

nursing, appeals to it through its own head. Thus, in the big hospitals, medical men are not concerned in maintaining the personal discipline of the nursing staff. The management of Poor Law Infirmaries differs in this important particular from the general hospitals. In the country workhouses the trained nurse is placed under the untrained master and matron. This will have to be altered before there can be any peace.

I must also refer to the difficulty of providing efficient nursing for the smaller infirmaries. It is impossible to train in the small wards of a small infirmary. The clinical material is not there; these wards therefore should be nursed only by certificated nurses. The want of excitement has been mentioned as a difficulty in the way of providing efficient nurses for workhouse infirmaries, but this is not the essence of the difficulty. Nursing is a scientific profession and provides food for the intelligence as well as the emotions. Nursing is not a mechanical occupation. Consequently good training is sought after by many highly cultivated women, to whom it provides not only an outlet for the exercise of gifts which some women find in their own homes, usefulness to mankind, sympathy, and motherliness, but it also gives great mental stimulus.

THE PRESIDENT: In a well nursed general hospital nurses are provided at the rate of one nurse to every 2½ or even every 1½ patients. In poor law infirmaries the average is one nurse to every 10 patients, therefore we must arrive at the conclusion either that the patients in the latter institutions cannot be nursed so minutely or they must be of a different class. However well up nurses may be in theory they cannot learn how to do their practical work unless they have the patients to nurse. We have heard this afternoon of a poor law infirmary of forty beds having two nurses. This brings before us one of the difficulties of State Registration for Nurses, a measure of which I am most strongly in favour, but in organizing which I see difficulties—I refer now to the difficulty of deciding on a minimum qualification. This cannot be decided entirely in relation to the number of beds maintained by an institution; the quality of the training must be considered also. We have heard this afternoon that the opportunities for instruction in an infirmary in London, surrounded by the big hospitals, differ considerably from those attainable in an infirmary on the outskirts. Even then the infirmary does not quite come up to our large hospitals, which are not only the hospitals of their immediate neighbourhood, but which—as in the case of St. Bartholomew's Hospital—draw their patients from all over the country, so that in dealing with registration we are met with this difficulty of the want of uniformity in training at the outset. In saying this I must also say that I am absolutely in favour of State Registration. Another point which has been mentioned this afternoon I should like to refer to, namely, the salary of £30 a year offered to the responsible nurse in a workhouse infirmary. Before a nurse can accept this post she must have undergone three or four years' training, and it is economically impossible that a well trained nurse should take a post at such a salary. Guardians must be prepared to pay more to obtain the services of a good woman.

MISS JULIAN, in replying to the various points raised during the discussion, maintained that the position of poor law infirmary matrons was an untenable one. A nurse had a right of appeal to the Medical Superinten-

dent from any order that the matron might give, and he might reverse it. For instance a nurse might ask for leave of absence at a given time, the matron knowing that the ward in which she was working was heavy might not see her way to grant it. The nurse then could proceed to the medical superintendent and obtain the leave which had been refused by the matron. What position could the matron maintain under such circumstances. Again, the matron of an infirmary does not report on her own department directly to the Board but through the medical superintendent. It depends entirely on this official whether her life is that of a toad under a harrow or of a self-respecting woman. Under these conditions friction is inevitable, and until the Local Government Board defines the position of its matrons, friction will continue.

"The toad beneath the harrow knows
Exactly where each tooth print goes;
The butterfly upon the road
Preaches contentment to that toad."

Appointments.

LADY SUPERINTENDENT.

MISS LOUISA HOGG, who lately resigned the position of Head Sister at the Royal Naval Hospital, Haslar, has undertaken new work as Lady Superintendent of Bury House, Edmonton, which has been lately opened for training nurses on the Holt-Ockley system—or, to speak more correctly, to give women a few month's instruction in the domestic work to fit them to cook, clean up, and "do for" the sick in rural districts.

SISTER.

MISS FLORENCE IBBOTSON has been appointed Sister at the Hospital for Sick Children, Newcastle-on-Tyne. She was trained at the General Infirmary Sheffield, and has held the position of Sister of the Women and Children's wards at the East Lancashire Infirmary, Blackburn.

NIGHT SUPERINTENDENT.

MISS ADA S. BURGIN has been appointed Night Superintendent at the General Hospital, Birmingham. She was trained at Guy's Hospital, and has held the position of Night Superintendent at the East Dulwich Infirmary, and of Matron of the Woodstock Hospital, South Africa.

CHARGE NURSE.

MISS ELIZABETH ANNIE BRANDER has been appointed Charge Nurse at the Fountain Fever Hospital, Lower Tooting. She was trained at the Royal South Hants Hospital, Southampton, and has also been Assistant Nurse at the Hospital for Women and Children, Birmingham, and of late Assistant Matron at the Convalescent Home, Walton-on-Thames.

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