

Nursing Politics.

IN the new issue of The Register of the R. B. N. A. for 1898, a revised draft of the objects of the Royal British Nurses' Association will be found on page 11 of the Preface; and the significance of the second clause will be at once apparent to those members who have not "ratted" with Mr. Fardon on the question of State Registration for Trained Nurses. It runs thus: "It aims (the Royal British Nurses' Association) in the first place at securing for the advantage of the public and the best interests of the Nurses a high standard of training by means of a voluntary system of registration!"

THE fact that this paragraph has been drawn up by Mr. Fardon, calmly and contemptuously ignoring as it does the statement "Signed on behalf of the Royal British Nurses' Association" by Her Royal Highness Princess Christian, and which was published in the *Nurses' Journal*, November, 1894, that "It is the hope of the Corporation that the time is not far distant when the State will see the importance of recognising a definite diploma of nursing!" and that this would-be Dictator has had the effrontery to insert this in the Register, without even submitting it to the Executive Committee, is only one more undeniable proof of the contempt with which the nurses, their views, and wishes are treated by Mr. Fardon and his supporters.

Appointments.

MATRÓN.

MISS ANNIE HAMILTON has been appointed Matron of the Cancer Pavillion Hospital, as the successor of Miss Lloyd, the newly-appointed Matron of the Bolton Infirmary. Miss Hamilton was trained at the Royal United Hospital, Bath, and for eight years has held the position of Ward Sister in that institution, first, as Sister of the Helena, and afterwards of the Albert Wards. In this position she has gained the regard of all with whom she has worked. Miss Hamilton carries with her the best wishes of her colleagues for her success in her new work.

SUPERINTENDENT NURSE.

MISS R. W. RATTRAY, who received her training in Dublin, has been appointed Superintendent Nurse of the Whiston Workhouse Infirmary, Prescot.

Hospital Diet from the Standpoint of the Hospital Superintendent.*

By MISS M. E. DAVIS.

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WHENEVER "hospital dietaries" are made the subject of deliberation it begins and ends with two ideas; first to deplore the monotony and to suggest that greater variety be introduced into the menu; and second, to insist that the cost *per capita* be brought to the lowest possible figure.

How can these two apparently contradictory but desirable results be brought about.

In order to find out if anything was being done along these lines, I put a few questions to the Superintendents of large and small hospitals, in the United States and Canada, and received the information which will appear as we proceed.

My first question was: How is the food supply obtained?

The reply from the majority of the large hospitals came: "By a person at the head of the food department, called either Steward, Purveyor, Matron or House-keeper, as the case may be, who, in consultation with the Superintendent arranges the menu, purchases what is required each day, or two or three times a week, and is made responsible for all the subsistent supplies, from the buying to the placing on the table."

A few obtained their supply by contract, or partly by contract, supplemented by the Superintendent's daily or tri-weekly purchases.

In the smaller hospitals the Superintendents, in the majority of cases, made all the purchases, making their own bargains with the dealers, taking advantage of the markets in the abundant season of fruits, vegetables and poultry, etc., to vary the bill of fare without increasing the expense.

A few of the hospitals had tried other methods besides the one at present used, but all expressed themselves as tolerably well satisfied with the existing regime and offered few suggestions in the way of improvements.

The contract system seems to have been abandoned by nearly all the large hospitals, and not to be in the highest favour with those who still partially adhere to it, as being accountable largely for the poor quality of food served and the difficulty of fixing responsibility. More especially is this the case when the contract is given to the lowest bidder, as is usually the rule. The dealer intends to make a profit; if he underbids all the others, he must make his profit; he can do it in a variety of ways which find their equivalent in the expression "tricks of the trade." It requires a good deal of skilful manipulation and engineering for the dealer to make a profit, but the result is

* Read before the American Society of Superintendents of Nurses at Toronto, Canada, February, 1898.

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