

The Chancellor thereupon very properly discharged her without delay, and made his own rules, which were liberal and common-sense, making the care of the sick of the first importance, and he also engaged another sister, whose position was much like that of the matron of an English hospital. She selected, trained, and placed her nurses, who had a long probation, and then took simple vows. They were not bound to strict poverty, but could possess, inherit, and spend their own money. They were mostly of gentle birth, and are still, I believe, always of good family. After the Chancellor's death his wife, the good and devoted woman, made her home in the hospital, directing all its affairs, and also took a part in the nursing. She had a legal struggle over its possession with her ambitious son, who was a Cardinal, for the hospital had rich endowments. The case was taken to Paris, and after seven years was decided in favour of the widow, who ruled there until her death. She was absolutely opposed to having strict religious forms there, "as she feared the dowry might then be turned from the use of the poor and sick, and employed in a way opposed to the wishes of the founders." So says an old history, in whose pages we gather an intimation that the strictly "religious" life was really easier than nursing when the latter was thoroughly well attended to.

The Passing Bell.

A SAD LOSS TO THE NURSING WORLD.

It is with deep sorrow, which will be shared by many, that we announce the death of Miss Mary M'Kendry, who was suddenly called to her rest on Monday, October 12th.

Twenty-three years ago she began her work as a probationer in Sir Patrick Dun's Hospital in Dublin, then as a nurse, and lastly for eighteen years she acted as Night Superintendent, with a devotion to duty which never faltered, and an energy which never flagged. A truly guileless soul, endowed with practical common-sense, and that power of discipline which single-hearted service inspires among others, she evoked to a rare degree, the love and respect of all around her. Nurses and students felt alike the uplift of her character and work. For long years, amid the pressing and often exhausting anxieties of night work her constant aim was to comfort the sick and dying, to deepen among the staff a sense of the dignity of the work to which they had been called, and to hold high the name of the hospital wherever it was heard. Praise she never looked for, and mere eulogy, however well deserved, would be distasteful to her now. But there was something heroic about that quiet life of patient unpretentious toil, which entered into other hearts, and now draws forth not only tears of sorrow, but thankfulness for much that was so noble and so true.

"To live in hearts we leave behind
Is not to die,"
and a life so spent in the service of mankind has
a lesson of abiding beauty.

Vignettes.

Tinkle, tinkle, goes the telephone bell.

Editor: "Are you there?"

A Voice: "Are you 513 Paddington?"

Editor: "Yes."

A Voice: "I want a list of the Matrons' Council. I have lost mine."

Editor: "Who are you?"

A Voice: "Er—er—(very reluctantly)—a Sister at the London Hospital."

Editor: "Can't be done. After your Chairman, Mr. Holland, pilloried our members in the public press we passed a resolution that his letter demanding a list of our names 'should lie upon the table.'"

Cuts off communication.

NEXT DAY.

Little Maid with early tea: "Another dull day, mum."

Editor: "Impossible! it is Registration Day in the House of Lords."

Little Maid hands morning papers.

Editor (scanning correspondence column): "Of course! half a column of inaccurate invective levelled by one 'Sydney Holland' at his *bête noir*, the Matrons' Council!"

Editor hops out of bed and answers it.

See *The Morning Post* for Wednesday, October 21st.

LONG SERVICE MEDAL.

At a recent meeting of the Committee of the Kent Nursing Institution, Nurse Levinge was awarded a long service medal and a bonus for valuable services rendered the institution.

CYLLIN A NON-TOXIC DISINFECTANT.

The following tragedy, which occurred recently at Septsargès, in France, affords a good illustration of the desirability for the employment of a non-poisonous antiseptic in district midwifery. A young woman, aged 22, gave premature birth to a male child, who died a few hours after. The doctor, who was in attendance, gave to the persons present a tube containing corrosive sublimate tablets, leaving instructions to have them dissolved, and for injections to be given to the patient.

During the evening, the patient's mother, who was not present when the doctor left the tablets, and who had come to nurse her, gave her, on her demand, one of the tablets, which, according to her idea, was to prevent the incoming of her milk, entirely overlooking the word "poison" printed on the tube.

The patient had no sooner swallowed the tablet than she became sick, and a short time after, in spite of the doctor's assistance, died from poisoning. Had a non-toxic disinfectant, such as Cyllin, been used, such a tragedy would not have occurred.

The danger of poisonous disinfectants for district use is always a present one to the district midwife. Why carry them?

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