

Nursing in Workhouses.

At the North Wales Poor-Law Conference lately held at Bangor, Miss A. B. Evans, late a guardian of the St. Asaph Union, read a paper on "Nursing in Workhouses and Nursing among our Out door Poor." She regretted that in many instances guardians not only refused to support the claims of trained nurses, but even opposed grants being made to them. Although in North Wales they were slowly improving, they were far from a state of efficiency, being overcrowded, the wards being miserably small, badly planned, wanting in ventilation and sanitation. Infirm and sick had to share the same wards, and from St. Asaph, Holywell, Cardiff, Swansea, Festiniog, and Aberystwyth came the same cry—"No room." New sick wards should be built right away from the workhouse, or existing wards enlarged. And if the sick wards were built away from the house they should be called infirmaries. There was a good deal in a name, and sick people had been known to refuse to go and be cured in the workhouse preferring to die at home because of the disgrace they imagined the word and place implied. It was sentiment, but sentiment died hard in Wales. Guardians would have to devote a great deal more time and attention to the management, needs, and requirements in the sick wards than they did at present.

The reader continued—"The greater proportion of our nurses are not hospital trained, a fact that is much to be deplored, although we shall be bound, in consequence of the Local Government Board order of August, 1897, to elect hospital-trained nurses in future. One great difficulty boards have had to contend with is that of getting Welsh-speaking hospital-trained nurses. Guardians insisted, and rightly so, too, that nurses should be able to speak to their patients in their mother tongue; but there guardians stopped, and, shortsightedly, never encouraged in any way the associations that were formed to train such nurses for them. Only last year the Workhouse Infirmary Nursing Association decided to give up this work of training nurses, and supplying them to Boards of Guardians, owing principally to lack of support. We cannot expect Welsh-speaking trained nurses to drop from the clouds, and we ought to encourage and support these associations, particularly as we see no sign of Government taking the matter up and supplying us, as they do the army and navy, with our own staff of nurses. The Northern Workhouse Association is still doing good work, and has supplied Wrexham Infirmary with two nurses, the guardians in return contributing £2 2s. a year to their funds, an example that other boards might follow with advantage.

Another difficulty in getting nurses is caused by the insufficient salary we offer, the long hours we

expect from them, and the dull life. The demand for nurses is greater than the supply, and as long as we expect our nurses to be on duty more or less for 24 hours all the year round, except for a brief fortnight or so, and then offer them less salary than we would give a good servant, so long shall we find difficulty in getting suitable nurses. We must offer our nurses a living wage, shorter hours, better food, and proper assistance—by this I do not mean pauper assistance, which is often worse than no assistance. If we wish to draw to our workhouse infirmaries suitable probationers to help our nurses, a scheme of affiliation with hospitals should be formulated, by which, after the probationer has had say 18 months' training in a workhouse, that time will count as time served when she goes on to a hospital.

The presence of the trained nurse is invaluable, not only because the nursing, upon which so much depends, is efficiently done, but she sees to the proper distribution and use of disinfectants, prevents as far as possible those visits to the sick that the neighbours make, which, although they may not necessarily catch the disease themselves, result in it being carried from house to house through a village. Under trained nursing strict isolation is carried out, the spread of the disease is prevented, and others who, if illness was in their houses, would have to apply for outdoor relief, are kept from requiring it, and thus the rates are saved.

Take the bad cases of illness that very often occur. The head of a family is stricken down; good nursing is essential; the guardians choose the best nurse they can find amongst the neighbours; but what, after all, do they know? £20 was spent in six months in Abergele on nursing alone, and for all the good done, the comfort realised by the sick nursed, the money might just as well have been thrown away; and wherever there is no trained nurse in a parish, this waste of the ratepayers' money is going on. If, for one year guardians would do their duty, and visit the sick paupers in their parish, I venture to think the awful sights they witnessed would so appal them, that their one idea would be to get a well-trained nurse at any cost. A nurse costs £70 a year, and, if supplied from the Jubilee Nursing Association, they return the first year £40, the second year £20, and the third year £10, and generally at the end of three years no difficulty would be experienced in raising the money, the nurse's worth having been proved.

Most of our towns of two and three thousand inhabitants have by now trained nurses, but the difficulty is felt in our smaller parishes, where it is quite impossible for them singly to raise £70 a year. This difficulty has been met in some places by three, and even four, parishes joining

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