

Nursing in Workhouses and Workhouse Infirmaries.

AT the Central Poor Law Conference, held at the Guildhall last week, two important papers were read on the above subject. We much regret that the pressure upon our space prevents us from reporting these papers *in extenso*, but as they are of much value we give some of the salient points in both papers.

I.—BY MISS GIBSON,

Matron of the New Infirmary at Birmingham.

For my present purpose, the subject divides itself, naturally almost, into three parts.

- (1) Workhouse Nursing as it is now.
- (2) The difficulties of carrying out reforms, with a few suggestions for overcoming, or at least lessening them.
- (3) Workhouse Nursing as it may be.

It is not necessary to dwell on the admirable condition of many of the large Poor Law Infirmaries. Some of them are models of order, and are daily growing and improving, and becoming schools of training, which must surely eventually revise the entire tone and character of workhouse Nursing. In the large towns of the provinces, notably in Liverpool, Manchester, and Birmingham, these Hospitals are administered on the broadest lines; the Nurses are given their proper position, are expected and encouraged to uphold the dignity of their office, are as well fed, housed and taught as in any Hospital, with the result that most of them have the same love for their training school, the same *esprit de corps*, and the same ideas of order, discipline and gentleness, which are inculcated in our leading Nurse-training Schools.

Those Infirmaries which are entirely removed from and under a different administration to the workhouse have, of course, the greatest advantage; there probationers are removed from the danger of roughening and deterioration, which goes hand in hand with pauper help, and those which have a visiting medical staff are even more to be congratulated, as presenting for study several lines of treatment, and giving to the Nurses a greater amount of experience in the same length of time.

I always regret that so few of the larger Infirmaries train Nurses who afterwards continue in workhouse work—the field for workers is almost unlimited; and many of the institutions which could give the teaching which is so much wanted are closed to probationers.

It seems almost incredible that now, after all that has been said and done, after all the years that this subject has been before the public,

there should still be unions—large unions—where skilled Nursing is practically unknown.

Reading just a few of the reports on the Nursing and administration of provincial workhouses, we find such accounts as these—

230 beds, 16 wards. No night Nurse. 1 trained Nurse, 3 Assistants not trained.

247 beds. 2 trained Nurses, 1 night Nurse. Doctor two miles off. No telephone.

200 beds in 3 blocks. 1 night Nurse.

34 beds. 1 Nurse, not trained.

150 beds. 3 Nurses, not trained.

54 beds. 1 Nurse.

586 beds, including a children's ward of 18 beds. No night Nurse.

One nurse has charge of the children's ward and five other wards.

To those who know the needs of the poor sickly babies who inhabit workhouses, their miserable condition, and their frail hold on life, this last seems simply appalling; and when we add that 120 infirm women, scattered in seven wards, have, in this workhouse, one day and no night Nurse, one wonders how these arrangements have gone on so long without disaster.

Taking sixteen unions from various parts of England, just as they come in the reports, we find ten in which there is no night Nurse; and two in which there is no Nurse, either night or day. Several of these unions, with 200 or 300 sick, have one night Nurse, and other two have Nurses, who, however, are not trained, and may, therefore, be really classed as attendants.

Probably, however, the greatest difficulty of all in the smaller workhouses is the interference in Nursing matters of the workhouse Matron.

Then the difficulty of getting proper medical and other appliances is an immense discouragement to a good Nurse. The master and Matron do not see the need for them, and the Nurse has to approach the committee through these officers. The application is often made very unwillingly, and sometimes not at all, so the poor Nurse has to toil on, without what she has been taught to consider absolute necessities for her work. The extreme monotony of the life is another form of hardship. One of our Nurses who is now in a country workhouse tells me that she never sees anyone.

Another great difficulty and cause of deterioration of Nurses in workhouses is the pauper help. A Nurse, who is inclined to be lazy, accepts the offer of an inmate to do some of her own duties—she has not time to do them all thoroughly herself. The inmate, with the best intentions, does a little more; she likes the feeling it gives her of authority over the others, and she may perhaps get by a little extra attention to one or two, a few halfpence. It is all quite right and natural from her point of view,

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