

factor in the development of the nursing profession. Medical instruction must always remain in the hands of the doctor, but it was the Matron of the training school who must train and educate probationers and nurses, and in her hands should lie the right of final decision respecting the qualifications of a candidate for the profession. Until, as in England, personal application was a necessary preliminary to admission as a probationer, a careful correspondence should be conducted by the Matron with the applicant; a medical certificate should not be regarded as sufficient. A Matron's duties were manifold, and she should be assisted by a capable Head Sister, but she should never give the reins out of her own hands. She should neither draw them too tight nor let them slip. Order, and with order good work, and contentment could only so be obtained, and a standpoint maintained beneficial alike to patients and nurses. A Matron should herself have passed through all branches of training and be able in cases of emergency to give practical demonstration of her knowledge. Only those who had worked their way up from the lowest rung of the ladder, and knew the difficulties which beset those who were climbing, could really estimate the amount of work which could be demanded of nurses with benefit to both patient and nurse. It was customary for expensive machinery to be examined from time to time in order that each function might be repaired and put into working order. Surely the same care should be bestowed upon those who were working in such an important department as the care of human beings. A Matron should be very careful of the health of those under her guidance, check overstrain prompted by ambition, discourage undue hardening, while combating slackness. Incapable of either favouritism or petty tyranny, a Matron besides being well educated should be broad-minded, warm-hearted, and well-balanced. It would be seen that almost an ideal woman was demanded, but nursing was an ideal calling, and only the best tools were good enough, only the best workers could mould the material and train and educate a staff to be an honour to their calling. A Head Sister might rise to be a Matron, and it was interesting to know that from next winter the Leipzig Lyceum would give courses on political economy, hygienics and pedagogics which would be of incalculable value to both Head Sisters and Matrons. It was to be hoped that, as in other branches of woman's study, scholarships would be granted which would enable those who were without private means to profit by these most important courses.

THE DUTY OF THE MATRON IN THE ADMINISTRATION OF HOSPITALS.

Oberin Becker said that a deaconess home was almost always connected with a hospital. In the former department the Matron had absolute power of administration, whilst in the latter she was assisted by the resident clergyman. Office and house-deaconesses worked under her orders. Officials and inspectors were unknown, though

secular female help was employed in the office. The Red-Cross Matron was absolute administrator. She discussed matters with the Board, or even with the president, treasurer and secretary only, but in her hands was the final decision. The head doctor decided what articles were necessary for special treatment and as far as means allowed his wishes were law, but it was the Matron who saw them carried out. Uniform, furniture, &c., were renewed or bought by her, a fixed sum being allowed. She decided on the admission of probationers and nurses and apportioned the nurses' work. She was free to engage or dismiss servants. The Matron of a seminary—that is a large town hospital—though she was present at the Board Meetings and her advice often regarded as conclusive, had no power in the administration, which was in the hands of a sub-inspector, and head inspector or director. With the admission of patients, payments, purveying, she had nothing to do. Any wish expressed by the Ward Sister the Matron laid before the Board. She devoted her time to the supervision of nurses, training of probationers, and conducting of correspondence. A Head Sister sent to manage a small hospital—50–100 beds—had the absolute power of a Matron, and in sixty such hospitals Sisters of the Evangelical Deaconesses' Society have proved capable administrators.

THE TRAINING OF NURSES IN HOLLAND.

Miss Mejan said that the task had been assigned to her of speaking on the Matron's duties and position in Holland, and she was sorry that there was little she could say, as the training of nurses in Holland was still very incomplete and far from systematic. In the large hospitals the Matrons usually lectured to the nurses, but irregularly. Sometimes months intervened between such lectures, and it was almost a fortunate accident when pupils in their "Lehrzeit" (period when teaching is given) received any instruction from their Matrons. The lectures from the medical staff were usually repeated or explained by the Matron, who then spoke also upon ethics. Practical work was taught in the wards by the Sisters and senior nurses. In some of the smaller hospitals the pupils received more personal instruction from the Matron. But Dutch nurses continually felt aware of the deficiencies in their training and of its planless character. Miss Mejan spoke of the efforts the Nurses' Association (Nosokomos) was making, to develop and improve hospital training. At present it often happened that pupils completed their time and received their certificates, having only gone through part of the hospital divisions. The Matron's sphere was too closely limited to housekeeping, and her authority was restricted. She was not permitted to occupy her rightful position in regard to the nurses.

FRIENDS AND COMRADES.

Sister Cecilia Wolff thought that Sisters appointed to the position of Oberin (Lady Superintendent) might become too much of a class apart from the nurses. She pleaded that they should

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