

each nurse on night duty, and a dozen also in which each nurse on day duty had more than half that number to attend to."

Ibid: "At Plymouth . . . a good many of the nurses have to live in the town for want of room."

Speaking of pauper attendants: "We regret to infer that between 2,000 and 3,000 paupers are still thus employed in England and Wales, to eke out the deficiencies in the nursing staff."

As regards "chronics":—

Page 864: "It is, however, a mistake to suppose that the cases so common in a Workhouse Infirmary do not require a staff of nurses almost as large as do the acute or surgical cases. 'A general principle in nursing in Workhouses,' says the Medical Inspector of the Local Government Board, is 'that helpless, or wet and dirty cases, or cases bordering upon or actually suffering from senile dementia, require much more skilled care and attention from suitably trained nurses, and should take up, necessarily, much more of their time night and day than average cases of illness, such as pneumonia, rheumatic fever, etc., after the very acute stage has passed.'"

I use these quotations first for the purpose of comparison, and, secondly, to bring home to all who read this article how utterly the attempts at nursing under the Poor Law without proper equipment, proper training, proper supervision, and with improper attendants, unsuitable buildings, and under the control of unqualified persons, Masters, and Matrons, have failed.

Dr. Downes, pleading, as was natural, for his old system, may be dismissed in two sentences. If, according to the Minority Report, there are 90,000 patients in Workhouses, and according to Dr. Downes, 6,000 nurses, this gives an average of 15 patients per nurse, no great matter of congratulation surely, even though it proves that in the last seventy years—*seventy years*, I ask you to observe—we have actually made some advance. Why, nursing was hardly invented seventy years ago. As to appreciation of the Infirmarys by the public, my impression is that any sane-minded private individual would appreciate a definite *decrease* in the death-rate in them, and that the increase shows something else, upon which I had rather not dwell. Dr. Downes belongs to the old school; I do not. I think that if the sick are to be nursed at the public expense, they are to be efficiently nursed, though poor; the poor, it seems, have only the right to die.

Practically the conclusions of the Majority and the Minority contradict each other. Those of the Minority stand out clear, correctly reasoned, capably defined. It is as though the

Majority had said amongst themselves: "We have heard a great deal that is shocking; our own investigator corroborates it all; but let us compromise. We are not doctors, we are not even nurses; let us not condemn the whole of the dear old system; there is *some* good in it; let us look at that and not at the evil." And they do.

Yes, to the Majority, "chronics" are just chronics—to be neglected, because they don't need nursing, forsooth! One nurse to fifteen patients is really not bad; besides, with an inspiration, some hospitals have more; yes, but it takes a schoolboy only to discover that in that case some must have less. The blessed Nursing Order of 1897 (not enforced) is abolishing pauper attendants. Please don't worry about the Inspector who says they are increasing in his district, or the distressing fact that in any case there are some 2,000 or 3,000 of them *known* to be employed and nearly twice as many more employed occasionally. Be sure you don't want as many nurses in Poor Law as in voluntary work. Oh, my dear Majority, you have utterly failed to fathom the fact that it is when the cases are *too far gone* for the voluntary hospitals—complete proidentia, distressing bladder troubles, horrible ulcerated legs, last stages of phthisis, incontinence of urine and faeces, dying men and women who need the tenderest and most devoted nursing—that they are sent on to the Workhouse hospital.

The Minority have it. If they do not know everything, and they cannot, short of having done Workhouse Infirmary work themselves, they at least draw in the main correct conclusions, and they do not attempt any compromise with their own, or anybody else's, conscience. They condemn the whole present system of Poor Law Infirmarys, root and branch, with saving clauses here and there.

No doubt, for a time, this may issue in some injustice to individual and excellent members of our profession. For, with justice on this showing, we must expect to see the old familiar notice cropping up: "No Workhouse nurse need apply."

ALBINIA BRODRICK.

A LEGACY FOR A NURSE.

Another patient has given substantial proof of her gratitude to her nurse by bequeathing £2,000 for the purpose of purchasing an annuity for her. Under the will of Mrs. Elizabeth Hallam, of Tiverton, her nurse, Miss Elizabeth Beamish, is provided for in this way. We hope she may live long to enjoy this gift. We wish that every nurse had an income of this amount to depend upon.

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