

the old ones should, for the most part, be pulled down, which will be done, I believe, in the near future. The new ones would have been much more convenient and comfortable to live in if the women who are to live and work in them had a voice in the arrangements. (This applies just as much to our own buildings in England as here.) For is it not the height of stupidity to put all linen and medicine cupboards in one part of a hospital, entirely regardless of the position and distance of the wards, where these things are so constantly needed?

Nursing, I have already said, does not exist; but since Dr. Anna Hamilton dealt so ably and thoroughly with this subject in her paper, which appeared a year or so ago, the first streak of the coming day of reform has certainly appeared.

Until then no one had apparently even attempted to rouse the dormant conscience of the authorities in regard to the care of the sick poor. Now, however, there has already been an attempt made at improvement, inasmuch as instruction of a sort is given to some of those who attend the sick.

If I may presume to prophesy, this attempt is doomed to failure, and for these reasons: First, there is no trained Matron as the head of the nursing department, or, for that matter, there are no heads of any departments. The Director (a man) seems to be an autocrat in his institution, and controls, arranges, and receives reports, not only from the men under him, but the women also. To me it appeared very absurd to see several surveillantes waiting to give their reports to the Director.

Women to report on women to a lay man! No matter how sympathetic that man may be, he could not possibly understand a woman's work from a woman's point of view, as one of the same sex could who had passed through the wards herself.

Then, too, the question of sex must, and does, assert itself, and, unless the Director has a very high ideal of honour, promotion &c. does not always mean the capability of the person promoted, but rather the susceptibility of the chief; therefore, men-matrons are from every point of view inadmissible.

Before any lasting reform can be made there must be a nurse-in-chief at the head of the nursing department of each hospital, who must have sole charge of, and be responsible for, the nursing staff. Then there must be a larger number of nurses allowed for each ward, according to the number of beds. There must be more distinction in grades, which would necessarily mean a more definite curriculum and thorough instruction. Under existing circumstances, so far as I understand them, those who enter a hospital may or may not receive the instruction which ends in examination; they are not passed on from ward to ward to receive the varied experience and instruction which goes to the train-

ing of a nurse; but they may and do stay in the same ward for years, and are promoted by length of service and not for ability. Therefore, they become specialists without the good foundation of general training.

As a result, too, of men attempting to control an entirely feminine occupation there is a want of discipline shown everywhere in the slipshod, untidy, and careless demeanour of the staff.

The fact of wearing the black silk cap of a surveillante does not mean added respect, but rather that the wearer is more in luck's way than the others. True, there is an added responsibility, as she has charge of linen and medicine cupboards, but when those in authority make no difference between those in charge and the rank and file, is it to be expected that subordinates will render the respect due to the position of those above them? More especially when these appear to have no higher standard of work or behaviour than the rawest recruit. Then, again, the title *infirmier* or *infirmière* is by no means distinctive; the woman who cooks is called *infirmière*, as well as the one who looks after the sick. The man in the office or who cleans windows is an *infirmier*, as is also the male attendant in the wards. The title merely means a male or female employee in a hospital. To raise the standard not only of the individual but of the worker there must be a differentiation in the titles of the workers, and the same title should not be given to those employed in two such different occupations as cooking and nursing.

Then there must also be classification; the nurses should have their own dining- and sitting-rooms, and the domestic staff theirs, not because one person is different from the other, but rather to preserve order and discipline; for all honest labour is honourable, and should be respected. A housemaid is not less worthy of respect than a nurse, providing they both do their duty honestly and faithfully. We so often forget that Our Saviour was only a poor carpenter, not a doctor or lawyer, or anything of that kind, but a working man; it is the individual, not the occupation, we should consider.

The conditions under which the nurses work must be altered; better accommodation everywhere, meals cooked and served in a decent manner, shorter hours.

The pay at present is from 30 to 60 francs a month, or in English money from £14 8s. 6d. to £28 16s. per annum, which, considering the long hours, from twelve to fourteen a day, is not extravagant. I was told by one *infirmier* that he had received an increase of only 20 francs in ten years, and 60 francs is the maximum, even after thirty or forty years' service.

Of course, under different conditions, the salaries would of necessity be rearranged; and if thorough reform is made, and good conditions under which to

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