

Nurse Lena Jones, of the Eye Hospital. This Cup has now been competed for six times.

Twice it has been won by the Ear and Throat Hospital, once by the Orthopædic, twice by the Children's and this year by the Eye.

The Hospital that wins it three years in succession becomes its owner.

It may be remembered that this delightful tennis ground was given by Mr. William Cadbury for the sole use of the nursing staffs of the six special Hospitals. A more ideal field for a Tennis Club could not be found anywhere, and it is difficult to believe a ten minutes ride from it in a train will take you into the smokiest and dirtiest part of Birmingham. There are two tennis courts and a pavilion containing everything necessary for tennis and tea.

The pavilion has a verandah running round three sides of it, and climbing all over it are rambler roses which have just finished flowering. They were lovely this year. Inside there is a club-room containing deck chairs and small tables, a kitchen with stove, sink, dresser, etc., and all the crockery, kettles, etc., and there is also a dressing room.

The matrons of the different Hospitals give a tea every Saturday, each in turn, and one of them acts as secretary. Each Sister and Nurse contributes 1s. 6d. a year towards expenses. It is a delightful resting place for tired nurses as well as recreation ground for more energetic people.

Interesting information recently presented by the Infirmaries Committee of the Birmingham Union to the Board, as to the hours on duty, and leave of absence of the nurses has been sent to us. The Committee report that they have given careful consideration to the question, and after conferences with three matrons, recommend certain alterations calculated on an average of four weeks (seven days in each); the maximum hours on duty in the wards of the Nursing Staffs to be: Sisters, $54\frac{1}{2}$ hours per week; probationers on day duty, $63\frac{1}{2}$ hours; and probationers on night duty, 79 hours. In these calculations the annual leave of 21 days has not been taken into account. This works out on a daily average of something over $7\frac{1}{2}$ hours for Sisters, 9 and a fraction for day probationers, and $11\frac{1}{2}$ for night nurses.

Sisters are off duty daily 2 to $2\frac{1}{2}$ hours, and 4 hours on Sundays; monthly leave, $2\frac{1}{2}$ days. Day probationers get 2 to $2\frac{1}{2}$ hours daily, $3\frac{1}{2}$ on Sunday, and 1 to $1\frac{1}{2}$ days a month. The night staff gets one night off a month—of course going out daily for a few hours when off duty.

The Committee believe that their time table

compares most advantageously with other large Poor Law and General Hospitals.

At a recent meeting of the Belper Board of Guardians a member drew attention to the enormous cost to the ratepayers of the expenditure in advertising and payment of candidates' expenses occasioned by the constant changes in the staff. During the first six months of this year they had spent a total of £67 on account of staff changes, £42 8s. 10d. being on account of advertising, £30 3s. 4d. of which was for nurse and probationer, £20 14s. 8d. had been paid in candidates' expenses, while £4 3s. 6d. was paid for temporary nursing assistance. During the past two months they had spent a further £13 in the same way. He argued very rightly that it would be more economical and satisfactory to pay higher salaries, and so obtain a contented and permanent staff. A lady Guardian agreed and said nurses were very scarce. The subject was referred to the House Committee, which was instructed to increase the commencing salary.

The Ulster Branch of the Irish Nurses' Association spent a very pleasant afternoon on the 25th ult. They drove a merry party in brakes from Belfast to Scrabo Towers, where they thoroughly enjoyed a Picnic Tea inside the tower. We should have enjoyed that sumptuous tea had we been there. We all know since the Conference in June what Irish hospitality means.

We agree entirely with the *British Medical Journal* in its expression of opinion that no unqualified person should be allowed to give an anæsthetic unless in a case of emergency or absolute necessity. In support of this opinion the following case is reported:—An inquest was held in the Lisnaskea Workhouse on a man, a labourer aged 35, who died while undergoing an operation on the previous day. It appeared that the patient was suffering from fistula in ano, and had been in the workhouse hospital for some time; he was placed on the operating table, and a nurse administered chloroform; after a few deep inhalations the patient went into a convulsive fit, and in spite of the doctor's efforts died on the table. The jury attached no blame to anybody. At a subsequent meeting of the Guardians, an acrimonious discussion arose, and the nurses were blamed for not having the patient seen by a clergyman before the operation; a motion censuring the nurse was proposed, but was afterwards withdrawn. If any vote of censure was

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