

ARTICLE V.—DUTIES TO THE PUBLIC. Sec. 1. As a trained Nurse she should be vigilant in all matters pertaining to public hygiene and sanitation, and when pestilence prevails it is her duty to face the danger and to continue her labours for the alleviation of suffering.

ARTICLE VI.—DUTIES TO PHYSICIANS. Sec. 1. No Nurse should remain on duty with a patient whose physician she cannot conscientiously uphold in every way. It is not within the province of a Nurse to criticise the doctor, either as to his deportment or professional skill. If she cannot with self-respect work with a doctor, she should withdraw from the case at once, as quietly and with as little comment as possible.

ARTICLE VII.—DUTIES OF PHYSICIANS TO NURSES. Sec. 1. If the first and most important duty of a Nurse be unflinching loyalty to the physician, she in turn, has a right to expect a certain amount of support from the doctor. If a Nurse is not satisfactory it should be the duty of the physician to tell her so, not in the presence of the patient and family, but with some regard for her professional reputation. He should not allow a Nurse to remain with a patient week after week knowing that she will not or cannot be paid. The help of the doctor will often be needed to suggest the proper amount and place of rest for the Nurse.

SCHEDULE OF FEES.

Nurses during the first year of private duty should not charge more than £4 per week, except for contagious diseases.

For diphtheria, from 12s. to £1 per day.

For scarlet fever, from 12s. to £1 per day.

For puerperal fever, from 12s. to £1 per day.

For erysipelas, from 12s. to £1 per day.

For smallpox, from £1 to £2 per day.

For obstetrical work, £5 per week.

For major surgical cases, £5 per week.

For typhoid fever, £5 per week.

For insane cases, £1 per day.

For all other cases where the Nurse is allowed sufficient rest, £4 to £5 per week.

These seem somewhat startling figures to the British Nurse, and, although high comparatively with London fees, it must be remembered that the cost of living in large American cities is very much more than at home.

DR. S. WEIR MITCHELL, of Philadelphia, has recently read a notable paper before some of the leading Medical Societies of America, concerning the conditions of the Insane Asylums in the leading cities in the States. He stated that the lack of efficient Nurses was the gravest omission in these Institutions, and placed the services of the trained Nurse as the most important part of the organization. Doubtless, were statistics made in England, the same necessity for thoroughly trained Nurses would be found in the majority of our Asylums, but we are glad to note that an Association is already formed for raising the efficiency and tone amongst mental Nurses.

In view of the present discussion in these columns in regard to Nurses and Politics, the recent warm debate at a meeting of the Whitehaven Guardians as to alleged proselytising in their workhouse, will be of special interest. In consequence of the scandal, MARGARET PHELAN, a Roman Catholic Nurse, tendered her resignation.

From the Chaplain's report it appears that Margaret Bowness, an inmate of the Infirmary, died professing conversion to Roman Catholicism. For this dreadful *contre-temps* it is declared that no blame could be attached to any officer; indeed, it was found that the conversion was no sudden one. The Chairman said it was an open secret that since the present Nurse came, there had been a great number of "perverts." There had been wholesale proselytising, and it was the duty of the Guardians, particularly in regard to the sick, to see that no officer attempted to interfere with the religious sentiments of any inmates. The Rev. Father DAVIES had complained that six persons had died before the priest could be present to attend them. In defence of the Roman Catholics, the Rev. E. N. WARD, a Roman Catholic clergyman of 25 years standing, said he did not believe their priests could be charged with "proselytising," especially in the case of the poor and ignorant. The Rev. Father DAVIES (Whitehaven) supported him. This matter seemed to have arisen through the energy and good service with which the Nurse had devoted herself to her duty. The CHAIRMAN protested that he *did* suspect proselytising; and that if there was any blame, it fell upon the Nurse. The Rev. Father WARD bravely defended the Nurse, for he said "the Nurse has no power to receive a person into the Roman Catholic Church." However, upon the suggestion of a Guardian that the whole matter be referred to thorough investigation by the Local Government Board, it was consented that the subject be allowed to drop.

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THE following rules and regulations have been adopted by the Board of Guardians of the Newton Abbott Workhouse, for the conduct of the new Nursing Staff:—

"Head Nurse—(1) She is to have entire charge of the sick wards and nurses, under the direction in matters medical of the medical officer, and in domestic matters of the master and matron; (2) to attend all the accouchement cases, and in cases of difficulty or danger to send at once for the medical officer; (3) to attend all the sick children and infants, to render help in the nursing to the assistant nurses, to visit all the sick wards, except the infectious wards, and to report any case requiring medical attendance; (4) to see that one of the Nurses remain on duty should the other one go out of the house; (5) to attend the medical officer in his rounds, report to him anything which should come under his notice, receive his directions, and be responsible for having them faithfully carried out; (6) to make application to the master for all domestic requirements for the sick, and to be responsible for the whole nursing arrangements being efficiently carried out; (7) to have charge of all clothes and diet for the sick. Duties of Assistant Nurses—(1) They are to obey the directions of the medical officer and the head Nurse; (2) to personally administer the medicines or stimulants prescribed by the medical officer, and to carry out the treatment directed by him or the Head Nurse, and to take personal charge of feeding the serious cases; (3) to be responsible for the making of the beds of these patients, to attend to the ventilation of their wards, to see that cleanliness and good order are

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