

but it is the beginning of a downward path for the Nurse.

I feel strongly that for charge, the Nurse who is appointed ought to have had three years in a hospital or large infirmary, and that under her there should work no Nurse who has not had at least a year's training. I should not accept as training any length of experience in an Infirmary of which the Matron is not a Nurse, and in which there is no resident medical officer.

To remove the constantly recurring difficulty of friction with the workhouse Matron, a Superintendent Nurse should be appointed. She should be responsible for her own department to the Guardians and medical officer only. She should be supplied with linen and other necessaries as she requires, on her own requisition, and with medical appliances on the order of the doctor.

The salaries should be sufficient to enable a fully equipped Nurse to take such positions, without feeling that she cannot make provision for the future; £40 or £50 for a Head Nurse, and £20 to £30 for an assistant, unless she is to do permanent night duty, when £30 is not too much to begin with, so long as superior qualifications are insisted on.

Perhaps the interest and presence in workhouses of women guardians, would be more correctly described as an enormous help, than as a remedy. I regard the presence of at least one woman on every Infirmary committee as essential.

The nearest approach to what we all desire to see is probably the order of the Board of Supervision in Scotland, which decrees that in every Infirmary containing more than sixty beds, there should be a Superintendent, herself a Nurse, to whom the Nurses are directly responsible, and who reports directly to the board. This Superintendent is thus made an official of importance with a grave duty laid on her, for any dereliction of which she has to give her own explanations to the guardians. Surely a much wiser and fairer arrangement than that of the Metropolitan Infirmaries, which make their Matrons subordinate to the medical superintendents in Nursing and household matters, or than that of the smaller workhouses, which put their Nurses under the authority of the masters and Matrons of the workhouse.

#### II.—By MR. JACKSON HUNT.

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A series of articles have lately appeared, and in fact are still appearing, in the *British Medical Journal*, from which most valuable information may be gathered as to the present condition of

Nursing (if indeed it can be called Nursing) in the country at the present time.

These articles, thirty in number, including one in January, 1895, appear to be taken pretty equally from the North, East and West of England; but, with the exception of Canterbury, there is no information concerning the Southern, or at any rate the Home Southern Counties.

In most cases the line between the workhouse and the Infirmary would appear to be but a shadowy one; and in cases where there is any skilled Nursing, the Nurse or Nurses would appear to be under the authority of the unskilled Matron—a state of things not likely to produce harmony or satisfactory results.

In approximately 25 out of the 30 unions, pauper help is used in the Nursing.

The disadvantages of pauper help are well known. In the first place, paupers can, from the nature of things, be under no kind of sense of responsibility. Paupers, except in very exceptional cases, are either old and worn out, or young and worthless.

Roughly speaking, in twenty out of the above thirty institutions, there is no responsible night Nursing. Such a practice needs no argument to condemn it.

At Haverfordwest: "There is no night Nurse, no regular pauper help at night. The system on which this workhouse is worked is faulty in every particular. The helpless patients had during the night to obtain such assistance as they could from the more able-bodied paupers who slept in the ward."

At Plymouth, where there are 184 Infirmary beds, and two Nurses, there is no trained night Nurse; the inmates are responsible at night. At Barton Regis, "to serve 120 infirm women, located in seven wards, there is but one Nurse by day, and no night Nurse. Including the infirm, there are 586 sick, but no night Nurse."

At Great Yarmouth "there is no night Nurse, trained or untrained. Helpless may be, and often are, from 8.30 p.m. to 6.30 a.m., without anyone to minister to their needs." And to conclude with Bath, which appears to possess an Infirmary which is everything that an Infirmary should not be:—

"The Infirmary is of ancient date, and has no appliances for sick Nursing. To speak accurately, there is no system of Nursing. One fully trained Nurse for all the patients with two assistants; one uncertified, the other who has had only a 'scrappy' training, also a young girl not trained. Paupers are largely employed, and the patients are left in their charge during the night. There are 230 beds. One night Nurse has been engaged," but the Local Government Board Inspector suggests a Superintendent Nurse, and a minimum of eight Nurses.

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