

APPOINTMENTS.

MATRON.

Sheffield Works Convalescent Home, Matlock.—Miss Mary Helen Cotter has been appointed Matron. She was trained at the Royal Infirmary, Sheffield, where she subsequently held the position of Ward Sister.

Samaritan Hospital, Belfast.—Miss Emily J. Matthews has been appointed Matron. She was trained at the Royal Victoria Hospital, Belfast, and has had experience of private nursing.

SISTER.

General Hospital, Hereford.—Miss Agnes Gummer has been appointed Sister. She was trained at the North Staffordshire Infirmary, Stoke-on-Trent, and has been Staff Nurse in the X-ray department.

Royal Hants County Hospital, Winchester.—Miss Margaret Miles has been appointed Sister. She was trained at the Royal Infirmary, Gloucester, where she held the position of Sister, and has also been Night Sister at the Birmingham Eye Hospital.

NIGHT SISTER.

Stamford and Rutland General Hospital.—Miss O. B. Nightingale has been appointed Night Sister. She was trained at the General Hospital, Northampton, where she also acted as Sister.

THE GENERAL MEDICAL COUNCIL AND THE NURSES' ACT.

Sir Donald MacAlister, K.C.B., President of the General Medical Council, stated in his Presidential Address on June 1st, that acting on the instructions of the Council he was enabled by the courtesy of the Lord President to call the attention of the English Minister of Health to an apparent omission in the Nurses' Registration Bill introduced by him. No provision was made, as in the Midwives' Acts, for communicating the Rules framed by the General Nursing Council to the Executive Committee before approval by the Minister.

Dr. Addison considered the point, but decided that such a provision was in this case unnecessary as the rules in question do not purport to "regulate the practice" of nurses, but deal mainly with details of administration. Moreover such rules have, unlike those for midwives, to be laid before Parliament prior to approval. The Minister, accordingly, did not favour any amendment of the Bill in the sense suggested, and the Lord President concurred in his view.

THE HOSPITAL WORLD.

From this week all adult patients at the London Hospital who can afford it will contribute a guinea a week towards their expenses. It is hoped that £20,000 a year will thus be secured.

The National Hospital for the Paralysed and Epileptic in Queen Square is now closed, but the Out-Patients' Department remains open.

It is not improbable that the London Fever Hospital will have to close its doors.

HOURS OF EMPLOYMENT BILL.

The Nurses' Organisations are not entirely at one on the question of the 48-hour week for nurses.

THE ROYAL BRITISH NURSES' ASSOCIATION.

We gather that the Royal British Nurses' Association favours a 48-hours' week for nurses working in hospitals and institutions, but thinks it would not be for the benefit of nurses in private practice to adopt such a time table, as there is often no one to relieve them with safety to the patient, and that the result would be that the patient could not receive efficient care, and the public would, in many instances, cease to employ a trained nurse, substituting cheaper help, greatly to their own detriment.

THE PROFESSIONAL UNION OF TRAINED NURSES.

The Professional Union of Trained Nurses, on the other hand, considers that all nurses, including private and district nurses, should come under the "Forty-eight Hours Bill."

It proposes:—

(1) INSTITUTION NURSES.—(a) and (b) With regard to institution nurses, the ideal way of carrying out this scheme is in eight-hour shifts. As the forty-eight hours working week is in operation in several State-aided hospitals, it must be a workable scheme. Voluntary hospitals may object on the score of expense, and prefer the twelve-hour shift; in that case, if trained nurses were asked to do only skilled work, and better ward maids or ward orderlies were employed, four hours off duty each day and one day off a week could be managed; extra domestic workers need not be housed in hospital, and thus extra accommodation would not be necessary; a large army of women already trained as hospital orderlies are already available. (c) A twelve-hour shift will probably be found more workable in nursing homes. As in hospitals and infirmaries, if better domestic help were employed, nurses need only do skilled work, and thus be able to have four hours off duty each day.

(2) DISTRICT NURSES.—(a) (b) (c) If every nurse in charge of a district had at least one trained nurse pupil working with her, a forty-eight hour week could be arranged.

(3) PRIVATE NURSES UNDER CONTRACT.—To remain on duty as long as is necessary for patients' welfare, and to be paid overtime for hours over and above forty-eight per week.

THE COLLEGE OF NURSING, LTD.

The College of Nursing, Ltd., has drawn up the following scheme, and sent it to the Ministry of Labour, recommending that nurses—excepting maternity nurses, shall work for 56 hours a week; that is, an eight-hour day for seven, instead of six, days a week.

SCHEME SUGGESTED BY THE COLLEGE OF NURSING TO BE INCLUDED IN A SPECIAL ORDER.

1.—That all Registered Nurses and other persons actually engaged in rendering services in direct connection with the nursing of the sick, excepting maternity nurses, be included in the provision of the Special Order.

2.—That for nurses in institutions for the sick, including those where probationers are in training, for nurses in District Nursing Institutions, and those employed by District Nursing Associations, and for nurses engaged in Public Health Work, the maximum working hours be 56 per week, taken over a period

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