

Nursing in Workhouse Infirmaries.

SUGGESTIONS OF THE PARLIAMENTARY
BILLS COMMITTEE OF THE BRITISH
MEDICAL ASSOCIATION.

FOLLOWING on the admirable reports on Workhouse Infirmaries made by the Commissioner of the *British Medical Journal*, and consequent on the reforms which have been effected by these reports, it was thought desirable for the Parliamentary Bills Committee to draw up a memorandum to the Local Government Board, systematising the deficiencies in the Nursing of our Workhouse Infirmaries, and pointing out the remedies.

Subjoined are some of the principal recommendations, all of which seem admirable and comprehensive:—

ANALYSIS OF RESULTS: NURSING.

"An analysis of 50 Reports reveals that the weakest spot in the working of the Poor Law is the Nursing of the sick pauper and the careful tending of the infirm. We will, for the purpose of this analysis, exclude the four Infirmaries—Withington, Blackburn, Reading, and Mill Hill Infirmary, Liverpool—where the Nursing and the arrangements are such as are found in General Hospitals, and examine the 46 Infirmaries that remain. In these Infirmaries we find that there are 25 in which trained Nurses are employed during the day, and 10 in which there is a night Nurse in addition. The total of beds for the sick in these 46 Infirmaries is 4,483, and for this number there are 48 Nurses, or a proportion of 1 Nurse to 93.9 patients during the day. The average during the night is so appalling that we refrain from quoting it."

These averages were calculated from the returns at the time the Commissioner visited the Institutions. The number of Nurses has been largely increased since, owing to the public attention which the Reports attracted, and the revelations of such terrible neglect of the sick.

Attention is also called in the memorandum to very grave structural defects which must, in themselves, be a serious stumbling-block in the practice of Nursing. For instance:—

"The analysis of the 46 Infirmaries shows that in 24 only is there a separate building for the accommodation of the sick; in 17 there are no fixed baths; in 12 no water laid on, the entire supply having to be carried; in 5 cold water only is laid on; in 9 the closets are bad; in 4 the lying-in wards are unsuitable in every way; in 15 there are no small wards for isolation; in 7 the isolation wards are dreary and unsuitable, and in charge of paupers only."

The Committee quite realise that, to get effective Nursing it will be absolutely necessary to get a thorough and complete re-organisation by the Local Government Board of the conditions under which so many trained Nurses in Workhouse Infirmaries have to work.

"The position of the trained Nurse in the small country Unions is that of an officer subordinate to the Matron, and her department is entirely under the control of the Master and Matron, even to interference between the Medical Officer and his patients, or the

harassing of the Nurse in carrying out the instruction of her superior officer, the doctor. The Nurse has no communication with the Board but through the Master, and she has no independence in her own department but by courtesy of the Master; she is, moreover, under the supervision of an untrained official, who is lacking the necessary knowledge to enable her to control and advise the Nurse.

DIFFICULTY IN OBTAINING NURSES.

It is a well-known fact that Boards of Guardians are finding increasing difficulty in obtaining the services of trained Nurses for their Infirmaries, and this difficulty is caused not so much by a deficiency in supply as by the reluctance felt by many qualified and respectable women to place themselves and their character at the mercy of the average Workhouse official.

NURSES TO BE LEVELLED UP TO SCHOOL- MISTRESSES.

It seems to us that the simple remedy for this defect in constitution is to place the Nurse on a level with, and under the same regulations as, the schoolmistress. On referring to the General Orders, we find that the schoolmistress has her position defined, that she is supreme in her department, that a proportion of her salary is paid out of the Parliamentary grant conditional on her holding certificates of professional knowledge from a body licensed to examine, that she has the aid of Inspectors sent by the Education Department, and that she is responsible to the Guardians for her own department—so much so that her requisition for material carries with it a mandate to supply the requirements of her school.

NURSING SERVICE UNDER LOCAL GOVERNMENT BOARD.

When we take into consideration the vast amount of sick nursing that is carried on under the control of the Local Government Board, the infectious Hospitals under the Metropolitan District Asylums Board, the large Metropolitan Infirmaries, and the urban and rural Hospitals attached to the Workhouses, all these establishments represent an amount of practice second to none in any other public body. If this varied Nursing were organised as a subsection of the medical department, the material could be utilised for training the Nurses to work under the Poor Law, and the Nurse, being given the position that is her due, the supply would be in readiness to meet the demand. The development of the Workhouse Infirmaries as Training Schools will be one important step in the direction of superseding the pauper Nurse by the Probationer or junior Nurse; but it is essential to the development of the country Infirmaries as schools for the Nurses that they be placed under the control of a trained head, and that they be dissociated from the Workhouse for administrative purposes, whilst the Hospital Matron be given full control of the female staff, as is the practice in a general Hospital.

WORKHOUSES CENTRES OF MEDICAL RELIEF FOR RURAL DISTRICTS.

Whilst dealing with the question of Nursing, we would suggest the development of the country Workhouse Hospital as the centre of medical relief for the district. In many of the Unions the Workhouse Hospital is the only place available for the treatment of

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