should find a workable solution in regard to an efficient system of nursing education as for our colleagues in the United States. It is because I believe that the National Council of Trained Nurses of Great Britain and Ireland can usefully assist in so doing, that I have responded to the invitation to bring the question before it to-day.

I especially invite discussion on the following points :—

1. Is reciprocal training desirable and feasible?

2. If so, how can it best be organised?

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND.

THE DUBLIN CONFERENCE.

JUNE 5th.

AFTERNOON SESSION:

POOR LAW AND SCHOOL NURSING.

Miss M. Wright, Matron of Stobhill Hospital, Glasgow, presided at the Afternoon Session in the Small Hall on June 5th, when Poor Law and School Nursing were the subjects under consideration.

THE EVOLUTION OF POOR LAW NURSING.

The first paper was presented by Miss E. C. Barton, Matron of Chelsea Infirmary, President of the Poor Law Infirmary Matrons' Association.

Miss Barton said that in discussing the subject of Poor Law Nursing it was difficult to know where to begin. We knew that the poor had been always with us, and from an ancient document that "it was ordained by Kings before the Conquest that the poor should be sustained by parsons, rectors, and parishioners so that no one should die for lack of sustenance."

The first Poor Law Act of Parliament seemed to have been introduced in the reign of Queen Elizabeth; it dealt with matters of relief for the destitute, homeless, helpless, and infirm. In 1832 a Royal Commission was appointed to inquire into the practical operation of the laws for the relief of the poor in England and Wales. This was followed by a Poor Law Amendment Act, which provided for a Central Poor Law Authority, now known as the Local Government Board, and also directed that Boards of Guardians should be instituted in the different districts.

In the Orders issued in 1847 the only qualification for the paid nurse was that she should be able "to read written directions upon medicines," and later Guardians were recommended to discontinue, as far as possible, the practice of employing pauper inmates as assistant nurses, and advised to provide a sufficient number of competent paid nurses. Later it was suggested that night nursing should be provided in the sick wards of the larger workhouses.

A great advance was made in 1867 when Mr. Gathorne Hardy introduced the Metropolitan Poor Law Bill into the House of Commons, which provided for the classification and separate treatment of the sick by the establishment of Workhouse Infirmaries in the Metropolis.

There was no sadder or more depressing reading than the history of so-called Poor Law Nursing in the days before there were separate infirmaries for the sick. A Mrs. Jameson, who was sent in 1855 to inspect charitable and reformatory institutions at home and abroad, reported: "Never did I visit any dungeon or abode of crime which left the same crushing sense of sorrow, indignation and compassion—almost despair—as some of our English workhouses. The inmates of some gaols had better treatment."

At this time it was calculated that there were under medical treatment in the London workhouses fifty thousand patients, and for these there were about 70 paid nurses, the others being pauper nurses and attendants.

Miss Barton mentioned the reform work of Miss Louisa Twining and Mr. William Rathbone of Liverpool and spoke of the work done by Miss Agnes Jones at the Brownlow Hill Infirmary, Liverpool, with a staff of twelve nurses trained at St. Thomas's Hospital, as the beginning of trained nursing under the Poor Law. At the present there were over 7,000 nurses, trained or in training, working under the Local Government Board in England and Wales.

The Metropolitan Infirmaries were practically State Hospitals, and excellent training schools, but although the number of nurses had greatly increased they were still very understaffed, the proportion being about one nurse to ten or twelve patients, but things were improving. At Chelsea Infirmary, which was considered very well off, the proportion was one nurse to seven patients.

The greatest difficulties and problems in Poor Law Nursing were met with in the smaller unseparated workhouses where there was a Superintendent Nurse with a variable number of nurses under her. The Workhouse Master and Matron had a great deal of control, and though they might be excellent officers yet not understanding nursing needs there was constant friction.

Miss Barton said that she had lately been in communication with upwards of 100 Superintendent Nurses who were anxious that their position might be improved by any new Local Government Board Orders. All were practically agreed in asking for the same things, that they should have direct access to their committees and personally present their own reports. That they should be responsible to the Medical Officer for the nursing of the patients, and not in any

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