

[(1.) Mr. Vokes, the Secretary of the National Society for Aid to the Sick and Wounded in War, is referring in the above letter to the report of the remarks made at the last meeting of the Matrons' Council, and published in this journal on October the 22nd, in relation to the answers sent by his Society to the following Resolution, passed at the Nursing Conference, viz.: "That this meeting suggests that the Matrons' Council should take steps to draw the attention of the Red Cross Society to the advisability of organising a Corps of Nurses for active service in foreign wars." In this reply the Red Cross Society stated that, "This Society has up to the present found the funds necessary to establish the Army Nursing Service Reserve, which has been sanctioned by the War Office. . . . This Reserve will, no doubt, meet all the extra needs of our own Army in time of war, and the Council do not see their way to assist any further organisation of nurses in time of peace." In the discussion that followed, members of the Matrons' Council expressed the opinion that they regretted that our Red Cross Society "restricted its duties (in organising efficient nursing) to the provision of care for sick British soldiers, and failed to extend its beneficent work to the sick and wounded of other nations."

(2) We feel sure the Matrons' Council will be pleased to learn that the National Society for Aid to the Sick and Wounded in War is affiliated to the "International Committee of Geneva." We presume that this means that the Society is in affiliation with the International Red Cross Society, and if so, we think the assumption of the title "British Red Cross Society" would be more generally acceptable than the one at present in use; and if, at the same time, our National Red Cross Society could be organised more on the lines of the German Red Cross Society, we should be still more satisfied, as the hospital and nursing equipment in Germany is admirable, as was very distinctly demonstrated by the ambulance work accomplished at San Marina during the Turko-Greek War.

(3.) We are also pleased to learn that £5,600 was sent to Greece and Turkey for Red Cross purposes; but the first £1,000 donation did arrive after the war was at an end, and, though helpful in the highest degree for charitable purposes, was too late for "practical organisation" in ambulance and nursing work.

(4.) The whole point at issue, as considered by the Matrons' Council, was, "that to be of value in time of war, organisation should take place in time of peace," and a first-class ambulance equipment (to include trained nursing) is what the Matrons hoped the National Aid Society would be inclined to arrange. At present, however, they do not "see their way" to carrying out what we consider part of their duty. But it is to be hoped, that they will reconsider this matter in the near future. At all events, the question of Red Cross work, in all its bearings, will, we have no doubt, be discussed next summer in the Nursing Section of the International Congress.

The expression of opinion by the Matrons' Council in relation to the selection of Nurses for Plague duty in India, did not in any way affect the National Aid Society, and was used as an argument in support of the contention that, to be efficient in the time of need, organisation and selection

of Nurses, should take place at leisure, and by a representative Board, and not be hurriedly carried out when a crisis arrived.—ED.]

A QUESTION OF DISCIPLINE.

To the Editor of "The Nursing Record."

DEAR MADAM,—I am glad to observe that "Matron's" question has aroused so much interest in your columns, and hope the very important subject will be discussed in all its bearings, because it is of much more importance to the sick poor than at first appears. A Question of Discipline it no doubt is, but apart from the personal feelings of Matrons and House-Surgeons, I would ask: What is the sum total of suffering to the sick, in institutions where, by the ignorance and vanity of young medical men, the authority of the Head of the Nursing Department is reduced to a minimum, and in consequence she has no power to enforce the most efficient care of the patients. That is the crux of the question. Now I observe that one of your correspondents "X" (a man I guess) says: that "Matron's" letter is rather "overdrawn." My personal experience teaches me that she has put the matter mildly, and I think there are many Matrons of Northern Infirmarys, and Fever Hospitals, and Asylums, who will agree with me. In these institutions, narrowed as they are by the fact that they are governed by a paid official, who is in no wise responsible to the superior authority of a visiting staff, the whole government of the place becomes cramped, cribbed, confined. The Medical Officer, often a very young and inexperienced man, considers, and often treats, the Matron as a subordinate official, and he raises up, if possible, a number of inferior officers, such as the housekeeper and the steward—dangling them all on the string of his supreme pleasure, by way of keeping the balance of power—by which balance his word becomes law, and the nursing of the patients becomes the very last object in an institution organised for their benefit. This little potentate objects to meet the Matron in the wards, his argument being, "she has nothing to do with the nursing," and should he meet her there, he insults her by his lack of courtesy before the Sister of the ward, if he does not send her a rude message by their subordinate officer. What effect has this impertinence, upon the Sister? The well trained and loyal women may resent it. The *disloyal* woman, soon learns which side her bread is buttered, and adopts a discourteous and insubordinate tone towards her superior officer, the Matron. Under these circumstances, is it possible for the Matron to maintain discipline, or to exercise any authority over the nurses, and thus ensure the best care of the patients. I say any attempt upon her part to do her duty in the wards, becomes a farce, her interference is bitterly resented, and in nine cases out of ten utterly disheartened, she either resigns, or worse still ambles on ignoring abuses she is powerless to redress. Then the housekeeper is often specially developed into another thorn in the flesh. We must remember that in the power of this official remains the all-important matter of the doctor's dinner, and how easy it is to provide dainty little repasts for him and his friends, and how difficult to believe that the provider of these expensive feasts can be guilty of carelessness or neglect where the patients are concerned. The housekeeper has her rules carefully drawn up by the medical officer, and approved by a complaisant committee, and in those

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