

## THE EVOLUTION OF POOR LAW NURSING.\*

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In a recent article on Workhouse Nursing the writer has said retrospection is seldom cheering, and certainly we must have agreed with him, while listening to Miss Barton's paper on the earlier days of nursing in workhouses in England. We know the same state of things existed in our Irish workhouses.

It may not be well known that when the workhouses were built, they were built for the reception of the healthy poor, and such cases of illness as were likely to occur among these healthy inmates were supposed to be nursed by the other inmates, under the supervision of the Master and Matron of the workhouse. Between 1848 and 1853, the years following the famine, much illness and fever occurred among the destitute received into the workhouse; later, poor other than destitute found their way there. In 1861 paid women were employed to nurse in the workhouses, but these women had no qualification to fit them for this work.

It was not until 1895 that the office of Nurse was created. Since that date the Irish Local Government Board has issued many Orders to secure properly trained nurses for the sick in workhouse hospitals. In 1897 the employment of pauper nurses was forbidden, and the medical officer empowered to procure nurses in an emergency.

In 1901 a General Order was issued to have the nursing and menial staff of any workhouse increased.

By the same Order two classes of nurses were established, "trained" and "qualified," the former term meaning a nurse with not less than two years' training, and the term "qualified" nurse meaning any nurse who possessed a certificate after passing an examination; thus skilful nursing was thereby secured. A register of trained nurses is kept by the Local Government Board. This Order had the effect of securing a longer period of training for nurses, as many training schools, especially private nursing institutions, considered one year's training sufficient. Certificates for training in the principal recognised training schools are not issued for less than three years.

Another very important Order relieved the Workhouse Matron of all responsibility in con-

nection with the sick, making the Medical Officer and the Superintendent Nurse under him responsible to the Guardians and Local Government Board, the authority of the Master being limited to matters of discipline. This Order is greatly appreciated by nurses; it gives the Superintendent Nurse greater power in the matter of improving and furnishing her hospital wards, and makes the service more attractive. During the last ten years the number of nurses has greatly increased. We see by the report ending March, 1912, that there are employed in the 159 workhouses in Ireland 361 nuns, 253 trained and 228 qualified nurses, 842 in all. In some of the smaller workhouses the number of sick is small: these fare better than in the larger workhouses, as there are never less than three nuns or nurses, while the number of patients may be as low as twenty.

Even with this increase of nurses, there is much to be desired; it is true there cannot be gross neglect of the sick, but the nursing is difficult, and many of the rules and regulations of seventy-five years ago still exist. Any attempt to patch up a superstructure whose foundation is wrong can never be satisfactory. Drastic changes are necessary, the most necessary being (that suggested by the members of the Viceregal Commission held from 1903 to 1905) complete separation of the hospital from the workhouse, in which case no unpaid help would be employed in the care of the sick. If this state of things could be accomplished, and nursing made a State Service, the nurses being supplied from centres, as in the case of the Queen's, or Dudley nurses, and having their own Inspector to direct, help and encourage, we should hear no more of the miseries of the sick poor in our workhouses.

Miss Barton has pointed out some of the advantages of the workhouse as a training school; one being the opportunity for training in the care and artificial feeding of infants. This can be gained in the nurseries of our large workhouses. It could be taken as a preliminary or a post-graduate course of training. Nurses trained in general hospitals cannot gain that experience. We hear a great deal of the high death rate of infants, due in many cases to ignorance. What better means of gaining and spreading knowledge in this much needed branch of nursing? Arrangements could be made between the heads of training schools and Boards of Guardians for the admission of probationers to the nurseries of their workhouses to be trained by an experienced nurse-in-charge.

Now we come to the class of nurse best

\* Read at the Nursing Conference, Dublin, June, 1913.

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