

The Executive Committee of the Workhouse Infirmary Nursing Association has appointed a sectional committee to consider Dr. Humphreys' scheme dealing with the question of nursing in rural workhouse infirmaries—there are several practical suggestions in it—and we hope the Association will be able to incorporate them in a workable scheme.

From east and west, north and south come reports of friction, lack of discipline, and inefficiency in County Workhouse Infirmary wards. We have a pile of "cuttings" before us on this question of poor-law nursing, and, with very few exceptions, the friction arises from a tussle between the trained nurse and the master and matron of the workhouse. It certainly is a scandal that the Local Government Board does not attempt to deal with this fundamental principle, the control of the trained by the untrained, in institutions for whose good government it is responsible. Sooner or later this Board must take the bull—or rather Bumble—by the horns and place the control of the sick wards of the workhouse in charge of the doctor and nurse. The action of men of the type of Totterdell, master of Walsall Workhouse, who does not hesitate to interfere with the question of nurses' uniform, and at which institution his outrageous order that the domestic staff shall masquerade in the trained nurses' dress is in force, proves the insanity of expecting order and discipline in workhouse sick wards under existing regulations. It is high time a stop was put to such tomfoolery.

Dr. J. Beveridge Spence, President of the Section of Psychological Medicine at the meeting of the British Medical Association, held this year at Cheltenham, dealt in his introductory remarks in opening the section, with Asylum Administration and Nursing, and said, in relation to the latter:

And now, gentlemen, will you bear with me for a moment before I close this brief address while I say one word upon a subject which is very near to my heart, and which has occupied much of my spare time for several years past. I refer to the status and training of our nurses and attendants. I feel strongly that no matter how great may be the advances made in other directions, comparatively little advantage will accrue to those suffering from mental maladies if this important subject be neglected. I am not concerned to advocate any special form of training. If one man prefers his own methods, while another is content to adopt the system which the Medico-Psychological Association has introduced with no little success, provided the education of the individual attendant or nurse is thoroughly carried out, the result which I would aim at is the same. No amount of ability on the part of the leaders will suffice if the rank and file

do not know how to carry out their instructions in an intelligent and efficient manner. In order that this may be the case systematic training is absolutely essential, and, while one is grateful for the progress already made, and for the large number of reliable and experienced men and women we have now on the nursing staff of our asylums, there is still much to be done before finality in this direction will have been arrived at.

Those of us who are in positions to advocate measures which would tend to improve the position of the members of the nursing staff should lose no favourable opportunity of calling attention to the advantage from every point of view of treating our nurses and attendants in a generous manner; it may be by an increase of their pay or emoluments, by a definite assurance that they will not be turned adrift at the close of a reasonable period of faithful service without a moderate but sufficient provision for the support of their declining years, by a shortening of their admittedly long hours of duty, and perhaps by a more prolonged time of rest than they now enjoy from the harassing strain which direct contact with the insane for lengthy periods inevitably produces.

We welcome these remarks, as showing that, in the opinion of a medical man who has had many years of experience in asylum management, the question of adequate training for those entrusted with the nursing care of the insane is of primary importance. We note with pleasure, also, Dr. Spence's reference to the long hours of asylum attendants, for we do not think that great advances can be made in the direction of increased efficiency in training until these hours of work are considerably reduced. No branch of nursing—and whatever may be urged to the contrary, the care of the insane is a branch of nursing, and not a distinct occupation—is more onerous or exhausting than that which concerns the mentally unsound. If women and men of a high type are to be employed in it, they must have adequate rest and recreation, or they will break down under the strain of the work imposed upon them.

Most of our readers are no doubt aware that the Guardians of a parish have a right to visit the patients from that parish, for whose welfare they are responsible, in the county asylum. A question of some importance was lately brought up at the Bideford Board of Guardians by Mr. Bate, who had recently visited the county asylum at Exminster in his capacity of Guardian, and, while not suggesting that the patients were otherwise than properly cared for, thought that he should be allowed to see them at their work, and not be kept waiting for a considerable time while they were collected in one room and "faked up" for inspection.

Extraordinary disclosures were made at a meeting of the Yarmouth Board of Guardians last

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