

## Nursing in Metropolitan Infirmaries.\*

BY MISS FRANCES HUGHES.

I HAVE been asked to read a paper on "Nursing in Metropolitan Infirmaries," and I propose to speak of Nursing under the Local Government Board as it should be, and as in most cases *it is*, in the Metropolitan Infirmaries.

The chief differences between Nursing in General Hospitals, as contrasted with that in Infirmaries, are:—

*First*, the character of patients and conditions under which they are admitted, and *second*, the smaller proportion of Nurses to the number of patients.

(1) Under the Local Government Board an order from the Relieving Officer is required. This is sent to the District Medical Officer, who examines the case, and recommends the patient for admission to the Infirmary, and however dissatisfied or contumacious a patient may have been on previous occasions, he cannot be refused re-admission.

This of course renders the task of maintaining discipline in the wards more difficult than in a General Hospital, where misconduct brings discharge and refusal to re-admit.

(2) The smaller number of Nurses to patients. This averages about one Nurse to eleven patients, whereas in General Hospitals the average of Nurses is vastly greater. In Infirmaries the patients are kept during the period of convalescence, and many chronic cases are detained who are able to do a good deal for themselves, and only require from the Nurse some slight attention, as, for example, the dressing of a wound. So that this difference of proportion is not really so great as it appears to be.

In our Infirmary the wards contain from thirty to fifty beds under the charge of one Sister. Under her work two Probationers, or one Staff Nurse (who is a second or third-year Probationer), and a Probationer in her first year. I am aware that to many people this seems a very small staff, and of course it means that the Sister must be a *working* Sister, and not only an "ornamental" one, or one requiring (as I have experienced) a Probationer to entirely wait upon her.

In some wards—the children's, for instance—three and four Probationers are necessary for the same number of beds, but two is the average number in Kensington Infirmary, and I

think most Infirmaries are worked on the same principle, and the Nursing can be done thoroughly and well, and comparing the physical condition of the members of my Nursing Staff with those in Hospitals, I do not think mine suffer by comparison, nor is our record of health anything but satisfactory.

The Nurses rarely miss their weekly half-day off duty, in addition to which they get out every evening for two hours.

It would certainly be advantageous to have a larger margin of extra Nurses for emergencies, but temporary Nurses can be had when required.

Of the nursing of acute cases I have nothing special to remark, for it can be very little different in actual detail to that in Hospital. Cases of all kinds are admitted, and at all hours, day and night.

In most of the larger Infirmaries the wards are constructed on the best system, with all the latest improvements of heating, ventilation and lighting, with polished floors of teak or oak in the wards, bath-rooms with tiled floors, and open porcelain baths, swing basins set in marble slabs for the use of the patients, with spring-mattress bedsteads and hair mattresses, a plentiful supply of ward linen and patient's clothing. Surely, under these modern and sanitary conditions, Infirmary nursing should hold a high place in the Nursing world. There is no lack of appliances, such as water-beds, surgical cradles, bed-rests, &c. Each ward has its outfit of all necessaries for dressings, and separate cupboards for poisons and medicines, which are of course kept locked.

Attached to nearly all wards are smaller ones, suitable for special operation or isolated cases. There is attached to each ward a kitchen with range and dresser, and sink for washing up, and high pressure lifts to each floor for patients, stores, food, &c.

The diet of the patients is ample, well-cooked, and varied. The ordinary diets are meat, fish, meat-puddings, milk puddings, chops, and mincemeat, beef-tea, mutton broth, and milk. Any extras can, of course, be ordered at the discretion of the Medical Officers. Dinners are sent to the wards in hot water tin dishes, with separate compartments above for potatoes and extras. Meat is sent up in joints, and carved and served from the ward kitchens by the Sisters.

In our Infirmary, on one day in the week, hot boiled bacon and greens is provided for all those on meat diet, and this dinner is more appreciated by the patients than by the cook and her helpers, as the preparation of such a quantity of vegetables is a somewhat lengthy performance.

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