

ordinary inmates employed in the hospital, reporting them if necessary. 6. She shall maintain discipline and order in the hospital. 7. She shall carry out the instructions of the medical officer as to treatment, diet, hygiene. 8. In other matters she shall obey the hospital regulations and the lawful orders of the governor.

In 1885 the Board issued a circular stating that the Secretary of State for the Home Department approved of allowing the cost of trained nursing in poorhouses as approved by the Board to be chargeable under the head of medical relief, and that the amount to be allocated from the grant should be at the rate of one-half the salary of each trained sick nurse for which satisfactory vouchers are produced, together with 3s. per week for rations, uniform, and lodgings.

A register of trained nurses employed in poorhouses whose training satisfies the Board's standard is kept, and no claim is recognised in respect of nurses whose names are not on the register. (Two years' training in a public hospital maintaining a resident physician or surgeon, and being a training school for nurses, is required.)

In Scotland there are sixty-five poorhouses, capable of accommodating 15,467 inmates. On December 31st, 1901, there were 12,542 inmates, 3,564 of whom were returned as sick.

There are of these four hospitals which are training schools for nurses, all having 200 beds. In these there are 1,532 sick and seventy-one nurses (a nurse to just over twenty-one patients).

There are seven poorhouse hospitals with a head nurse and nurses (two or more) under her, with 805 sick, and forty-six nurses, including matrons (a nurse to eighteen patients).

There are four poorhouses, with 125 sick, whose matron is a trained nurse with one or two nurses under her; in them there are eleven nurses (one nurse to ten sick).

There are four poorhouses, whose matron is a trained nurse without trained assistants, seven poorhouses with single nurses not matrons, and one poorhouse with two nurses neither of whom is a matron. These nurse 172 patients with thirteen nurses (a nurse to over thirteen patients).

There are thirty-seven poorhouses in which the system has not been introduced or the grant earned. These have 481 sick inmates, but ten of them have "paid nurses" who do not comply with the Board's requirements.

There is one important point in which the Scottish system is an improvement upon the English, which is, the position of the head or superintendent nurse. In Scotland this nurse is given complete authority in her own department, subject only to the disciplinary control of the governor, and the friction between nurse and matron of which so much is heard in England is thus avoided. But as regards

the possibility of pauper patients being left without efficient nursing the matter is very different. No one who has visited a pauper-"nursed" poorhouse will fail to realise the unnecessary suffering entailed on helpless invalids. The nights are long and tedious, as lights are turned out early, and many of the patients have no means of helping themselves; wakening a fellow pauper is not an expedient they would care to resort to. Acute cases, such as pneumonia, typhoid, bronchitis and phthisis, acute rheumatism, heart disease, &c., have practically no efficient care, and patients have probably to rise from bed for everything they require. Extra luxuries if ordered by the doctor are apt to be the sources of jealousy, and matters of diet, ventilation, and heating cannot be properly attended to. The too-busy matron cannot possibly have time to see to poultices or fomentations when required, even had she the very inadequate three months' nursing training which is "recommended." Then there are maternity cases to be attended to (for the medical officer may be a busy country doctor some distance off), and the children, whether well or ill, are left to the guardianship of those thoroughly unfitted for the charge. The so-called nurse may be deaf, partly imbecile or worse, for the rather better class does not, especially in Scotland, come into the "house" unless under circumstances of a special nature.

Efficient nursing, by properly certificated nurses, a sufficient supply of nurses proportionately to patients, satisfactory arrangements for the comfort of the staff so that the service should be a popular one, are all needed in order to make a revolution in the administration of the country poorhouse. Such changes would give the sick some of the care and comfort of a hospital, and the children would be freed from some of the worst of the influences that surround them. The difficulties, no doubt, are many, for the really sick in many of the "combinations" are few (in nineteen cases they are returned as ten or under), and the poorhouses are sometimes situated in remote parts of the Highlands, where it would be difficult to make the life of a professional woman for any length of time ordinarily attractive. But these difficulties could be easily overcome were they energetically attacked. A system of grouping patients in the houses better adapted for receiving sick might be adopted, and a system of moving nurses after a given period of service to another and less isolated post might easily be devised. The first point, however, is to obtain a recognition of the principle that where the care of sick is undertaken by the State, those sick will be efficiently taken care of, and this is a reform earnestly desired by those who have their welfare most at heart.

We should welcome the views of Scotch Nurs on the important points raised in this paper.

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