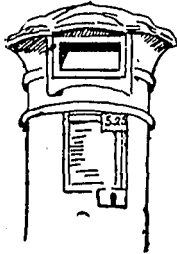


## Letters to the Editor.



*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### THE ROYAL COMMISSION ON THE POOR-LAWS To the Editor of the "British Journal of Nursing."

DEAR MADAM,—Since writing my first letter to you I have read Mr. Holland's evidence before the Royal Commission, and I still think that his evidence is a very bitter pill with a thin coating of sugar. Although Mr. Holland does state that the patients "are treated in many infirmaries extremely well—I think just as well as they are in hospitals"—and "the nurses are good and the Matrons are good," he also says the "object of the Poor-Law . . . is to do as little as possible for a person, and to do it as reluctantly as possible," and Poor-Law people only do what they do "because they do not want the scandal of corpses lying about the street." Then, later on, "one would like to see the whole stigma taken away of being ill, and raise all infirmaries up," etc., etc. But I pass this by, for in his letter of October 2nd he says: "My whole evidence in connection with medical relief under the Poor-Law was directed to the point that if it was ever to be more popular amongst the poor it must be given less grudgingly." My last letter to you showed on the evidence of experts that the general tendency at the present time was to forget that the State Infirmaries were Poor-Law institutions, and that they were growing year by year in popularity. Speaking from my own experience of 24 years in the East-End of London, I find that there is no more reluctance on the part of the people to enter Poor-Law Infirmaries than to enter the voluntary hospitals. When there is reluctance, it is generally unreasonable; but isn't there a good deal of truth in the objection that is often urged against the hospitals that the patients there are "object lessons to medical students?" Would Mr. Holland define the "stigma of pauperism"? One often hears of this stigma in many ways in connection with the administration of the Poor-Law, but, as I have never seen a definition of it, I will venture to give one. In my opinion, the stigma of pauperism is the willingness to be dependent on the exertions of everybody else rather than on one's own. Taking this as a fair definition of pauperism, surely it is the duty of guardians to remove this stigma and to avoid the many frauds and deceptions that they are exposed to? That bullying on the part of relieving officers exists in any large quantity I deny. On the other hand, those who are trying to administer the Poor-Law in the interests of all concerned are exposed to a good deal of bullying on the part of the applicants for relief. I have no reason to believe that the work which is being done by the Stepney Guardians

is not being done by many other Boards of Guardians, and there is no form of human misery which the Guardians are not dealing with in special institutions, except male epileptics over 16 and male mentally defectives over that age. Occasionally we can get a sane epileptic male adult away, but this is very difficult. Beyond this, there is hardly a case of human misery which is not being dealt with, and it was for this reason that I said in a former letter that the poor people of this district are being dealt with in nearly 80 different institutions. Personally I feel that the surest economy in Poor-Law administration is to fit the sick under our charge for the battle of life. I am afraid that my letter has exceeded the bounds of your hospitality, and I must conclude. I will only add that after having read the whole of Mr. Holland's evidence, I cannot see, as I have said before, anything but a very thin coating of sugar over the very bitter pill which the general public is asked to swallow. The work of the Poor-Law Infirmaries is a far more difficult work than the work of the Voluntary Hospitals, for the former are ruled by a benevolent autocracy and the latter very often by a semi-tyrannical democracy, included in which is very often the patient who, no matter how cantankerous he or she may be, remains the master of the situation, for you cannot discharge a sick rebel from an infirmary. All these things add immensely to the difficulties of the nursing staff of our Poor-Law institutions; and, therefore, from my own knowledge, the evidence of Mr. Holland has been telt acutely by some who are engaged in the work. I again venture to urge my protest against these strictures, and this is my apology for again troubling you on this subject.

Yours sincerely,

FREDERICK H. HIGLEY.

Catholic Church, 636, Commercial Road, E.

### NURSING AT THE SALFORD UNION INFIRMARY. To the Editor of the "British Journal of Nursing."

MADAM,—It was rather a surprise to those who know the inner working of the Salford Union Infirmary to read in last week's issue that one of the Guardians, Mrs. Thompson, said, in comparing the nursing staff with that of other infirmaries, that there was a nurse to each nine patients in the Hope Hospital. This cannot be the case, as the following statistics will show:—

There are 920 beds; 140 of these are given up to male imbeciles and epileptics. These wards are staffed entirely with male nurses, who are under the supervision of the Resident M.O. and the Steward. The Matron has nothing to do with them, except to supply new linen, see to repairs, and to their cooking and laundry.

For the remaining 780 beds the nursing staff is as follows:—One Night Superintendent, eight Day Sisters, fifty-one Probationers, and five female attendants.

Of the 780 beds, 140 are in the female imbecile and epileptic wards, and the five attendants, with six of the 51 probationers, work in these wards; four nurses and four attendants in the Pavilion on day duty, and two nurses and one attendant at

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