

most settled convictions as to the only circumstances and surroundings under which they can possibly undertake the task, and shrink most markedly from the official monotony of Workhouse Infirmary Nursing. For there is no concealing the fact that Infirmary Nursing, as a rule, is monotonous compared to Hospital work—at least in London and the southern counties. There is no medical school, with the necessary daily interest attached to the rounds of the house physicians or surgeons, students and visiting staff; there is no “interesting case” that half the Hospital come to see, rarely an accident, seldom an operation, and a large preponderance of chronic or semi-convalescent patients. Those patients (the dread of Hospital Wards) “that have been in so long” are frequently to be met to an alarming extent in Infirmarys, where Nurses will often point out to you the paralysis case that has been in the Ward a matter of nine years, or the old woman, nearly a hundred, who can still see to do patchwork, and has spent the last ten years of her life in the Infirmary. The doctor comes once in the day, and his visit is the one point in her time on duty to which the Nurse looks forward; but his remedies, often simple, the course of treatment prescribed, generally easily carried out, and not admitting of any great scope for her talents, seem to the Nurse, fresh from the scientific teaching of a Medical school, lacking in energy and completeness. She begins to question, to wonder why so and so is not done, and feels, or thinks she feels, that her range of work is too narrow, too unscientific for her knowledge, her surroundings too common-place; the restrictions to her mind are trivial but depressing, and without the smartness of Hospital discipline. She becomes bored and careless, lacking the stimulus of excitement; ceases to give satisfaction, and leaves the Infirmary, declaring that they are one and all most unsuited for Trained Nurses.

Or the Trained Hospital Nurse arrives as a kind of injudicious Donna Quixota, who sees in every Poor Law windmill a castle of abuses to be stormed, and entangles herself woefully in meshes of red tape, which lurk as hidden traps for the unwary one who wanders one inch from the well-trodden high road. She plants an acorn and expects a full-grown oak the next day. She disgusts those about her with attempted sweeping reforms, undertaken without any circumspection or tact, before she has fully mastered the details and difficulties of her position, and is then disgusted in her turn because she cannot subvert the whole arrangements of an Institution in a few weeks. I own to a personal weakness for the zealous enthusiast, who runs her head with such tremendous energy against utterly unyielding

brick walls; and if only she learns, whilst remaining true to the spirit of her work and her training, to bow to the inevitable in general arrangements, she often becomes the most valuable of Infirmary Nurses, infusing a refreshing leaven of energy and progress. I should be the last to counsel anyone to allow wrong or evil to exist without making every effort to remove it; but the Nurses who enter an Infirmary with the distinct preconceived idea that everything there must be wrong because it is an Infirmary and not a Hospital often do a great deal of harm, and arouse unnecessary ill-feeling. However faulty they may be in our eyes, there are few people who like to be told that all their arrangements and ideas are utterly worthless, and require to be swept off the face of the earth. While there is much that requires revision in the arrangement of Workhouse Infirmarys, much is to be commended, much is inevitable, and will only be altered when other and more radical changes entirely beyond the Nurse's scope take place.

One point which, though often overlooked, is nevertheless the root of much of the unpopularity of Infirmary Nursing is the deep-seated and healthy dislike English people have to pauperism, the Poor Law and all connected therewith. Ruskin calls the Guardians of the Poor “the almoners of the nation”; but I am bound to say, so far I hardly think the poor take that idealised view of their functions. A horror of the “House”—of receiving money and assistance that is legally doled out without any leavening of charity and goodwill—is the general attitude towards Poor Law relief among the more respectable classes; and no one who wishes the virtues of independence and self-help to thrive but would desire that that feeling, which is so vividly described by Dickens—the horror of the decent poor to “come on the parish”—may long survive. But, in the meantime, popular opinion still classes all Poor Law officials together as component parts of a system that is sharp and shrewd and gives no relief till all other hope is over, that holds out its hand only when all else is lost, and those times and places are not popular with humanity that are more or less connected with its deepest fall; and as long as Infirmarys remain only the receptacle for paupers, who have no other refuge or haven, they will never, as a class, be popular. When once our “State-aided Hospitals” are so in name and deed, they, and all connected with them, will feel the benefit of fresher air and a fuller life.

I will turn now to a rough survey of those points in Infirmary management as regards the nursing arrangements that have struck me as standing most in need of revision.

[previous page](#)

[next page](#)