Fever Nursing, again, it should be remembered, is not devoid of risk, and a considerable number of Nurses who are engaged in this branch are attacked by Scarlet Fever, Diphtheria, or Typhoid, often with permanent detriment to their health. The first essential, therefore, is that Nurses who are needed for Fever Hospitals must be liberally paid, and this, it is satisfactory to observe, is becoming recognized by the authorities of these Institutions. But it is argued that there is a further and greater difficulty in providing for the Nursing at such Hospitals in the fact that the number of their patients varies so greatly; that during an epidemic, when every bed is occupied, there are many extra Nurses required, whereas, in ordinary times, when only sporadic cases are being admitted, there is hardly enough work for the small permanent staff. And so the consequence is that when an epidemic breaks out, the highways and byeways are hastily searched for the necessary workers, and a class of temporary helpers is obtained who, in the main, are neither creditable to the profession nor helpful to the sick.

The problem to be solved, then, is how to obtain a sufficiently large and sufficiently skilled staff of Nurses for Fever Hospitals to meet all emergencies which may arise, and yet at the same time not to overweight the expenses of the Institution by the maintenance of a large number of workers at times when there is no necessity for their services, Now, at first sight, these conditions may appear to be so hopelessly conflicting as to be entirely irreconcilable; but we venture to think that a way could be found out of the difficulty by the institution of some such scheme as the following. It is beyond dispute that Nurses should be trained in fever wards, as a most important and necessary branch of their calling, and that under existing arrangements they cannot obtain such experience in the wards of a General Hospital. We would suggest, therefore, that it would be practicable, that it would be beneficial to the Probationers, and especially useful to the Metropolitan Asylums Board, that an arrangement should, if possible, be made with one or more of the large Nurse Training Schools to take their Probationers into the Hospitals under the Board, for a three or six months' course of training in Fever Nursing. The saving in wages thus effected would enable the Board to remunerate a permanent staff of Sisters and Staff Nurses so highly, that they would be willing to remain in its service for prolonged periods, and thus the backbone of an efficient staff would always be at hand sufficient to meet ordinary emergencies. If affiliated to the General Hospitals as suggested, the Fever Hospitals would also be able to ask, when the necessity came, for additional assistance, and there is no doubt, that with a regular organization of this kind, volunteers for the work would,

amongst the past or present Probationers, at once be obtainable, in numbers sufficient to meet any demand which might arise.

## PHYSICAL FORCE IN NURSING.

An authoress, who, with distinguished success, edits a weekly journal, has recently expressed her views on the physical capabilities of Nurses in the following words :—"We don't want our Nurses so gently trained as to be unable to stand hard cases in later practice. A Nurse's training should be hard enough to prevent any but strong and capable women from gaining certi-ficates." In other words, our journalistic sister appears to consider that physical strength is the chief point to be tested in the education of Nurses, and that their work should be made hard in order the better to fit them to undertake "hard cases" in future. In this view, she undoubtedly fails to realise the real meaning and intent of nursing work, which is, in its best sense, quite independent of physical force. Some of the best Nurses whom we have known were women of slight physique, but possessed of the more essential qualities of tactful sympathy and conscientious carefulness, which are worth infinitely more to an invalid than any extent of bodily strength. Our contemporary, we gather, desires Nurses to be possessed of great muscular power, probably believing that it is their duty to toss their patients up like their pillows, or to carry them about, baby-wise. We can assure her, and any who agree with her, that such gymnastic exercises are not usual in every day Nursing, outside the pages of the popular novel. And if they are ever in need of a Nurse themselves, we trust they may obtain one whose health was not shattered by unnecessary fatigue during her hospital training, but one whose hands are soft, not hard and brawny, whose touch is gentle rather than powerful, and one who is neither a muscular Amazon nor a cast-iron machine. It would be a bad day for the Nursing profession, and worse for the public, if our contemporary's view of hard training were carried into effect, for it would inevitably result, a large extent, in a survival of the unfit.

## STREET NOISES.

THERE is an active correspondence proceeding in the *Times* on the subject of the street noises to which the long-suffering Londoner is exposed; but thus far, attention has not been called to the cruelty of these noises to the sick. It would be difficult, indeed, to estimate, both the suffering and the actual loss of life which are thus caused, because, to the weakened invalid, whose nervous system is hyper-sensitive, the discordant sounds of the organ-grinder, the shrill whistle of the cab-call, the rattling, fhundering rush of the heavily laden railway van, or the raucous shouts of the newspaper boys, become absolute torture, while in cases where quiet is of the first importance, these sounds are destructive of sleep and all brain rest. We are a wonderfully long-suffering nation, or a remedy for these evils would have been found long ago. As a beginning, we would suggest that every itinerant musician should be revoked in case he were reported by the police for disturbing neighbourhoods where the inhabitants desired to be free from his importunities.



