

which she has placed before her audience in the matter of ethics. In this connection, however, I think it might be well that we draw attention to the necessity for distinguishing between the ethical and the sentimental. There is often a tendency to confuse these two. In connection with nursing, perhaps more than in any other branch of work, it is necessary for us to have very high ethical standards, but I have seen very many cases where sentimentality has blurred a situation, and the nurse has been misunderstood and has involved herself in useless sacrifice when a faculty for seeing the true position would have led her to a very different course of action, and would have helped her to keep to the straight path of ethics instead of straying into that of sentiment, which is too often influenced by feeling instead of clear, calm reason.

Miss Larsson has referred to bureaux for finding employment for private nurses. I suppose these are more or less analogous to the "Co-operations" which we have in England. No fewer than five of these have been founded in the Royal British Nurses' Association and, with one exception, all are still "going strong." These co-operations of nurses have each a central office, and they all employ nurses of high qualifications. Members of the Nursing Staff, and those responsible for the administration, co-operate, in each case, in doing their utmost to promote the success of the co-operation; to cover the administrative and working expenses the members of the co-operation pay a percentage of about  $7\frac{1}{2}$  per cent. on the fees they receive. These vary from three and a-half to five guineas weekly.

But there are other institutions run on quite different lines for supplying private nurses to the public. For instance, a good many hospitals have private staffs and pay to the nurses a salary not at all proportionate to the amount which the hospital receives for their services. Indeed, previous to the war, there was one hospital which was charging £2 2s. a week for the services of its nurses while it paid to them £35 a year and, in addition, called upon them to work in the wards in intervals between their cases. I believe both salaries and charges are now increased in the case of this particular hospital, but there is room for improvement yet; many hospitals now have private staffs run on co-operative lines, but this is to be deprecated. The Schools of Nursing should not seek to interfere with or, in any sense, control the practice of the nurses, when they pass out of the hospitals, any more than the universities do in the case of the practice of medicine or with the work of the teaching profession.

Nurses would do well also to guard against a system which is all too common in London. Some private individual, with greater capacity for enterprise than themselves, with some capital and frequently little knowledge of nursing, starts a so-called "co-operation." She puts a certain number of nurses on salary, gets them to sign an agreement that they will not nurse any but her cases during the next ten years or more, within a certain radius of her office. A promise is given that, at the expiration of perhaps two years, the nurses will do their work on co-operative lines, e.g., they will receive their full fees, less ten or twenty per cent. But here lies a pitfall for the unwary. Other nurses "on salary" are gradually added to the staff and they are the people whom it pays their employer to keep working, while the unfortunates, who have reached the so-called "co-operation" stage, must take the crumbs which fall from the new nurses' table even although the latter may be distinctly overworked. It is well to cite these by no means uncommon instances of "nurse farming" in a conference such as this, just as a warning to young nurses who contemplate taking up private practice. In this branch of nursing, however, there is a field of wide opportunity and very interesting work for those who have inclination towards a more intensive kind of nursing than is possible in institutional practice.

## APPOINTMENTS.

### MATRON.

**Jessop Hospital for Women, Sheffield.**—Miss C. M. Speed, S.R.N., has been appointed Matron. She was trained at the Royal Infirmary, Leicester, and carried out administrative duties at Royal Hospital, Sheffield. She has been Theatre Sister at the West London Hospital, and Night Sister at the Royal Northern Hospital. Miss Speed holds the certificate of the Central Midwives Board.

**Notts County Mental Hospital, Radcliffe on Trent.**—Miss Edith M. Walters, R.M.N., has been appointed Matron. She was trained at the Cardiff City Mental Hospital, and has been Assistant Matron at Park Mental Hospital, Basingstoke, Hants.

### FIRST ASSISTANT MATRON.

**Long Grove Mental Hospital, Epsom.**—Miss Violet G. Smith, S.R.N., R.M.N., has been appointed First Assistant Matron. She was trained at the Middlesex Hospital, and received her Mental Training at Hanwell Mental Hospital. She has been Head Nurse at Claybury Mental Hospital and Second Assistant Matron and Sister-Tutor at Hanwell Mental Hospital. Miss Smith holds the Certificate of the Medico-Psychological Association.

### ASSISTANT MATRON.

**Aberdeen Royal Mental Hospital.**—Miss Isabella Jessiman, R.M.N., has been appointed Assistant Matron. She was trained at the Aberdeen Royal Infirmary and Dundee Maternity Hospital.

### SISTER-TUTOR.

**University College Hospital, Gower Street, W.C.1.**—Miss Margaret Glass, S.R.N., has been appointed Assistant Sister Tutor at the University College Hospital, Gower Street, W.C.1. She was trained at the Royal Infirmary, Sheffield, and has held the positions of Ward Sister, Theatre Sister and Night Superintendent there. Miss Glass holds the certificate of the Central Midwives Board.

**Monsall Hospital for Infectious Diseases, Manchester.**—Miss Alice M. Longrey, S.R.N., has been appointed Sister-Tutor. She was trained at St. Bartholomew's Hospital, London, and received her Fever Training at the South Western Hospital, Stockwell, where she was later Ward Sister. Miss Longrey holds the Certificate of the Central Midwives' Board.

### NIGHT SUPERINTENDENT.

**Monyhull Colony for Mentally Defective and Epileptic Persons, near Moseley, Birmingham.**—Miss Florence Morgan has been appointed Night Superintendent. She was trained at the Worcester City Infirmary and Nursing Institution, and has been Nursing Sister, 1st Southern General Hospital, Birmingham, T.F.N.A.; Sister, Shirley Warren Infirmary, Southampton; and Ward Sister, Dudley Road Hospital, Birmingham. Miss Morgan has also done Private Nursing.

### PRINCESS MARY'S ROYAL AIR FORCE NURSING SERVICE.

Sister to be Acting Senior Sister: Miss J. MacLeod, A.R.R.C. Acting Sisters to be Sisters: Mrs. L. L. Mackenzie, Miss M. A. MacVicar, Miss E. Spensley, A.R.R.C., Miss E. K. Griffin. Staff Nurses to be Sisters: Miss E. A. Risdon, Miss G. Swanston, Miss J. W. Walker. Staff Nurses to be Acting Sisters: Miss A. M. Hardwicke, Miss P. K. Pearce, Miss E. J. Stuart, Miss M. McCallum.

### LEGACIES TO NURSES.

Captain Charles Hylton Jolliffe, of Hemingford Park, St. Ives, Hunts., left an annuity of £48 to Miss Sarah Barnett, nurse.

Mr. Thomas Moss Cheesman, of Elmore, Chipstead, Surrey, left Nurse Catherine Jones a legacy of £500.

Miss Mary Elizabeth Norman of Rugby left £200 to Nurse Mary Jane Smith, now or late of the Grange, Rawdon, Leeds.

Mrs. Fanny Glyn Larkins of West Southbourne, Hants, left her nurse, Miss Janet Batts, an annuity of £100.

Mr. George F. Spittle of Solihull, Birmingham left £50 to Nurse Ethel Forbes, in consideration of her care and attention "during his illness."

Mr. Alexander Glendinning of Huddersfield, left £200 to Nurse Rose Bray.

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