

"the only qualification prescribed for a paid nurse in a Workhouse was that she should be able to read written directions upon medicines." In 1865 the Poor Law Board advised the employment of "a sufficiency of paid" rather than pauper nurses, and in 1869 night nursing was recognised as a necessity to be provided. By this date pauper nursing had been almost entirely superseded in the London Poor Law Infirmaries, and by 1874 the training of nurses in these institutions was in full operation. It was not, however, until 1897 that the Local Government Board issued an order prohibiting the employment of a pauper "to perform the duties of a nurse in the sick or lying-in wards of the Workhouse." A pauper may still be employed as "an attendant," if approved by the Medical Officer, and working "under the immediate supervision of a paid officer of the Guardians." This means that they may be engaged in helping to clean the wards, to move patients, to assist a nurse in changing the linen of a helpless case to carry food to the patients, but *not* to actually feed them.

At the same time it was prescribed that "nurses and assistant nurses" must have had "practical experience in nursing" before appointment, and that should the sick be sufficiently numerous to necessitate the employment of three or more nurses, one must be styled Superintendent Nurse, and hold the qualification of a three-years' training in a recognised training school.

In paragraph 30 we get some interesting figures showing the number of nurses employed at different dates in Poor Law institutions:—

1866—Only 111 paid nurses in the Metropolitan Workhouses (before the creation of Infirmaries).

1883-84—There were 610 in the Metropolitan Infirmaries and 174 in the London Workhouses.

In 1901 there were 1,246 nurses in the Metropolis and 1,924 in the rest of England and Wales; 2,000 probationers in addition.

As to the present character of the work in the Infirmaries, it is interesting to note that "about 3,000 operations, some of them of a most serious and important character, are annually performed in the London Infirmaries. . . . Several of them have Röntgen ray apparatus, and Camberwell Infirmary has elaborate equipment for electrical treatment. . . . A great development has taken place in the character of these institutions. . . . The Guardians have been obliged to train their own nurses . . . which alone has necessitated a certain amount of surgical work; and . . . the pressure on the accommodation of the voluntary hospitals has driven into the Workhouse Infirmaries many persons requiring surgical treatment."

The Commissioners considered that the evidence heard by them proved that the prejudice amongst the poor against the Infirmary is fast disappearing, that persons of a higher social standing seek admittance, especially in the large towns, many of the patients being by no means paupers, the cost of their maintenance being recovered by the Guardians; in the country Workhouse sick wards

this is not the case, or, at any rate, to a much lesser extent, and there is still a very strong feeling amongst the respectable married women against having a child registered as born in a Workhouse.

Not only do the Infirmaries in those districts where there are no general hospitals supply their place to a large extent in taking emergency, police, and accident cases, but they are also "the only institutions to which such infectious diseases as erysipelas, puerperal fever, measles, whooping cough, and chicken-pox can be sent for treatment."

In spite, however, of the great improvements which have taken place in the nursing organisation of these great Infirmaries, and in the sick wards of the Workhouses, the Commissioners are of opinion that much remains still to be done. In the small rural Workhouses there is shown to be often great difficulty in obtaining suitable nurses; the reasons given include inadequate salaries, unsatisfactory accommodation, long hours, monotonous occupation, and absence of companionship; and it is suggested that a scheme might be evolved whereby if larger administrative areas were formed, institutions could be set apart for the sick, and many of the above disadvantages removed.

The Commissioners also draw attention to the great difference in the proportion of nursing staff to beds observable between Hospitals and Poor Law Infirmaries. The old contention is to a certain extent upheld that the chronic, senile, and bedridden patients require less skilled attention than do acute cases, a conclusion to which great exception must be taken by anyone conversant with work amongst paralysed patients, and the unceasing vigilance required to ensure cleanliness and the absence of bed and pressure sores.

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THE CENTRAL POOR LAW CONFERENCE.

Dr. T. J. Macnamara, M.P., will preside at the Central Poor Law Conference, which will be opened by the Lord Mayor, at the Guildhall, on Tuesday and Wednesday, April 27th and 28th. Four members of the Central Committee of Poor Law Conferences will read papers on the report of the Royal Commission on the Poor Laws and Relief of Distress. "Administration" will be dealt with by Mr. F. H. Benthall, who was a member of the Royal Commission, and is chairman of the Bradford Board of Guardians, and by Mr. H. J. Mantion, a guardian of Birmingham. "Methods of Relief" are to be treated by the Rev. P. S. G. Probert, chairman of the Fulham Board of Guardians. "Unemployment" will be opened by Mr. R. A. Leach, clerk of the Rochdale Board of Guardians.

The Franco-British Charity Fête and Bazaar, 1909, will be held from June 9th to June 12th, for the benefit of the French charities in London and the British League of Mercy, under the patronage of the Queen, M. Paul Cambon, the Lord Mayor of London, and the British and French Committees of the late Franco-British Exhibition.

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