

of the nursing staff, and there seems very little hope of maintaining discipline in any hospital where the Matron has not authority over the female staff, both when on, and off, duty. The nursing and domestic staff should both be under the control of the Matron, who should be head of the house as the mother is in the home, and no medical officer of any rank should have control of the personal conduct of the nurses; it is an entirely false position in which to place a man. The medical officer should be supreme only in everything which relates to the treatment of the patient, and if a nurse fails in skill or duty, he should report the same to the senior nursing officer, the Matron, and no further meddle therein.

It follows, therefore, that a Matron has a right to interrogate any member of the nursing staff on any matter of conduct whilst on duty, and to advise her on any such matter for the maintenance of discipline and order, taking care that all personal matters are dealt with in a kind and courteous manner—as mother with daughter. It is very unwise of sisters and nurses to go out alone with the medical officers of the institution where both are working in an official capacity.

The matron has no authority over the conduct of the house surgeon, although she may tactfully say a word in due season; but if a nurse spends "four or five hours" talking to a medical officer when she is supposed to be on duty, she is plainly neglecting her duty to the patients, and should be firmly reprimanded for such conduct, and if necessary suspended from duty, as prolonged and vulgar flirtations between resident officers amount to a public scandal. No one is more keenly alive to such conduct than the patients, who are quick to observe and condemn unseemly manners in those for whom they should feel confidence and respect. A matron should enforce a high standard of discipline throughout a public institution. To do this she must act promptly and be firm—otherwise she is not fitted for the responsibility.—Ed.]

A PRACTICAL POINT.

To the Editor of the "Nursing Record."

DEAR MADAM,—I read with extreme interest the articles you published by Miss McCall on "Army Nursing in South Africa." They show how many points which concern the comfort of the patients are forced on the attention of a nurse, while they escape the observation of the most exalted medical men. I should like to make a suggestion with regard to one point mentioned by Miss McCall, namely, the dearth of pillows in the field hospitals, and the fact that a few feather pillows given by benevolent ladies were quickly rendered useless by being soaked with blood. Surely, this is what one would expect of the pillows used in a hospital at the front in time of war, and had the responsibility of providing the nursing equipment been entrusted to an experienced nurse she would have taken care not only that pillows were provided but that they were supplied with jaconet pillow slips. It appears to me also that wire woven pillows would be much more suitable for the equipment of military hospitals than the ordinary feather ones. They are light, comfortable and cool, and are not nearly so bulky in packing as ordinary pillows. They should, of course, be either covered with jaconet or provided with pillow cases of

this material. Thus the pillow would be completely protected, and would only need sponging to be ready for use again. When the time comes, as come it must, that the organisation of Army Nursing is in the hands of nurses, no doubt practical points of this kind will receive attention.

I am, Dear Madam,
Yours faithfully,
A PRACTICAL NURSE.

SHOULD NURSES TAKE TIPS.

To the Editor of the "Nursing Record."

DEAR MADAM,—I strongly disagree with "Private Nurse" about "tips" and "tippling." No self-respecting nurse should ever take a tip; she is, or should be, a professional worker, and should accept nothing from a patient beyond her just salary. This rule is always enforced in our hospitals, and should always hold good in private work. As for "tippling," spirits are poison, and most wines and beers so adulterated, that it would be far wiser for nurses never to drink them under any circumstances whatever. Why should a nurse be such a poor creature that she has not the right of every other sensible member of the community to refuse to eat and drink what she dislikes? I am one of those who rejoice at the exposé of poisoned beer, I hope it may be the beginning of the end, and that soon this horrible beverage may cease to be made in this country. Anyway, nurses are better without strong drink.

Yours,
"A TEMPERANCE NURSE."

[This brilliant suggestion—that we may soon cease to be a beer-making country—appears to us an admirable method of dealing with the House of Lords question. Why agitate for its reform or abolition? Let us abolish beer, and this difficult question will solve itself. But, joking apart, nurses as a rule take very little stimulant, and if they were provided in private houses with good milk, palatable cocoa, and fruit drinks, as they are in well-managed hospitals, they would seldom require beer and wine. It is the only alternative of stale water which influences nurses to take what is going—either malt liquor or wine.—Ed.]

STANDING THE TEST.

To the Editor of the "Nursing Record."

DEAR EDITOR,—"Ella G." voiced the opinions of more than one of your readers last week—it is not necessary to place young probationers in danger of their lives to prove their obedience and courage. Of course nowadays in hospitals a nurse is seldom on duty alone, but night duty in the past was indeed often greatly dreaded because of the "dotty" patients—as we know a patient after accident, or when suffering from many medical ailments, may "go off" at any minute, and become very alarming. One of the worst features in Poor Law Infirmarys, especially in country places, is the placing of one nurse in charge of several wards at night. I have been terrified under these circumstances, and yet have proved a suitable person to train in a well-ordered hospital—the certificate of one having been earned and awarded. I would say to hospital managers, don't make the test harsh, it may eliminate the unfit, it sometimes breaks down the fit.

Yours obediently,
AN INFIRMARY NURSE.

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