

hitherto Sister of the Alice and Helena Wards in Great Ormond Street, has been appointed to succeed Miss WILSON.

* * *

THE first Annual Report of the Middlesborough Nursing Association tells of good work well commenced and better done, under the energetic superintendence of Miss PURVIS, who, with one District Nurse, attended to 218 patients, making 4,831 visits. Of the patients 148 were Medical and 70 were Surgical cases; there were also several serious Maternity cases, in which the Nurses' services were of inestimable value. Of the 218 patients, 178 recovered, 34 died, three were sent to the Hospital, and three were not amenable to treatment. And as all this good work was done at a cost of £260, I am not surprised to hear that Middlesborough is not only congratulating itself upon having District Nurses of its own, but is determined to have more of them.

* * *

THE following sensible article appeared in our contemporary, *The Queen*, on the 11th inst.:—

“THE ANARCHY OF OUR HOSPITALS.

“‘ONE WORD MORE’ ON NURSING.

“To play the knight-errant for the Hospital Nurse is but too often a thankless task. The Matron and Superintendents turn on Don Quixote and rend him; the Committees of Management anathematise him in their reports; the Hospital Nurse herself resents his protection as much as the beaten wife objects to any interference between her and her lawful husband. So the Don retires into his solitudes, and meditates on the gracelessness of the world.

“THE DELAY IN HOSPITAL REFORM—ITS CONSEQUENCES.

“But it is of his nature to sally forth again when he has recovered from his wounds, and the present moment seems favourable for one more tilt at the windmill. It is now some time since the Hospital Commission issued its report, but, except for a few alarms and excursions, little good seems to have resulted from it. The only result seems to have been to spread a spirit of discontent through many Hospitals, and to materially increase the difficulties of discipline without bringing us in any way nearer to reform. Surely the same power that reveals evils ought, if it can, to make some attempt to remedy them. A Hospital Commission, unaccompanied by Hospital reform, has only succeeded in setting Nurses against their Matrons, and Matrons against their Doctors, and Doctors against their Hospital Committees. Both the finance and the discipline of the London Hospitals at the present moment point to the urgent need of reform, but still await it in vain. The discipline needs to be placed on a firmer basis of goodwill and contentment; the finance needs to be built on something firmer than a shifting quicksand of voluntary contributions and street collections.

“OUR MODERN ST. ELIZABETHS.

“We do not wish to claim too much for the Nurse, or to put forward a sentimental plea for a life of cakes and ale, varied by occasional attendance at a bedside. The girl who devotes herself to Nursing is joining a body of high and noble tradition, co-eval with Christianity itself, whose watchword must ever be self-sacrifice. The pleasures of the world are not for her; it is not impossible that she may find deeper sources of joy within her reach. She must not look for the freedom of a selfish life. The discipline of a Hospital must be military in its nature. Her freedom is only that which,

we are told, is perfected by service. But self-sacrifice is one thing, and life-sacrifice is another; and the greater the obedience of the Nurse, the greater the responsibility of those set above her. There is no more cruel sight in life than to see a committee of British Philistines turning the highly-tempered altruism of some Nurse or Matron to the base uses of Mammon. It is difficult to conceive a more prodigal waste of energy than when, as happens in nine cases out of ten, a woman with a genius for Nursing is put to do the work of a scullery-maid; or, as also happens so often, is ruined in health and mind, and thrown back upon the compulsorily selfish life of the invalid by the excessive drudgery of her novitiate. The most unselfish characters are often found in women of the slightest physique. Why, then, so adapt the training that you eliminate all but the strongest? Good nursing does not come naturally; it requires careful training, and has to be learnt. Why, then, keep your staff within such narrow limits that you can afford no time for the training of your younger Nurses, and have to waste your best tools on tasks which any maid-of-all-work could perform better? These are some of the practical questions which it would be well if the Managers of Hospitals, both in London and the country, sometimes put to themselves.

“It concerns all of us that the best spirits among English women should not sacrifice their lives to the unreasonable demands of ignorant committees; and the more we prize the life of service, the more diligent we should be not to place on it a penalty of broken health and fruitless endeavour. For every Hospital Nurse that breaks down is another justification for the women of this world.

“THE TWO CARDINAL NEEDS.

“To sum up, there are two evils at the root of the present anarchy in our Hospitals—want of money and want of knowledge. For the former, there are many of us who would prefer a permanent rate to the perpetual petty persecution of the Hospital money-box and the Hospital subscription card. There are many among those who enjoy the benefits of the Hospitals who are quite able, and ought to be compelled, to pay a small sum for the advantages they use. It is in these two directions that we must look for the reform of the financial evil. For the other—the want of knowledge—it is less easily curable; it has its roots deeper in human nature. Half the amateur ‘gentlemen’s’ and ‘ladies’ committees in the provincial Hospitals of this country are merely so many hindrances to good management. They are the meeting ground of all the little local snobberies and ambitions; they are often consumed with anxiety to economise the demands on their own generosity; and, by their incompetence and conceit, they are so many thorns in the side of a good Matron or a good Doctor. The Doctor can fight them, but the Matron cannot. She can be dismissed if she becomes recalcitrant, and obedient incompetence can reign in her stead. What is needed is that when once a good Matron or Superintendent is appointed, she should be allowed an almost entirely free hand; if she cannot be trusted with a free hand, she ought not to have been appointed. She ought to be relieved of menial work. She ought to be given a position of absolute authority over her Nurses, but she ought to be always ready to listen to their grievances. And when she pleads on their behalf with the Hospital Committee, her prayers ought not to be ignored in the interests of a parsimonious and short-sighted economy.”

* * *

OUR contemporary, the *Maanblad voor Ziekenverpleging* says that “a meeting of the people who take an interest in the treatment of the sick in Holland will be held in Amsterdam in October, 1892. A circular annexed to this number of the journal contains an appeal to all who take an interest in

[previous page](#)

[next page](#)