

In small lonely country Infirmaries the difficulties are of a somewhat different nature.

The building is often quite as inconvenient, and the wards as far apart; but they are not very numerous, and are rarely crowded. The Nurse is lonely, and her occupation often dull; a good deal of work occasionally falling to her share which is not actual nursing; such as supervising the bed-making and bathing of the able-bodied, the personal cleanliness of the older inmates, and even of tramps and casuals; and the oversight of the Nursery. There is often a terrible lack of the most elementary Nursing necessaries. The supply of linen is generally insufficient, and the cause of a struggle on the Nurse's part to keep the beds and the persons of the patients clean. Another great trouble in the country is the lack of water. In some Infirmaries neither hot nor cold water is laid on; hot water being an unusual luxury. It generally has to be carried in buckets from the main building for bathing and other purposes.

In these out-of-the-way places, the patients are often dependent on the Nurse for the only bit of cheeriness and comfort in their monotonous lives. It is very touching to see the old people brighten up when Nurse comes near them, that is, when she is the *true* Nurse, full of sympathy and tenderness with the aged and suffering. But she will have many a struggle before she arrives at this state of confidence. The patients at first are suspicious of the "trained Nurse," and prefer their own way, and to remain unwashed if they like, rather than submit to "new fangled" ways. It requires a woman of much tact and skill to overcome their little prejudices. Sometimes even the Master and Matron are opposed to trained Nurses, and resent their so-called interference and superior knowledge.

Where there are Lady Guardians who take the trouble of enquiring into things, the Nurse has a better chance of working well, and being tolerably comfortable, and the patients are allowed greater comforts. The Nurse feels that she has a friend in the Lady Guardian to whom she can appeal in cases of difficulty, as to one who can enter into details that others cannot be expected to notice.

The Lying-in Wards are generally in better condition than the other wards, and there is not quite the same difficulty experienced in getting the requisite appliances. Perhaps this is owing to the fact that Guardians here recognise that *trained* assistance—that is, a certificated Midwife—is necessary in cases of childbirth; though they do not always think *trained* Nurses necessary in other cases of illness.

The lack of efficient night Nursing is the most pressing reform. In the larger Infirmaries where there is one night Nurse to a number of beds, varying from 100 to 400, paupers sit up in the several wards to do any small service required, or to fetch the Nurse if wanted. It is easy to imagine that such help is very inefficient, and that the patients do without much that they really need. It must often be necessary for the night Nurse to leave one bad case to go to another. One instance was reported of a Nurse being obliged to leave an old man to die alone, because of the more urgent claims of a lying-in case. In the small Infirmaries there is often *no* night Nurse, and only a pauper inmate *sleeping* in the ward to attend to the patients during the night. How often does a poor creature lie awake half the night for want of some assistance, rather than wake the sleeping attendant, and bear the probable scolding for doing so?

All praise is due to the Nurses who bravely and willingly endure the discomforts and difficulties of life in many Workhouse Infirmaries, perseveringly nursing long chronic cases, keeping their patients happy in their wards. Certainly their work is not done to be seen of men, and it is only those who have the real love of Nursing, and the highest interests of their patients at heart, who can succeed in this difficult work.

R. P. F.-C.

## Nursing Echoes.

\* \* *All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.*



We quote the following paragraphs from the Editorial Notes of this month's *Practitioner*, and that they could have been penned in the west end of London at the end of the nineteenth century appears almost incredible. Still their evident sincerity entitles them to the sad consideration of educated and just-minded persons, inasmuch as distrust and unkindly feeling is aroused by such *canards*, between doctors and Nurses, whose mutual relations in their arduous work for the welfare of the sick—both rich and poor—is usually of the most helpful and sympathetic character.

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"The compulsory Registration of Nurses may be a desirable thing in itself, but the time does not seem to be quite ripe for it. The Nursing world is divided into two camps on the subject, and their debates have not always been conducted in the 'dry light' of pure reason. I have no bias either way myself; but if Nurses are to receive a hall-mark of competence from a public authority, I am strongly of opinion that in the body in whose hands such authority is placed the medical profession should have a preponderant voice. It would be absurd to speak of an organised movement for the emancipation of Nurses from medical control. As has already been pointed out in *The Practitioner*, however, a disposition is pretty plainly manifested in some quarters to raise Nursing to the rank of an independent 'profession.' I am informed that the

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