

NURSING IN PRISONS AS A CAREER. CENTRAL COUNCIL FOR DISTRICT NURSING IN LONDON.

There is no doubt much interest, not to say curiosity, is felt as to the mode of life within those strong high walls which surround our prisons. A short account of experiences at Holloway may, therefore, not be unwelcome.

In the evening the vans, perhaps best known to the public as "Black Marias," arrive, and the occupants are then taken to the "Receptions" departments.

These departments consist of bath rooms, cells and offices where each admission is seen by the doctor and sister. After the bath, the special clothes, according to location, are provided, also refreshment, and every individual is then transferred to her destination.

The able-bodied to one part, those requiring to be under medical observation to certain wings of the prison set apart for that purpose, while any with any definite indisposition go to the hospitals.

The kitchens, laundries and workrooms employ a large number. Library books are provided at regular intervals. Services are held in the Chapel, and exercise taken in the grounds; this constitutes the daily programme of the inmates.

The question most concerning Nurses naturally arises: With what nature of illness have we to deal?

There is no excitement of the operating theatre, nor extensive wounds for daily dressing, but there is the deep interest of studying character and endeavouring by firm yet sympathetic determination to deal satisfactorily with extraordinary temperaments.

It may be, we think, truly said, as with finger prints, no two characters are alike. The majority of patients (we use the term "patients" advisedly, for is not crime the outcome of disease in some shape or form?) may be divided into two classes: (1) Those with uncontrollable tempers, utilising strong will power in the wrong direction. (2) Those with such weak wills they easily fall into temptation, and become habitual criminals through sheer lack of determination.

There is the prospective mother, also the infants in the crèche, for any convicted woman having a baby at the breast has the privilege of bringing it in with her, under an authority from the committing magistrate. In addition to these, there are numerous minor ailments to be treated, such as are met with in any Out-patient Department of a General Hospital.

The possession of tact and adaptability is more essential in this branch of the Nursing Profession than any other, and the power of discrimination indispensable.

This stands to reason, when it is realised the qualifications possessed by those members of the community who frequent such institutions.

We have always been deeply interested in the nursing of criminals, and look forward to most beneficial results from their care by sympathetic highly qualified nurses.

MEMORANDUM ON VISITING NURSING.

It has been brought to the notice of the Central Council for District Nursing in London that there are considerable numbers of patients requiring skilled nursing who are neither strictly speaking the patients of the District Nursing Organisations established for the nursing of the sick poor in their own homes, nor are able to pay the full fees of a private nurse, or in some cases if able to pay full fees, are yet unable to provide accommodation for a private nurse. These patients may be roughly classified as follows:—

1. Those who live in flats or other rooms without available additional accommodation for private nurses even if able to pay full fees.
2. Patients of the professional classes unable to afford the ordinary fees of a private nurse.
3. Tradespeople and others not hitherto included in the work of the district nurse, but urgently in need of some such assistance.

Efforts to meet these three classes of cases seem so far to have been sporadic and unorganised; in London certain members of the Nurses' Co-operative have undertaken cases in Class 1, but from the reports of medical and other members of the Council it appears that such facilities either do not exist in sufficient number, or if existent, are not sufficiently known.

Some District Nursing Associations have endeavoured to meet the need in Class 3 in recent years, and most of them have agreed to allow their nurses to visit patients who can make some small payment, usually in the form of a donation. In the provinces a large number of Queen's Nursing Associations have drawn up scales of charges for visiting nurses for patients in not only Classes 2 and 3, but also in Class 1. In London this has not been largely done, but several of the Associations are now considering the propriety of doing so and would probably be willing to develop such a scheme. It appears clear that services rendered by D.N.A.'s. should be limited to those who cannot pay the full fees necessary to put the scheme on to a profit earning basis. It is clear, however, that a large number of the cases referred to fall below this level, and the Nursing Council consider that a scheme or schemes might usefully be drawn up for London districts.

For the cases in Class 1 it would appear that some such organisation as the Nurses' Co-operative is needed in various parts of London—possibly such organisation would devise a means by which this could be accomplished on a paying basis.

The following scale of fees might be considered:—
3s. 6d. a visit, or £1 a week for daily visit.

Two daily visits at 2s. 6d. each, or 30s. a week for two daily visits.

The weekly earnings of a nurse with a due and manageable number of patients should thus be from 4 to 6 guineas a week at least.

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