

In our Infirmary there is no stint of that perhaps most important food of all milk, and stimulants too when required; but we find, as in many Institutions, that a very lavish use of these is not necessary.

You must pardon me if I go too much into detail, but when asked to read this paper I was told that "so little was known of Infirmary work," and I have myself been asked such extraordinary questions as to the feeding and treatment of patients, that I thought it best to mention *diet*, which is after all a most important feature in the nursing of the sick, to convince those who still think that "paupers," so-called, are an ill-used and half-starved class.

You may not be aware that all clothing is provided for patients, and this of course entails a large stock of articles of bedding and clothing marked to each ward, and for every article the Sister of the ward is held responsible, and "stock" is taken twice a year by the Matron, when every article, duly marked, has to be shown or accounted for. Happy the Sister who can give a satisfactory account of all, and have the magic word "Right" inscribed at the bottom of her list.

The wards of an Infirmary are comparatively quiet, inasmuch as there are no students running in and out at all hours of the day. The Medical Officers do their rounds in the morning, and again at night, and only visit special or new cases during the afternoon.

In spite of the proportion of convalescent and chronic cases, there is plenty of real skilled nursing to be done in Infirmary wards—indeed, most of these bed-ridden chronic cases require quite as much attention as many of the acute. I do not know that suffering from a wasting and perhaps very painful disease for *months* instead of weeks, makes it less imperative that the sufferer's comfort should be studied in every possible way. A sick person who has been confined to his bed for months, who is absolutely helpless, and to whom a rough movement is agony, is surely a case who needs real nursing, and in attendance upon such patients a Nurse shows her true character and worth. After all, what is trained Nursing but learning to attend with truest sympathy and skill *all* who need our care.

I trust I shall not be considered as depreciating the strides Nurses are making in the paths of scientific knowledge (which I should be sorry to do) if I say that it troubles me to see in the present generation of Nurses a growing *selfishness*, shown in a craving to nurse only those cases from whose disease they can gain most knowledge and most credit, and thus sick people are treated merely as so many stepping-stones, to the Nurse's own advance-

ment. By all means let Nurses be as keen as possible in learning all they can that will be useful to them in their profession, but let them cherish carefully gentleness and tender sympathy, without which, in my opinion, no Nurse can be worthy the name.

In our Infirmarys, then, Nurses have to tend such lingering cases, and great care is needed, among other things, to prevent the formation of bed-sores, and it is of the rarest occurrence that such wounds are contracted by patients, owing to the constant care bestowed upon them.

At the present time nearly all the large Metropolitan Infirmarys are training schools for Nurses, and when the Matron is a trained Nurse, and takes her proper position as head of her department of nursing, a Metropolitan Infirmary training is, I venture to affirm, in no way inferior to that gained in Hospital.

Although in Infirmarys accidents are rarely admitted, and operations are not so frequent as in General Hospitals, still Probationers and Nurses undoubtedly have good opportunity of watching and nursing the cases and assisting at the operations. This opportunity is occasioned by the fact that students are not attached to Infirmarys, hence the Sister of the ward superintends and performs all dressings, and teaches her Probationers the practical principles in surgical dressings. A similar practice is afforded in medical cases, where inspection and examination is not lost to view by large classes of students around the bed. So that I doubt very much whether the actual surgical experience gained by a Probationer in an Infirmary is not fully equal to that of a Probationer in Hospital.

Then as to the nature of the cases to be nursed; many are chronic, many are convalescent, but many are acute, and in attendance on each of these class of patients, I maintain, a Nurse learns much. Most chronic bed-ridden cases require real skilled nursing, and these patients require also the exercise of much tact and patience in dealing with them, the acquiring of which qualities are certainly part of a Nurse's training, and of life-long use to her.

There is one point in training in Infirmarys which I should like to mention, and that is its *thoroughness*. This may be partly due to the fact that Probationers enter really for nursing, and that there are no counter attractions during duty hours to withdraw her mind from the one aim. The fact of there being no students is a distinct advantage, not only in the matter of surgical work, but also that the medical officers can, and do, give the Probationers clinical lectures on medical subjects during their daily rounds.

[previous page](#)

[next page](#)