

persons must agree with you. I began my training in a small country hospital, where the medical officer was placed, by the regulations, in the undignified position of domestic manager, as well as medical man, and the constant friction between this hybrid official and the matron, kept the whole institution in a ceaseless ferment, the nursing staff being divided into two camps, one supporting the personal authority of the medical man, and the other the authority of the matron. No training in its highest sense was possible for the nurses under this irritating dual control. For instance, the cook was a constant bone of contention. This person, like so many of her class, occasionally lapsed from the strictly temperate zone, but for months at a time she would work like a Trojan, and the food provided for the whole institution was excellent. Matron was deeply interested in this woman—most anxious for her reform, and had an immense influence for good over her, and we nurses simply adored her for the care and pains she took to tempt our jaded appetites. Imagine my position, when one day in the garden, I heard a mysterious whisper in my ear, "Does the cook drink?" and turning, came face to face with the medical officer. My first impulse was to reply, "Mind your own business," but being of a wary nature I replied, "I have nothing to do with the domestic arrangements—that is matron's department"—which reply, I regret to say, had the result of sending him post-haste off to matron's office. Tableau!

The ward floors were another item of contention. Matron advocated washing with a disinfectant and high polishing. The medical officer preferred "cleansing with oil," the result of which method was oily footmarks, pattered up and down the tessellated corridors and stone stairs. Matron liked the nurses' caps tied under the chin. The medical officer considered the fashion "stuffy and debilitating." Matron considered it extravagant to cut domette and flannel bandages, and ordered them to be disinfected and sterilised. The medical officer in consequence considered it due to his dignity to slit these expensive dressings up from heel to hip, and so on. How was it possible to maintain discipline under these circumstances? It was impossible, and the tone of the hospital and treatment of the sick suffered greatly in consequence. It is indeed to be hoped that the Committee of the Macclesfield Infirmary will see the error of their ways, and organise the nursing department on reasonable lines.

Yours very truly,  
DISCIPLINARIAN.

#### WHAT MATRONS CAN DO FOR THEIR PROFESSION.

*To the Editor of "The Nursing Record."*

DEAR MADAM,—I am glad to observe that Miss Margaret Breay recommends, in her interesting paper "How can Private Nurses keep in touch with Modern Methods?" as a duty which each nurse owes to her profession and to herself, that she shall read at least one nursing paper carefully every week. I feel strongly on this subject, because during my training I was strongly dissuaded from reading any professional paper, by the matron of the hospital, her reason being that the discussion of professional matters had a disquieting effect upon a nurse's mind and made her dissatisfied, adding dogmatically that a nurse's duty

was not to think but to obey. The consequence of my obedience was that I knew nothing of the important discussion concerning Registration of Trained Nurses, and the adoption by the Royal British Nurses' Association of a three years' standard of training, in which private and district nursing did not count, and having been deputed to do private nursing before the expiration of three years' work in hospitals, I find myself after seven years' nursing ineligible for registration, unless I return for a year's further experience in the wards. How almost impossible this is for a woman well over thirty, and who cannot afford to pay, you are well aware. Putting registration aside I am also ineligible for joining one of the leading co-operations of nurses in London. In fact, I sometimes think that my strict obedience in failing to read professional papers, has resulted in my professional ruin. I therefore warmly re-echo Miss Breay's advice to read studiously every week all questions under discussion on professional subjects.

I would now venture to touch on a somewhat delicate question, but one on which evidently the American matrons are quite agreed, and that is *the duty of the matron to her profession*. Surely this duty is something wider, and should have more far-reaching effects for good, than the superintendence of the nursing department of her own hospital. Surely each matron owes something to her profession as a whole, in spite of the disastrous policy adopted in the Royal British Nurses' Association during the last three years, in which the influence of those who hold leading positions in the nursing world has been systematically rendered null and void for purposes of progress and reform, leaving all professional questions to the mercy of unprofessional persons, and thus striking at the roots of nursing unity and the resulting power, a policy which has not hesitated to sow bitter dissension in the nursing ranks for perfectly palpable purposes. Those of us who have carefully read all that has been written on the question during the past four years still think the matrons could do much to accomplish nursing unity if they would take courage. It is not possible that our leaders have less sense of public duty, less professional ambition, than the superintendents of the American nursing schools.

Yours cordially,  
UNITY.

#### MENTAL NURSING.

*To the Editor of "The Nursing Record."*

MADAM,—It does seem very hard that so many depreciatory letters have appeared about mental nurses. I am sure we have a hard enough time of it, what with long hours and very trying patients, and require a little encouragement, rather than so much criticism. So many lunatics are quite strong in health, so that it is not necessary for us all to be nurses of the sick; and, indeed, if we had all to be trained in hospitals first, I fear we should never settle down in asylums, and be content with our lot. I do think it would have been far better that it should never have been suggested that we should be members of the Hospital Nurses' Association. We are not hospital nurses, though our work is quite as responsible in another line. What we do need is shorter hours on duty, better pay, and some sort of recognised status, and we hope to obtain them through our own Association of Asylum Workers.

Yours truly,  
AN ASYLUM WORKER.

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