

POINTS FOR HOSPITAL CANDIDATES.

To the Editor of "The Nursing Record."

MADAM,—As one of a Committee on the election of a Sister to a provincial Hospital, I should like to call attention to a little incident which I think might be of interest to some of your readers. Three candidates were appointed to come before the Committee for a personal interview; two of them had admirable certificates and extensive experience, the third was not nearly so highly qualified, but she was strongly recommended by persons in whom the Committee had great confidence.

The first lady—one of the highly qualified—was called before us. She answered our questions excellently, and seemed well up in the routine and method of a Hospital ward. But I could not help noticing that both her shoe laces were untied, and the ribbon bows in her bonnet were just hurriedly pinned together. In addition, there was a general atmosphere of untidiness about the dress which prejudiced several of us at the outset. When the second well-qualified candidate was asked for *she had not arrived*, although it was then five minutes later than the time we had appointed.

So we called in the third. I have already said her certificates were not so good as those of the others. But the moment she came into the room we felt that she was the right person in the right place. So neat, so smart, so business-like. While not at all aggressive or imposing in her appearance, she gave us the impression—if you will pardon the somewhat slangy term—of being "on the spot" and ready to meet emergencies and difficulties in a calm, capable, and efficient manner. We appointed her. A minute after, the second highly-trained woman arrived—heated, flurried, and full of breathless excuses for being late. We didn't want that kind. We felt if she could not be "in time" when a post she had applied for, and presumably wished to gain, was to be given away, that she would not be punctual and orderly in the method of her ward.

It remains to be seen whether we have done right in selecting a woman with more natural faculty and aptitude and less training, or whether we should have considered certificates and records before our own common-sense estimate of what best fits a woman for the authority and control of others. We judged that a woman who could not control herself on so important an occasion would *not* be the person to train Probationers and discipline others.

Can any of your readers express an opinion as to our wisdom?

Truly yours,
ONE OF THE COMMITTEE.

[We consider the Matron of the Hospital should be entrusted to select the Sisters, and that after trial in the wards the committee should appoint these officers, subject to the recommendation of the Matron. It is impossible for a lay committee to select the most suitable woman from a short personal interview.—ED.]

DISTRICT NURSING.

To the Editor of "The Nursing Record."

DEAR MADAM,—Do you open your columns to poor District Nurses in need of a few practical hints and advice? If so, I should be so grateful if some

fellow-Nurse would give me a little help as to the best treatment of that common district *sore*—a foul varicose ulcer.

I have cleaned and set many on the fair way to recovery with warm carbolic lotion (from 1 in 80, increasing to 1 in 40), but this is expensive and troublesome, and I can't help thinking that once one has gained a clean and healthy wound, there must be something short of grafting!—cheaper and easier, that one might be able to sometimes leave in the patient's hands for use. "Unna's paste" I have seen successfully used, but that is not "handy" for district work. I shall be so grateful for *any* hints and advice.

Also on another point—Is there no way of leaving a record for the doctor of the strength of a patient's pulse? Often the number of beats per minute is increased, while the force is less than at the last visit, or *vice versa*; and this, again, may quite have altered by the doctor's next visit. What is the correct way of recording the *strength* of beat?

Yours faithfully,

A SOLITARY.

[One of the medical members of our staff has kindly promised to answer such questions as the above from our readers in our "Medical Matters" column.—ED.]

TRAINED NURSE AND LADY'S MAID.

To the Editor of "The Nursing Record."

MADAM,—I am a woman who takes much interest in my fellow-creatures, especially when these are of the feminine gender. And I am a great newspaper reader. But I do not confine myself to the "Old Maids' Corner." I read straight through from political articles to money markets, and from fashionable intelligence to advertisement department. In the latter I find many curiosities, and I have had the pleasure on many occasions of sending you some interesting bits from the "want" columns, showing what curious combinations people require in their workers.

LADY, undergoing surgical treatment during winter, REQUIRES person as TRAINED NURSE and LADY'S MAID. Duties in both capacities light. Address, &c.

Now, I wonder whether she will find a thoroughly-trained and certificated Nurse who will be willing to be classed as a lady's maid, even if her duties "in that capacity" are light. It is difficult to see what she wants. A Nurse would, of course, give her her tea in the morning and would help her to dress, but she would not expect to take her meals with the butler and upper servants as would a lady's maid. But there is one point on which people of the "upper ten" are remarkably smart—and that is in practising petty economies, when these do not interfere with their own comfort. Call a trained Nurse a lady's maid, and instantly her money-value is reduced! A trained surgical Nurse would ask from 30 shillings to £2 a week. A trained-Nurse-surgical-lady's-maid could be obtained for £30 a year. Is this the motive?

Sincerely yours,

ANNIE MACMILLAN.

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