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## Editorial.

### The Fever Nurses' Register.

IN THE NURSING WORLD at the present moment, there is considerable anxiety about the probable closure of the Fever Register. Many letters from Matrons and Physician Superintendents of Infectious Diseases Hospitals have appeared in current issues of "The Lancet," each one revealing a high degree of concern on this vexed question.

During the last decade the prevalence of the well-known infectious diseases has happily suffered a sharp decline, chiefly owing to the widespread use of chemotherapeutic drugs, and the inoculation of susceptible people against disease. Unfortunately, however, during the same period of time, acute anterior poliomyelitis has made its appearance. From the incidence of a few sporadic cases, it now visits us annually and sometimes in epidemic proportions! We also see more virus-types of meningitis and encephalitis than formerly—which is disturbing.

Although diphtheria and small-pox are now rare—measles, chicken-pox, scarlet-fever and mumps are still endemic, which become epidemic in due season, whilst gastro-enteritis, dysentery, whooping cough, and pneumonia still appear in severe epidemics, and they require careful and specialised nursing. We do not know what has happened to the causative organism of diphtheria in this country. It may well be that it is only awaiting suitable conditions to make its dreaded re-appearance, for it is prevalent in other countries still.

It behoves us, therefore, to be always prepared with trained nurses and equipment to meet any new onslaught upon the people.

It is unfortunately true, that temporary freedom from any type of danger tends to give a community a false sense of security, until carelessness and lack of preparedness invites terrible disaster. We need not move far in miles to point to a frightful example!

Bearing this in mind it is difficult to understand the attitude of the General Nursing Council in deciding to terminate statutory training in Infectious Diseases. Unless the Council has been divinely enlightened that never again in the foreseeable future will major epidemics of infectious diseases occur, it does seem both rash and foolish to close the Fever Register.

The nursing of infectious diseases has a very special technique of its own and a threefold aim, such as:—

1. The care and cure of infectious patients.
2. The prevention of the spread of infection.
3. The maintenance of a high standard of public health.

A very successful medical aseptic technique has been perfected in isolation hospitals, so that cross-infection from patient to patient is now practically unknown. General trained nurses who came for a one year's post graduate course in the nursing of infectious diseases find they have much to learn, and they are quite surprised at the detailed nursing procedures which are the order of the day.

The revised syllabus of general training which comes into force from January 1st, 1954, is a very full syllabus indeed. Student nurses who are putting in a forty-eight hour week at the bedsides of their patients are going to find it extremely difficult—if not impossible—to absorb all the information they will require to satisfy their State Examiners. Therefore, it seems foolish and unreasonable to expect them to imbibe—in addition—much extra information which they could acquire more leisurely in a further period of training. Nurses will soon be required to have a little knowledge (which is dangerous) on many subjects, and they may only be successful in learning much about nothing at all.

One other problem which will follow, on the closure of the Fever Register, will be the difficulty of staffing isolation hospitals. If student nurses are not available—then a fair position will deteriorate rapidly, with the resultant closure of available beds. Student nurses are still valuable WORKING members of a hospital staff—their full student status is a mirage.

However, there is a ray of hope for those concerned in training nurses in infectious diseases. Should the Minister of Health agree to the Council's request for the closure of the Fever Register, there seems nothing to prevent interested people setting up an independent training and examining board, which could be known as the British Infectious Diseases Board, after the style of those bodies responsible for training and examining nurses in diseases of the eyes, orthopaedics and tuberculosis.

Should this come to pass, the General Nursing Council will be responsible only for the training and examination of general nurses. Even in this select field another independent body of people might not approve of a too weighty syllabus and rigid rules and regulations, and again split off and form a new board. The Council then, like Sampson shorn of his locks, will become debilitated and weakened, with no strength to assert authority! Thus, all the twenty years' hard labour which was endured for its creation will have been in vain.

In the interests of the whole nursing profession, the General Nursing Council ought to maintain its power and authority for the training and examination of all types of nurses and keep open its Statutory Registers.

GLADYS M. HARDY.

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