

suggested to provide preliminary education for women entering for training at scattered country Hospitals? Mrs. Fenwick's scheme for a Central Metropolitan School of Preliminary Education for Nurses is quite feasible. All that is needed to carry it out successfully is organisation, energy, and cash. But it is impossible to institute these schools in connection with small country Hospitals in isolated towns, and the hospitals are so poor that the authorities do not feel themselves justified in incurring any further expense in connection with Nurse training. I feel sure many of my colleagues in the country would be glad to have this detail discussed in the RECORD.

Yours truly,  
CHARLOTTE OKELL, Matron.

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To the Editor of "The Nursing Record."

MADAM,—For the first time I attended the Conference of the Matrons' Council on the 24th of October and I was deeply impressed with the enormous value to the profession at large, which must inevitably result from such meetings, and the informal gathering together in the Library after the Conference is over, is a most wise arrangement. I for one was much too shy to get up before so representative a meeting of Matrons, and express an opinion, but it was quite easy to chat the matter over with my fellow-members of the Council "over the tea-cups." For instance, I was much struck with the views expressed by Miss Stewart, and from the Chair, and feel sure one of the great drawbacks to the inauguration of a really comprehensive education for Nurses will be the expense. Can the women who adopt Nursing as a profession afford to pay for the very high fees which will be necessary if this education is not to become an immense burden upon the Hospital funds? Already in this Institution grave complaints are being made by the subscribers that the increasing expenses of the Nursing Department must increase no further. If educated women only are to be admitted as Probationers (and no ill-educated girl can pass successfully through the curriculum suggested), they will insist upon proper instruction, and will not remain in those Hospitals where no definite instruction is given. How is the financial question to be answered? And are the earnings of certificated Nurses sufficient to entice this class of woman to pass through such an arduous practical and theoretical training? It seems to me the fees get lower and lower for private Nursing, not only in the country, but in London. So many Hospitals still continue to make a large income out of the earnings of their Probationers by sending them out private Nursing, that until this system is recognised by Hospital Committees and the Medical Staff to be *unjust*, women will resent paying highly for their Nursing education to those very Institutions which thus stultify the benefit which might accrue to the public from a thorough education for Nurses, by underselling the qualified three years' certificated Nurse in the open market. Miss Stewart's paper bristles with difficult problems. Much patience and thought must be devoted to the numerous questions upon which it touched, if a satisfactory solution is to be arrived at.

Yours faithfully,  
A SPECIAL HOSPITAL MATRON.

## Home Hospitals.

### "HOUSE PRIDE."

(Continued from page 411.)

A VERY serious item in the yearly management of a Home Hospital is repairs and renewals, and unless these are systematically attended to day by day, the house soon falls into hopeless disorder.

Part of the Sister's duty will be to keep a daily diary, in which she will record little domestic details for reference—for instance, the visits of the sweep (never let the kitchen chimney remain unswept for longer than six weeks), the window cleaner, the inspection of drain traps, cleansing of kitchen boiler, cisterns, gullies, and spouts (which should be done once in six months), recharging of electric bells, the delivery of coals, the removal of dust, and a dozen other necessary matters, which, if not regularly done, mean worry and bad management, loss of time and temper.

Then there is the inventory of crockery, stores and linen to be taken regularly, so that the articles shall always be kept up to number and in repair.

The Superintendent of a Home will sometimes ask herself if it is possible that the glass and china in every day use is systematically smashed with the poker quarterly (as much of it has to be replaced), or if it is true that Nurses are as a race very careless in the handling of such things; there is little doubt that if an ordinary housewife found her tumblers, cups, saucers, plates, globes, domestic and surgical appliances strewn about in fragments after the manner in which these articles are destroyed in a Home Hospital, she would feel justified in severe remonstrance.

The fact remains, Nurses are not careful in the handling of crockery, or in the use of domestic stores, such as gas, water, soap, &c., and it is a subject of regret that slippery fingers do not disqualify a Probationer for promotion. The fault must be in the training, and in the assumption, common in many public institutions, that domestic economy is of no avail, because the supplies are found with public money; and there seems to us to be a lack of conscientiousness on the part of the average Nurse on this subject, which might well receive attention upon the part of those responsible for her training. Surely firmness of touch, precision, observation, and economy should be expected from those working in the public service.

It is a matter for regret that these virtues are possessed by very few trained Nurses, and I hope these notes may meet the eye of the Nurse who leaves her kettle on the fire to boil over and rust the fender and fire-irons, and in consequence leaves its bottom on the bar; of the Nurse who leaves the hot-water tap running until there is no hot water in the boiler, and the bathroom is swamped; of the Nurse who forgets to turn down her gas jets until Sister comes on duty on a mid-summer morning; of the Nurse who scrubs her mackintoshes on the best linen sheets; who thrusts the best brass poker half way up its hilt into her badly regulated fire; of the Nurse who omits to place her dressing mackintosh on the bed, and soaks the bedding with oil, or tips the oil pot on to the new Brussels carpet, or—but one might illustrate these careless, thoughtless, thriftless episodes *ad infinitum*.

This lack of "house pride" in the majority of modern Nurses is a very sad phase, and one which we could wish they would take seriously to heart and correct.

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