

would always be kind and considerate. As probationers were often ambitious, and hoped to become Matrons themselves, they should treat the Matron as they would hope to be treated themselves eventually. He considered the position of a probationer in a country hospital advantageous, as she saw more of practical treatment, and in a few months did the work which falls to Staff Nurses in larger hospitals.

Sir Dyce Duckworth then vacated the chair, which was taken by Mr. John Langton, F.R.C.S.

MENTAL NURSING.

Dr. Bernard Hollander gave an interesting address on mental nursing. He held that any person of average intelligence and proper training could be a general nurse, but that in mental nursing great responsibilities were placed on the nurse. She should be in reality a mental healer, and count it as her ambition to record recoveries in her patients. The nurse was really the doctor as well as the medical practitioner who gave directions as to the treatment, for the healing influence came from the nurse who was with the patient all the time. Further, she should be a person of culture, for many mental patients were persons of education and refinement, and it was her duty to guide, console, and interest the patient, enter into his thoughts, and strengthen his will power.

The discussion was opened by Dr. Edwin Ash, who said health, concentration of mind, and tranquility were necessary qualifications in a good mental nurse.

THE R.B.N.A. DIPLOMA.

After a short interval Miss Macdonald, Secretary, spoke on the Diploma of the R.B.N.A.

FRIDAY, APRIL 29th.

Miss Brodie Hall, Poor Law Guardian, occupied the chair, and introduced Miss Gibson, Matron of the Birmingham Infirmary, the reader of the first paper.

NURSING AND TRAINING IN POOR LAW INFIRMARIES.

Miss Gibson said that she was at an enormous disadvantage in dealing with the subject allotted to her, as the Report of the Royal Commission on the Poor Laws had left the whole future of Poor Law nursing so undecided that until the whole matter had been threshed out it was difficult to deal usefully with the subject. The great difficulty in efficient Poor Law nursing was the small, unseparated workhouse infirmary, and in spite of all the thought bestowed on this question the position of the Superintendent Nurse was not less anomalous than it was thirty years ago. The thoroughly trained and equipped professional worker was subject to the authority and supervision of an untrained official. Further, although these institutions, even of 200 beds, might give a certificate which deceived the unwary, they could not give an efficient training. In 1898 she had read a paper [at the Conference of the N.U.W.W. at Croydon.—Ed.] in which she advocated an exchange of nurses between the large and small infirmaries, but the scheme fell through, probably because it needed money, cohesion, and organisation.

Miss Gibson said that whatever the future held in store, the problems of the future would be the problems of the past, and they should strive to cultivate general interest, and be prepared to work together for the general good, and not for the advantage of a little corner. Her knowledge of Metropolitan infirmaries was not large, but in the provinces progress had been unbroken and marked, and the large infirmaries afforded splendid training. She deprecated a special examination for Poor Law nurses which would accentuate the difference between them and nurses trained in civil hospitals. They should have equal chances with others. Given the knowledge it was no matter where it was obtained. When State Registration of Nurses came she hoped this would be seen to, that the examination would impose a severe test, and the Poor Law nurses be entitled to registration if they fulfilled the conditions. So the undeserved feeling of the inferiority of the infirmary nurse would die out. Only those would be inferior who exhibited a lack of knowledge.

Miss Edmond (Superintendent Nurse) said she had trained under Miss Gibson, and counted it an honour. The Superintendent Nurse in a small infirmary was often at a great disadvantage. She was placed under an untrained and uneducated man—the Master, the Matron tried to suppress her, and the Assistant Nurses did as they pleased, and informed their Superintendent that the infirmary was not a training school. It was nearly time that the smaller institutions were suppressed.

NURSING IN UNSEPARATED WORKHOUSES.

The next paper, by Miss Wilson (Workhouse Nursing Association) was read by Miss Venning, as Miss Wilson was unfortunately not well enough to be present.

Miss Wilson stated that the Gathorne-Hardy Act of 1871 had not touched the provinces very much, and Miss Louisa Twining still felt how much remained to be done, and was disappointed that greater advances had not been made. The present state of transition was indicated by the majority and minority reports of the Royal Commission on the Poor Laws. Whether Boards of Guardians were mended as the Majority desired, or ended as the Minority wished was not of great moment. When the vestries expired the best members were elected on the Borough Councils, and the best Guardians would be elected on the authorities which superseded them. Miss Wilson referred to the enormous debt owed to women guardians, and to the need of public pressure in relation to the care of the sick. Amongst the points to which she drew attention was the need for a revision of the rules in regard to bathing in unseparated workhouse infirmaries. Reform was urgent both in regard to patients and nurses. No nurse, young or old, should bath male patients. She concluded by asking in the name of the sick that reforms should be made by Guardians, while waiting for an expression of the will of the people.

Mr. Dixon Kimber supported Miss Wilson's view that revision of the bathing regulations was needed. The interpretation of these rules was uncertain, and it was a crying shame that a Government Department responsible for the care of the sick poor

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