

should be an encouragement for further effort.

From the moment the Metropolitan Asylums Board fixed a standard of training for their Charge Nurses, the class of nurse has steadily improved, until now women trained in the best hospitals of the day apply for vacancies.

The introduction of highly trained, educated women as Superintendent Nurses of Poor Law Infirmaries, has been followed by a correspondingly higher class Infirmiry Nurse, and the insistence of the Local Government Board that all Superintendent Nurses shall hold a three years' certificate from a recognised training school, has materially affected the term of probation in many general hospitals.

It remains for the position of Matron and Superintendent of Nurses to be established on a firm basis, and the duties clearly defined. To ensure sustained effort, there should be a graded salary, commensurate with the responsibilities of office.

To me, it is pitiful to see, year after year, women leave our training schools who, under other circumstances, would gladly remain in the Poor Law Service, and who, as pioneer nurses, would be capable of lasting good. But so long as Workhouse Nurses are regarded as being on a lower plane than those attached to Voluntary hospitals, so long will the sick poor in rate-supported institutions, lack a full measure of skilled attention.

This may be all a question of sentiment, I do not say it is not; but sentiment is a potent factor in the determining of human conduct nevertheless.

#### DISCUSSION ON MISS JULIAN'S PAPER.

MRS. FINLAY, P.L.G.: I should not have risen to speak had not general discussion been invited as I am only a visitor here to-day, but there are several points in Miss Julian's paper upon which I should like to remark. Miss Julian appears to think that questions referred by general committees to ladies committees to deal with are not very seriously considered. I can only say that in cases of such procedure with the board of which I am a member the utmost pains are taken by the ladies Committee in considering the details referred to them. With regard to the position of Superintendent under the Poor Law it does not in my opinion retrograde but improves.

As to State Registration, I doubt if this were enforced whether there would be any applicants at all for the posts of nurses in workhouses. Already there is considerable difficulty in getting suitable candidates, owing I think to the fact that there is not the excitement of hospital life in a poor law infirmiry. Another difficulty with regard to poor law nursing is that if there is no resident medical officer, no certificate can be given according to the present regulations of the Local Government Board. I very much wish that this regulation might be altered so as to allow Infirmaries of

over 100 beds to rank as training schools, even if they do not maintain a resident medical officer, there would then be some inducement for probationers to apply to them, at present there is none.

MISS MCCLURE, P.L.G., Rugby: I agree in many respects with Miss Julian especially in her desire that poor law infirmaries should rank as state hospitals. At present poor law nurses have not a proper status, and they are looked down upon by hospital nurses. In my own union our infirmiry is a small one of 40 beds. We find it difficult to get nurses though the pay is good—£30 a year—and we have two nurses one for day and one for night duty. One reason for the difficulty no doubt is that the nurses have no one to visit with them. The hospital nurses will not do so. I think if there were a central examination for nurses, and infirmiry nurses were recognized if they passed this, that infirmaries would get a much better class of nurses.

DR. TOOGOOD (Medical Superintendent Lewisham Infirmiry): The advantages of infirmiry training are very many. In a well organised poor law nursing school, probationers get a good grounding in every branch of nursing including midwifery. The position of the Superintendent of Nursing varies according to the size and character of the institution. The small infirmaries, in the country, are attached to workhouses, and in these the superintendent is dominated by the master or matron of the workhouse. It is not a nice thing for an educated woman to be placed under the control of uneducated persons as these workhouse officials often are. They very often like to show their power, and perhaps make the position of the Superintendent of Nursing intolerable. In the large infirmaries matters are different. I do not know what Local Government Board orders Miss Julian works under. At Lewisham the nurses are placed under the Matron, subject to the control of the Medical Superintendent. This is as it should be. Would any Matron venture to say that she should have the supreme control of the nursing staff? With regard to State examinations, I think a central examination for all nurses a good idea, but it must be for all. The workhouse nurse must not be branded as an inferior article. As to the experience gained by nurses in infirmaries this is of course limited by their opportunities, and necessarily varies a good deal. The experience in an infirmiry in the heart of London surrounded by hospitals differs from that gained in one of the outskirts which serves to a large extent as the hospital of the neighbourhood. In the former case there is a much larger proportion of chronics than in the latter, and the difficulty of getting nurses is sometimes considerable. Probably the reason why infirmiry nursing is often unpopular is that it lacks the excitement of general hospital nursing.

MRS. BEDFORD FENWICK: The principle for which I contend is that the medical man should govern the nursing but not the nurse, the personal discipline and control of the nurses must be placed in the hands of the Matron. Directly you get a medical man, or any man, governing women, you get an undesirable element, and often a demoralising result. In a well organised general hospital friction between the medical staff and the matron does not arise because the former are not placed in control of the latter, but deal with the nursing department through the committee. The Committee is composed of laymen, and it is this body which holds the balance of power. Each department, secretarial, medical, and

[previous page](#)

[next page](#)