

The Qualified Nurse.

The meeting held in the Governors' Hall of St. Thomas Hospital, on Thursday in last week, for the purpose of discussing the report of the Departmental Committee appointed by the President of the Local Government Board was well attended, a considerable number of hospital and infirmary Matrons being present, as well as members of boards of guardians. Mr. Thomas Bryant, late President of the Royal College of Surgeons, presided, and the discussion was opened by Dr. T. Dixon Savill, formerly Medical Superintendent of the Paddington Infirmary. In the course of his remarks Dr. Savill criticised the constitution of the Committee. To expect a committee on which a considerable proportion of the members were Local Government Board officials to give an adverse report of Local Government Board methods was like asking the father of a family what he thought of the conduct of his girls. Then a fundamental mistake was made in its formation, for no trained nurses had seats upon it. Training-schools for nurses should have been asked to nominate one or more of their Matrons. No doubt the worthy gentlemen who formed the Committee had done their best to muddle through, but their findings could not command confidence as those of an impartial judge.

Miss Gibson, Matron of Birmingham Infirmary, in an able paper, carried her audience with her when she set forth the claims of the sick poor to the same careful and skilled nursing which is given to their more fortunate, but not more suffering, fellow-creatures. At the moment, she said, the question is one not only of guarding the poor but also the nurses themselves. The whole nursing profession is involved in a suggestion which, though at the beginning it only affects probationers in workhouses, must in the long run lower the standard of teaching and add to the number—already far too great—of unqualified persons having a so called certificate and calling themselves "nurses."

After detailing the work done in the past thirty-eight years in the organisation of nursing schools in connection with Poor Law infirmaries, she continued: Think of the thought, the struggle against prejudice and tradition, the endless and unceasing labour, the weariful discouragement which has surrounded and now surrounds workhouse nursing, and say if you can wonder that I, and those who feel and think and work with me, can leave no stone unturned to lessen the risk of going back, which must come to us if the standard of our nursing is to be lowered and we are to accept an altered and inferior curriculum, and to give to our poor what we deprecate for our rich.

How, asked the speaker, can we prevent this decadence of Poor Law nurses, how can we improve on existing conditions?

I think in two ways: first, by doing our very best, in season and out of season, to impress on the Local Government Board the necessity and the wisdom of forming a special department to deal with this question of nursing; and second, by using every argument and every endeavour to secure the appointment of women inspectors, who are nursing experts, to visit and inspect and report on the nursing of the small Unions. . . . How can it be possible that the nursing needs of this great community of suffering poor can be adequately dealt with by persons who, however devoted, however anxious to do the right thing, are still quite unversed in nursing matters, and in the needs of various largely differing places?

If we could only become less parochial—only understand that nursing the sick poor is a question for the whole country, and not only for each individual parish—that we are working for a common cause, and not only trying to keep our own little bit of vineyard digged and watered.

The regular visitation of all country Unions by a woman who is an experienced nurse and who is also well versed in administration and the needs of the poor and sick, would be of inestimable value, not only to the inmates themselves, but also to nurses isolated in remote places.

THE DISCUSSION.

The qualified nurse, the ostensible object of the meeting, ran some danger of being obscured in the very human desire of those present to use her as a peg upon which to hang the moral of the particular lesson they wished to enforce. Thus, Mr. White Parkinson, a workhouse Master, deprecated the aspersions which, he said, had been cast by the Workhouse Nursing Association on workhouse Masters and Matrons as unjust, and was strongly opposed to putting the Superintendent Nurse outside their control. Mr. J. T. Macnamara (Ladywell) advocated the separation of infirmaries from workhouses. Miss Beatty, M.R.B.N.A., spoke from the point of view of one who had a keen interest in the efficient nursing of Poor Law infirmaries, because, as many of the London hospitals had a minute on their books excluding her from the benefits of the institution, it was probable that eventually she might need to apply for admission to a Poor Law infirmary. Miss Beatty also said that the Royal British Nurses' Association was a society where nurses should be able to discuss questions which affected them. For years past she had tried to bring such questions forward, but had never been afforded the opportunity. Miss Baker (Holborn Union) showed that the danger to the public of the organisation of minor training-schools, with the inevitable sequence of letting loose on the public inefficiently-trained nurses, was a very real one. Such a school had already been organised in the Union with which she was connected.

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