special Nurse or not to any patient *at her entire discretion!* I understand, upon inquiry, that in all well-regulated Hospitals such details as these are carried out according to the orders of the medical men, who presumably, and especially at the London Hospital, must know more about their patients than an absentee Matron can do. This is another feature about the London Hospital, therefore, which is quite unique.

The erysipelas Nurses have a dormitory to themselves to prevent their conveying infection to the other Nurses and yet they are allowed to dine with other Nurses and so mingle very intimately with them. This irresistibly reminds me of the proverbial absurdity about straining at a gnat and swallowing a camel. If there is a necessity for the separation of the Nurses in their sleeping apartments why not during their hours of eating? Surely infection is infection, without reference to when or where it is conveyed. I heard a lecture to Nurses impressing upon them the necessity for carefulness in preventing the spread of infectious disease and how the germs of infection attach themselves to clothing, and are thus transferred to other people. Yet the Sister of the erysipelas ward is placed in charge of patients in the isolation ward suffering from scarlet fever, measles, and diphtheria, and at times those children who have had the operation of tracheotomy performed—that is to say, who have had their windpipes opened to avert impending suffocation. It appears to me to be very dangerous to risk the infection of erysipelas being conveyed to such children, or the other fevers being transmitted to patients already suffering from erysipelas!

It cannot be good management that the test glasses are allowed to stand open upon a row of shelves at one end of Rachel ward, adding their effluvia to the already unhealthy atmosphere of the place. It cannot be good management to allow a woman, suffering from delirium tremens to remain in a general ward when she screams and groans at frequent intervals, disturbing, perhaps, forty patients of the needful rest for five or six days and nights so that, as one of them expressed it, 'she 'adn't 'ad a wink o' sleep all night long.' Nor can it be beneficial to ill and nervous patients that another woman should be permitted to remain in a similar condition with D.T., struggling to jump from her bed, screaming at imaginary animals until the other patients in three adjoining wards were on the point again and again of jumping from their own beds in fear of her getting away from the Nurses.

The undercurrent of grumbling that the Nurses dare

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