

patient who had been promised her services. This, in view of all the circumstances, and especially that they could not supply another mental nurse, the Committee declined to do, but undertook to send another nurse to Dr. Thornton, if he required one. Dr. Thornton admits that "it may be desirable for the safe management of the Institute," that the Superintendent should be able to withdraw a nurse from any case. But he, not unnaturally, complains of the application of the rule in his own instance.

Looking at the matter from an unprejudiced standpoint, it becomes evident that it raises very grave questions. Private nurses are almost invariably engaged, except for obstetric cases, by the week; and, therefore, from a legal point of view, their services can be, and as a matter of fact are, terminated by a week's notice on either side. Indeed, the term of notice from the employer is probably, in the majority of cases, considerably less than a week; whereas it very rarely happens, if ever, that an institution withdraws one of its nurses without at least a clear week's notice to the patient. Legally, therefore, it is beyond all dispute that any institution can withdraw a nurse by giving a week's notice to the employer.

In the next place, it is beyond all question that a patient, as Dr. Thornton expresses it, becomes very dependable upon a good nurse, and that it may, to some extent, retard his recovery if he is deprived of her services. But the question of withdrawing a nurse in this case, and in many similar instances, was necessitated by her services having been promised to, and engaged by, another patient. From a legal, as well as from a moral, standpoint, such an engagement cannot, and should not, be lightly broken. We are aware, for example, of cases in which the apparent hardship was even greater than in that of Dr. Thornton. We know a nurse who, at the present moment, is engaged for two confinement cases, and in order to fulfil her engagements, she has refused other and very remunerative work. The first labour was expected some three weeks ago; the next case she is engaged for, is anticipated in another fortnight. The first confinement has not yet occurred; so that it is more than probable that this particular nurse will either have to leave her present patient a few days after the labour, and just when her services are perhaps most wanted, or she must disappoint, and break her engagement with, the second patient, who is trusting confidently to receive her care. Such cases as

these constantly occur, and they render it essential that the rule to which Dr. Thornton refers should exist at every institution, and that it should be fairly and honestly carried out. It undoubtedly causes hardships; and to the nurse as frequently as to the public. But a definite engagement is a promise which should be regarded as absolutely binding on both sides. The rule in question is designed for the protection of the sick, so that an institution can fulfil its engagements to the public; and we cannot therefore but feel that the Kent and Canterbury Institute could not have adopted, under the circumstances, any other attitude.

While everyone will doubtless sympathise with Dr. Thornton, it should be remembered, in all fairness, that such a rule is framed for the good and honourable working of an institution, and that, however hardly it may occasionally press upon individuals, it secures "the greatest good for the greater number."

Annotations.

THE PRINCE OF WALES'S HOSPITAL FUND.

It will come as a disappointment to many that the First Annual Report of the Prince of Wales's Hospital Fund contains no mention of the names of the sub-committee appointed to investigate the arrangements of the London Hospitals. The fact that these names are withheld is calculated to create a certain amount of distrust, however unfounded this may be, in the working of the scheme, as such a procedure is eminently un-English, and savours too much of the methods employed by the Spanish Inquisition to be acceptable to British men and women. The British Public have provided the funds at the disposal of the committee, and, on the principle that "those who pay the piper must call the tune," they have, we think, the right to know the names of those gentlemen who arrogate to themselves the position of experts in hospital management. His Royal Highness the Prince of Wales, to whose energy the fund owes its existence and its success, will, we feel sure, recognise the justice of our plea for the publication of the names of this sub-committee. The sooner this suggestion is acted upon, the better it will be in our opinion for the interests of the Fund. The Committee anticipates that it will have some £25,000, derived principally from annual subscriptions, to apportion annually, but pleads for a secured income of four times that amount, and makes an urgent appeal for further subscriptions.

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