

ward itself; secondly, that when off duty she should always be right away from it.

When I was a very young Matron, still hard, and filled with the notion that I was dealing not with flesh and blood and frail humanity, but with wood and iron animated by machinery, I held those very opinions—and it is only since experience has mellowed my views that I have seen that I was wrong, and that, on the whole, the system of which the defenders of the Sisters' sitting-rooms are the exponents produces better and more satisfactory results. No system is quite perfect, but that which holds good in most English Hospitals certainly comes nearest to being an ideal arrangement.

The very first principle of our English Hospital management is to regard the ward as the unit round which all other departments work, and the ward itself as the Sister's home, her charge, her personal domain. The ward may and should be built on the most perfect, the most finished sanitary and scientific principles, but that which gives to an English Hospital ward its peculiar charm, its indescribable refinement and finish, is the fact that it is also a woman's home, and anything that tends to weaken this fact tends also to vulgarise a Hospital. All that leads a Sister of a ward to more completely identify herself with her ward as her home, to concentrate herself upon it as the pivot of her life, is good for her work and her patients, and the bringing of her little scrap of individual life nearer to them will certainly help to do so. So much for the broad principle of the question.

Undoubtedly the Sister should have proper fixed times off duty, plenty of time off duty, time for meals, for sleep and recreation—and those times should be adhered to as far as possible—but curtail a Sister's time on duty as much as you can, and it will still remain and must remain a long time, and however much you may try to make her keep rigidly to her hours off—there must always be times when she cannot conscientiously leave her ward, for "commands are not held by syndicates," and the Sister in charge cannot always be spared. But she can retire to her little room—ready to be referred to—to be summoned at a moment's notice if she is required. As another of your correspondents rightly says, nothing could be more irritating than to be relegated on those occasions to a room far removed from the ward, whilst anxious about some critical case. All that is said about Sisters not going out sufficiently, nor visiting, nor interesting themselves enough in outside things is, I consider, much exaggerated; except for a few women whose temperament leads you to infer that they would have been equally averse to social intercourse and exercise if they had lived at home. I find that most Sisters have a circle of friends and relations whom they are extremely anxious and desirous of visiting, and whom they in return very much delight in inviting, to take tea out of dainty china amid knick-knacks in their own room. They are not schoolgirls, they are well-disciplined and cultured women, and can generally be trusted to look after themselves. Of course, if they are treated like overgrown children they will behave like them. With a very few exceptions I have rarely met Sisters who stayed in their rooms when off duty unless it was absolutely necessary, or unless the weather was particularly forbidding.

As to the Sister remaining always in the ward when on duty, that is also, I think, rather a fallacy; the ward is not to the Sister an office in which she spends so many hours a day, it is the home in which she spends her life.

That the greater part of her time is and must be invariably spent in the actual ward is true, but there are often times when she can very legitimately, and with great benefit to herself and others, spend half-an hour or so in her own room,

whilst some of her duties are distinctly better performed there than in the open ward, for many little points in ward management are better settled out of the patient's sight and hearing. For instance, a Sister should not—and in many Hospitals it is a rule that she shall not—reprove a Nurse or reprimand a ward-maid before the patients; and she can scarcely with any dignity retire to a ward's scullery to scold her subordinates or investigate a dispute. Then it is generally both unnecessary and unwise to allow patients to overhear the night report given or taken, and it is very difficult to keep safely out of ear-shot of every bed. Few Sisters also but will prefer to write their lists, diet sheets, letters to patients' friends, and to keep their ward-books in a place to themselves; and in most Hospitals the Sisters have a considerable amount of prescribed and voluntary correspondence in connection with their ward and patients. No one who has not worked or suffered in a Hospital can have any idea of the amount of wholesome respect with which Sister's room is rightly and properly regarded, and of how much the observance with which, as a superior officer, she is hedged about, aid her in enforcing obedience, and maintaining that discipline without which ward life would be intolerable. No one who has not been a Sister can know what a cruel loss that sanctum to which she can retire for a few moments' rest, when she is really tired and worn out with the responsibility of a heavy ward, would be. You cannot by any artificial means relieve a Sister from that responsibility, any more than you can relieve a captain from the responsibility of his ship in a hurricane; but you can refrain from taking from her what the almost unanimous opinion of those qualified to judge points out as her natural help and relief. I do not think I exaggerate when I say that nine Sisters out of ten would rather sacrifice a quarter of their salary than "Sister's room."

The objections to it would have to be far, far graver than any I have ever heard urged to justify a step so inconsiderate and unkind as the removal of the Sister's room would be—a step that is virtually a censure on a large body of most conscientious women and on a system that has been the admiration of foreign hospital administrators.

Yours faithfully,

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THE STANDARD OF AGE FOR NURSES.

To the Editor of "The Nursing Record."

DEAR MADAM,—I quite agree with the writers on the subject that an age test is sometimes "grievously unjust," but I must protest against the opinion of a "Private Patient" that a woman of 50 has the same working power as women twenty years her junior. I am not speaking of maternity Nursing—as a motherly person is very suitable for such cases. I am 31. I began my training at 23, worked in Hospitals for six years, and began private work at 29. In my two years' experience I have found the work very trying to the health (although I like it), owing to the fact that nights of unbroken rest are not to be thought of with the majority of patients. I am, happily, one of those persons who can drop to sleep at will, and therefore do not suffer so much as many colleagues I have met, who simply cannot continue to do private Nursing owing to the strain entailed by lack of sleep. I have in my time met Nurses whose ages ranged from 40 to 50, and experience shows that after 45 it is almost impossible for the average woman to bear the strain of Nursing. It is indeed a survival of the fittest in the Nursing world, and one is filled with sympathy and anxiety when one stops to think of the terrible competition to which we Nurses are subjected. The old system of Nurses remaining in their Hospitals for ten and twenty years must be reverted to, and thus a less number of Probationers admitted for training if there is to be any hope of earning a living in private Nursing for the future. Those Hospitals who train

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