

seen a strong woman, perhaps neither so clever nor so able, handle and interpret identical rules to her own interest, ruling unquestioned by sheer force of character.

In larger hospitals the question is more easily settled, but in smaller, where duties dovetail far more, it is a much more difficult matter, and individual merit or strength goes for a great deal.

The rules of a hospital, the delineation of the authority of a department, will always be a matter for the Committee, but the interpretation of those rules, the balance of power in a hospital, will always depend largely on the personal character of the heads of the various departments.

#### DISCUSSION.

MRS. BEDFORD FENWICK (London) said that a wide field for discussion had been opened up by Miss Mollett's paper, because, though very apt and interesting, it was short, and left much to be said. The Matrons' Council had chosen this subject for discussion because members had communicated to their colleagues their personal difficulties and the very undesirable attitude assumed in some instances in hospital administration by fellow officials, and the tendency on the part of officers to override and overrule in departments for which they were not personally responsible. They all knew that under the laws regulating Poor Law Infirmaries the Matron's position was really very much that of being on sufferance; she had not a defined position placing her in authority in the nursing department. The germ of the difficulties of nursing under the Poor Law was this undefined position. She felt very strongly that the Matron's position ought to be defined and that these officers should be able to do their duty without superintendence and interference from officers who had not the special knowledge to carry out the duties of the Superintendent of Nursing. In the majority of voluntary hospitals this was different; the Matron was the head of the nursing department; she made her own report direct to the Board, and it was her own fault if she could not administer. But some general hospitals were not so organized, and there were two special sections of work for which the Matron ought to be responsible and was not. In these hospitals, of 300 or 400 beds, a system was observed placing all the domestic details, in the Home and in relation to the nursing staff, in the hands of a housekeeper, and the superintendence of the nurses in the wards only under the Matron. Inevitably, the two interests clashed, and the nurses suffered because the Matron's and housekeeper's interests clashed; while the Matron's desire was that her nurses

should have every possible comfort and attention, the housekeeper was naturally anxious to keep down the expenses, her fitness being usually estimated by her capacity to reduce expenditure. In consequence of this divided authority, such hospitals were not well administered. Another reason of trouble in many country hospitals was the position in which the Medical Superintendent, or House Physician or Surgeon, was placed. Frequently, he was appointed for long periods of office. He was not satisfied to be in charge of the scientific treatment of the patients only, but gradually assumed an authority over the nursing department, and, in many instances, usurped the Matron's rightful authority. In these days it could hardly be conceived possible that the Medical Officer should object to the Matron being in the ward at the same time as himself, but in some country hospitals this was so. The Matron was responsible for the nursing, and she should be at liberty to make her rounds when she wished, to see that the work was being administered in the right way. In many hospitals the Matron was excluded from the operating theatre, and this again was not a right thing. It was impossible for her to be responsible or to know how the work was done if she was prevented from being present. No one ought to be asked to accept responsibility who was denied the power to carry it out, and the Matrons ought not to place themselves in a false position by accepting responsibility without authority. It was the duty of the committee of a hospital or infirmary to maintain a just balance of power, by clearly defining the position of its officers, and insisting that these officers performed the special duties entrusted to them; they must also bear in mind that, with the evolution of trained nursing into a profession, it required protection, until it had become a recognized and indispensable adjunct to the senior and powerful profession of medicine.

MISS E. PELL SMITH (Leicester), who said she was longing to speak, asked whether this difficulty was occasioned by Matrons who first took office coming from small hospitals; it was quite impossible for those in authority in larger hospitals to understand the difficulties that came in the way of those from smaller ones. With regard to the question of the house-keeping expenses being kept low, many country hospitals could not afford to spend lavishly. She felt that something ought to be done to prepare sisters and nurses, about to take charge for the first time, to meet the various difficulties with which they might have to contend.

MISS WINGFIELD (Macclesfield) said she had come across a great deal of the difficulty of balancing power between Matron and House

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