

THE EVOLUTION OF POOR LAW NURSING.*

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A great factor in reform has been the introduction of lady Guardians. Their knowledge and sympathy with the domestic side of the Matron's duties has often been of great assistance.

The appointment of Lady Inspectors who have been trained as nurses has also helped in this matter. Thoroughly understanding the working of a hospital, and having been through the mill themselves, they can enter into the difficulties and anxieties from the nursing point of view, and render valuable aid in nursing reform.

Our Metropolitan infirmaries are entirely separate from the workhouse, and are practically State Hospitals and excellent Training Schools. The conditions in their management vary slightly from that of the voluntary hospitals. The Medical Superintendent is the official head. The position of the Matron is still rather ill-defined, but in the majority of infirmaries she is recognized as the head of the nursing staff, her relations to the Medical Superintendent being as a rule one of comradeship and mutual help.

The nursing in Poor Law presents in many ways greater difficulties as compared to general hospitals, and is therefore generally not so popular. Though the number of nurses has greatly increased, we are still very understaffed, the proportion sometimes being one nurse to ten or twelve patients. At Chelsea we are about one to seven, and considered very well off; but things are improving. The patients as a rule are the flotsam and jetsam of life; all the "throw-outs" from other places come to Poor Law, and cannot in turn be sent on anywhere else. Also work is carried on as in a glasshouse, and the Press and the public in general are only too ready to throw stones and make a fuss and seek a scandal on the smallest pretence. Many of the cases are chronic, and therefore, from a nursing point of view, not exciting. Also, as is well known, pauper patients are, of all others, the most apt to grumble, and are as a rule difficult to please. This is especially so with the phthisical patients, who in our infirmaries constitute a large proportion of the cases.

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On the other hand, some of the advantages, as compared with general hospitals, are—nurses can enter for training at the age of 21, not having to wait till 23 or 24. The work is not so fussy or hurried; there is more leisure often for systematic instruction. There being no medical students in infirmaries, gives useful work and experience to the nurses, as the dressings and testing, &c., fall to their share, which in hospital would generally be done by the students. The very fact that many of the patients they have to care for in their daily work are chronic, infirm, and frail is in itself most valuable training, teaching lessons of patience, care, and gentleness which are beyond price. The amount of surgical work varies very much in different infirmaries, but in practically all there are at present well-equipped theatres, and the nurses are well drilled in the routine of preparing for operations and the various dressings, &c. And as they can commence their training at 21, they have, as it were, a year or two to the good to perfect themselves in special surgical and other work and to take up midwifery.

In our infirmary we do not do very much surgery; a large proportion of our best nurses when they leave us go for three or six months to an accident or special hospital. I often arrange with the Matrons of the neighbouring hospitals, such as the Bolingbroke, or the Cancer, or the Chelsea Hospital for Women, or others to take our nurses for holiday engagements or for a short period. They find it very beneficial, and that it gives them confidence. Some take out a course of Fever Nursing, and many now go in for the Examination of the Central Midwives Board. The value of well-trained Poor Law nurses is being more and more recognized; they are in great demand, not only in private work, but as District and School Nurses and Health Visitors, for the Colonies, and in all the branches of the nursing profession. I am asked for more nurses than I can supply.

The greatest difficulties and problems in Poor Law Nursing are met with in the smaller un-separated workhouses, where there is a Superintendent Nurse with a variable number of nurses under her. In these places the Workhouse Master and Matron have a great deal of control. They are often most excellent officers, but, not understanding nursing needs, there is constant friction.

I have this past week been helping in tabulating and forwarding to the President of the L.G.B. the desires and suggestions of upwards of a hundred Superintendent Nurses from different parts of the rural districts, who are

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