

Surgeon. She knew a small hospital of 10 beds where there was only one House Surgeon; when he was out the Matron had to take his place, and almost *vice versa*. Friction was often caused in that way. Then there was a great want of forbearance. A great many House Surgeons were very young, they were on their own hook for the first time, and apt to take too much upon themselves. The Committee should, of course, have full power, and to them the Matron or House Surgeon could go if there were any friction. As a rule, the Committee would back up the Matron; if she gained their confidence they were more likely to listen to an experienced woman than to a young man who had not much experience of the world. Overlapping certainly occasioned friction, but in country hospitals it was inevitable that the duties of Matron and House Surgeon should overlap. As to the Matron not going into the theatre, or not going her rounds when the Doctor was there, it was undoubtedly part of her duties to do so if necessary; but, personally, Miss Wingfield thought it was a pity to disturb the Doctor on his rounds if it could be avoided. The Matron should certainly attend all operations. She had always done so, and so had made herself acquainted with the manner in which the nurses performed their duty in the theatre; theatre work was part of a nurse's training, and should be carefully taught and superintended. The Committee must carefully maintain the balance of power.

MISS PALMER (Rochester, U.S.A.) thought the Matrons of some of the smaller hospitals might be interested to know how similar institutions were organized in America. She represented a hospital having a capacity of 150 beds, and had held the position of Executive Head or Superintendent for three years. Previous to that time there had been a good deal of friction and difficulty in the internal management, for the reason that there were three heads, all subject to a committee and not to each other. When she received the appointment the Executive Committee decided to try the experiment of giving the Superintendent of Nursing personal authority over all matters concerning the Hospital; consequently, she bought the kitchen supplies, appointed her own assistant, the druggist, the housekeeper, and she even recommended the appointment of four resident physicians. (Laughter). Since the change in the administration, the Hospital had come out of debt and had a surplus account for the first time in its history. (Applause). There had been no internal friction of enough consequence to be reported. When young men applied for appointments they came to her, and she told them they must make up their minds

to be subordinate to a woman; if not, they had better make their application elsewhere. She told them she not only expected them to perform their professional duties satisfactorily, but to conduct themselves like gentlemen in the Hospital. The managers considered that the experiment had been a success.

DR. TOOGOOD (Lewisham Infirmary) thanked Miss Mollett for her very moderate expression of opinion, and said they had had from Mrs. Bedford Fenwick a good fighting speech to which they were accustomed, and which must command respect, and to which he wished to refer. Speaking from the medical side, the question was entirely one of responsibility. In the intervals between the meetings of the Committee there must be one head, and that head should be the medical man. He did not consider the Matron the proper person to be placed over the Medical Officer. Several meetings had been held within the last few years at which Poor Law Matrons had spoken, and in no instance had a Matron of a London Infirmary said anything against her post or the conditions under which she held it; such expressions of opinion had always come from outside. He thought that spoke volumes to show the feeling of the Matrons.

MRS. BEDFORD FENWICK (London) said that she must briefly reply since Dr. Toogood had done her the honour to consider her an opponent worthy of his steel. She wanted to convey to the meeting that in general hospitals the Matron had a well-defined position as the Superintendent of Nursing. Infirmary Matrons were in a different position, but though they might not be satisfied with it, responsible officers of institutions were not apt to complain in public. (Hear, hear!) She contended that Matrons of Poor Law Infirmaries should be accorded, by *law and right*, and not by courtesy, the power to perform the duty of Superintendent of Nursing. They were all aware nothing could be better organized than the nursing department of the Lewisham Infirmary. But that was not always so, and it was owing to the good sense of the officials that good order was maintained, and not to the fundamental organization. The efficiency, or non-efficiency, of Poor Law Infirmary nursing should not be dependent on the temperaments of the officers, its organization should be defined by law.

MISS ANNIE GRIFFITHS (Lambeth Infirmary) said that, as one of the oldest Matrons of the London Infirmaries, she should like to say that every word which Mrs. Bedford Fenwick had said, was true, and she heartily supported it. She said that it was by the courtesy of the medical officer, and not by Statute, that the Matron, in many infirmaries, maintained authority.

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