

promptly when he is wanted—and is really interested in his work, I heave a sigh of relief. Of course, if, in addition to that, he is a manly, pleasant young fellow, and a good sportsman, so much the better; but, after all, the work is the main thing.

As to the House-Surgeon going into the nurses' rooms—that is, of course, a matter for the Matron to decide—if she is satisfied, well and good, if not, two courses are open to her: to lay the matter before her Committee, or to give her nurses stringent orders never to go into their rooms when the House-Surgeon is in them. Then he would be alone, and probably find it dull. Altogether the Matron seems to ignore the possibility of settling the matter through her Committee. I suppose she has one, and they must be sensible men who would hardly allow a young "Bombastos Furioso" to do exactly as he pleases and rough ride over everybody else.

A House Surgeon is not a Medical Superintendent; he is, as a rule, too young and too inexperienced for such a post, and stays too short a time. He comes from many and various hospitals, and the changes in the management of a Country Hospital, would be too frequent if the House Surgeon were considered as a Medical Superintendent. Personally, the really very happy time I have had since I have been the Matron of a Country Hospital, has been largely due to the very pleasant and able young men, who have been House Surgeons during the time I have been here. They have not all been cut out after precisely the same pattern; but none of them have been rude or disagreeable, and the most trying of all has never been beyond management.

M. M.

*To the Editor of "The Nursing Record."*

DEAR MADAM,—I am glad to see "A Question of Discipline," again referred to in your columns, and feel sure many country Matrons will recognise the type of young man alluded to by "Matron." The relative positions of the House Surgeon and the Matron in our smaller county hospitals have long been ambiguous, and this ambiguity is responsible for much friction and disorganisation. I can look back some quarter of a century, and at that no distant date, the medical element was absolute; in the majority of hospitals there was a permanent resident Medical Officer or Superintendent, and as this was before the time of training schools, with very few exceptions, the Matron was more often than not an illiterate and lower class woman whose duties comprised domestic offices only, and who lived in the basement in close proximity to the kitchen and store room, from which she emerged occasionally to walk through the wards to keep the noses of the "scrubbers" to the grindstone. But a quarter of a century's time has seen many changes and many improvements in hospital management, and amongst them the *supreme good* of the evolution of the Nursing Department, having at its head, the trained gentlewoman, as Superintendent of Nursing; and *this lady* should have her recognised official position in relation to the Committee of Management, and the Medical Department, quite clearly defined.

My own personal experience as a Probationer under the now obsolete, although unhappily not eradicated system of absolute male medical control, taught me the lesson that such a system was terribly demoralising, it was at the bottom of all the scandalous

mismanagement of our hospitals in the mid-century, and it stultifies progress in discipline in any institution in which it still exists. And it only exists now owing to the lack of moral courage on the part of some Matrons themselves, women may be with mature experience of the world, but irresolute in character, nervous in action. Imagine a woman of thirty-six occupying this responsible position and *afraid to do her duty* because a raw and uncultured medical youth of twenty-one is sufficiently coarse-fibred to insult her before a subordinate nurse! I am not sorry for the lady; I cannot realise the situation, but if she can summon up sufficient courage to place before the Committee of the institution, where she hides her diminished head, a statement of the situation, asking that her position and that of the House Surgeon shall be clearly defined upon modern and professional lines, I shall be very glad to forward to her the substance of the same.

AN OLD CAMPAIGNER.

*To the Editor of "The Nursing Record."*

DEAR MADAM,—Some years ago I was appointed Matron to a hospital where the question of the official relation of the Matron and resident medical staff had been raging for years, and the life of my predecessor had been rendered unbearable by the conduct of certain members of the house staff who undermined her rightful influence in every way with the Ward Sisters. Those were the days before women realised that union is strength, or the crime of disloyalty to one another. Self interest was the only instinct (*à la* British Nurses Association) in those degenerate times, and the "Honoraries" did not blush to back their juniors in their peculiarly mean and despicable conduct. I arrived—I took my stand at once. I explained the difference to the Committee between a Superintendent of *Nursing*, and a Superintendent of *Nurses*, a Matron must hold both offices, if the nursing of the sick is to be efficient. I declined to permit any intermediary official to act between the Committee and myself, and the Regulations were drawn up for the House Staff, limiting their powers to the *treatment of the patients*, and they were advised that they were not responsible for the personal conduct of the nursing staff, or the discipline of the wards. Of course, I was the best hated woman in the hospital for a time, but I comforted myself with the reflection that "the boys" were birds of passage, and I was a permanency; and in time good discipline resulted. I had many a heart-breaking half hour all the same.

C. M. J.

*To the Editor of the "Nursing Record."*

DEAR MADAM,—In a well-organised hospital there should be no question as to the relative position of the House Surgeon and Matron. I fear that the letter from "Matron" in your last issue is rather overdrawn, or it refers to a hospital where the Committee is a nonentity. To say that the House-Surgeon does not leave his bedroom until 11 a.m., and spends what time he likes in the nurses' quarters, shows a great want of discipline, and that the well-educated, fully qualified nurse, 35 years of age, is not fitted for the position of Matron. I consider that in a small provincial hospital up to 100 beds, the Matron is head in the House and superintends the Nursing Staff; the House-Surgeon is in charge of the patients and instructs the nurses in their duties, but should he require any change in the nurses he must consult the Matron. The House-Surgeon should, in a

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