

the office to meet the inevitable fate of any opinion differing from that of the Hon. Officers now in power.

Now, I contend that the whole system by which the Council is *elected* requires revision, and we members should demand that, parallel with the names of persons suggested for removal and election, should appear their qualifications, date of membership, and the Institution to which each belong; we should then never have thrust upon us such an unfair Council as that of 1896-97.

Against the names of members who, like Miss Child, have resigned, that reason should be plainly given for their removal from the list before the expiration of the three years' term of service.

I am still waiting for an explanation from Miss Anna Simpson, of Windsor, as to why her name still remains on the Council List for a fourth year of office, as she was elected in 1893, and, according to the Bye-Laws, should have retired "in rotation" in 1896.

I remain,

Yours truly,
FAIR PLAY.

To the Editor of "The Nursing Record."

MADAM,—I see in your issue of August 8th that you class me among the six Chelsea Nurses who have been elected on the Council this year. I shall be glad if you will correct the statement so far as I am concerned, as I left Chelsea Infirmary some months ago. Therefore I cannot fairly be described as one of the Chelsea representatives on the next General Council.

Madam, I am faithfully yours,
MARY ANN COATES.

Royal Naval School, Eltham, S.E.,

[We have much pleasure in publishing Miss Coates' letter, and in accepting her disclaimer of being associated with the representatives of the Chelsea Infirmary on the Council of the R.B.N.A.—ED.]

THE CARE OF CASUALS.

To the Editor of "The Nursing Record."

DEAR MADAM,—As a subscriber to several Hospitals, and one who values extremely your most interesting paper, will you pardon me for referring to the case of the poor drunken man who was injured in the head and refused admission to St. Thomas's Hospital, and concerning whose case the house surgeon of that Hospital has written to the public press to state "that a policeman is the proper guardian of such cases, not a doctor." Now, to the lay mind this appears a wrong principle, and I think it cannot be too strongly impressed upon young house surgeons and other Hospital officials that an *injured* man, even if drunk, is an object for medical, and not police, care, and that the constant recurrence of fatal results to injured and sick persons refused admission to our public Hospitals, upon the evidently immature judgment of the young resident medical staff, is producing a very deep feeling of dissatisfaction, combined with lack of confidence in the minds of those charitable persons who support these Institutions. I have kept a list for the last six months of such cases, as reported in the daily press, and it is becoming a formidable and discreditable indictment. I read with great interest the fact that St. Bartholomew's has beds attached to the outpatient department available for casuals, and hope

our other large general Hospitals will follow this good example.

I am, yours faithfully,
EMILY S. ELLIOTT.

GUARDIANS AND NURSES.

To the Editor of "The Nursing Record."

MADAM,—A letter signed "A Charge Nurse," which appeared in your issue of August 15th, contains some interesting points; the most important being, in my opinion, the question of the limits of power and authority of individual guardians in the details of the nursing of inmates in the Infirmary wards—for I gather from "Charge Nurse's" letter that the Infirmary in which she is working is not a detached building where the nursing is superintended by a trained Matron, but that she has been working in a somewhat independent position under the Medical Officer or Master and Matron of the workhouse. Now I believe I am right in stating that the Guardians of the poor have a right to enter the workhouse, including its Infirmary wards, *at any time*, that they are *responsible* for the condition of these institutions—including the nursing of the sick—so that the lady Guardian alluded to as possessing an undue interest in the temperature of the ward was within her rights in speaking to the Nurse if she found that detail in ward-management wrong. That the lady Guardian was wrong in correcting a Nurse *before the patients* no one can deny, but many Nurses resent the slightest remarks upon the part of lady Guardians. Tact is required on both sides, but, taking into consideration the terrible neglect of the sick poor in many Infirmary wards attached to workhouses, a little undue anxiety in a new woman Guardian could surely be amiably ignored by a trained Charge-Nurse with ten years' experience of working under the Poor Law.

I am, Madam,

Yours truly,
A WOMAN GUARDIAN.

To the Editor of "The Nursing Record."

DEAR MADAM,—Speaking after some years' experience of Nursing in Poor Law Infirmaries, I can thoroughly sympathise with "Charge-Nurse" in resenting unnecessary and futile interference by new women Guardians in the details of Nursing and ward management, and yet is not the average "Ratepayers Guardian" even more disheartening? Men who resent (usually from ignorance) any expenditure which conduce to the comfort and welfare of the sick pauper. Only those Nurses who have worked year after year in this parsimonious sphere can realise what it is to try and make bricks without straw. Of course there is but one really efficient system of nursing, either in Hospitals or Infirmarys, and that is under a well-trained Matron. Such an official holds her position directly under the Local Government Board, all Guardians are obliged to respect her office, and that office is a most useful buffer between the Guardians and "their servants," the junior nursing staff. If "Charge Nurse" is under the authority of the Master of the Workhouse, she *must* submit to the personal authority of the Guardians, and it is wisest to do so with a good grace.

AN INFIRMARY NURSE.

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