

Or in the case of the exposure of an infected person in the street, or in a public conveyance, it is well for a nurse to know that the law enacts that a Sanitary Authority may provide a disinfectant apparatus, and disinfect free of charge; and that it is unlawful to let for hire, house or room, in which a person has suffered infectious illness, under a fine of £20; or in the case of a body of a person who has died of an infectious disease, which must not (without certificate from M. O. H.) be retained for more than 48 hours *elsewhere*, than in a mortuary or room, *not* used as dwelling, sleeping or work place.

All this will help a nurse in the practical question of keeping infection from homes, and will enable her to teach the people around her what there can be done by destroying and keeping out the seed of infection.

The relation of schools to infectious disease is important. By Art. 88 of the Education Code, approved of by the Council of Education, a Sanitary Authority has the power in case of elementary schools (1) to notify to managers special pupils must not attend for special time, (2) or close school for time, but a Sanitary Authority has no power over Sunday or private schools—here a sanitary nurse can exact valuable help in managers and nurses. A nurse who impresses cleanliness and notes the first symptoms of disease, does much to prevent spread of infection.

In some of the voluntary schools a course of Practical Diet is added to the students' course; might not a course of sanitation be nearly as valuable to all nurses? If this is done it must and ought to be as an organized branch of education in all hospitals. Nursing as a profession has reached a high water mark, is it too much to expect that greater and better things for nurses may yet come to pass, and that the standard of nursing education may yet even be higher?

One word in conclusion. Probably as nursing education grows, the certificate of the Sanitary Institute may prove of value to nurses in obtaining appointments. It is the only certificate recognized by the Local Government Board.

DISCUSSION.

Miss Kingsford (London), endorsed the opinion expressed by Miss Wadmore that some sanitary knowledge was most essential for nurses, and hoped in the future they would be provided with facilities for acquiring knowledge of the same.

Mrs. Bedford Fenwick said that, of course, she had included hygiene in her curriculum of nursing education, and that now this all important subject was included in the general curriculum of all good schools. There could not be two opinions concerning the advisability of nurses having a good knowledge of the subject, and of Sanitary Law. Mrs. Fenwick had lively recollections of plumbers' bills—in the management of a Home Hospital—in which such items as cleaning out bath and lavatory pipes, blocked with hair and wool, figured

largely. Trained nurses were ignorant of much that a good capable housewife ought to know.

Miss Creighton (London), said that she was an American trained nurse. She had not had any training in hygiene, and she felt the need of this, so she went to South Kensington, and the instruction she had received there in the laws of hygiene had been of the utmost value to her.

HOW TO MEET THE DIFFICULTY OF PROCURING PROBATIONERS FOR HOSPITALS OF LESS THAN 40 BEDS.

BY MISS GEORGINA SCOTT.

THE question of procuring probationers for Cottage Hospitals, or for those hospitals of less than 40 beds, is a matter of much importance to Matrons of such institutions.

It is a question of increasing difficulty, partly because those smaller hospitals are on the increase, and partly because the recognition of the three years training system, in hospitals of over 40 beds, is also on the increase, and rightly so.

Looking from the Cottage Hospital's point of view, we must remember that, as a rule, they are poor and cannot well afford the expense of salaried nurses. The local authorities appoint a trained nurse as a Superintendent, as well as one or more servants.

Any extra help the Matron may want for the care of the patients, they expect to be supplied by either non-paid or paying probationers.

Help of some sort the Matron must, of course, have. The question is shall that help be paid, or, shall it be unpaid?—and consequently inexperienced material.

If the former, the salary must be of an amount which is worth the while, for a three years' certificated nurse to accept; if the latter, the Matron must have a gradation of nurses in training, so as to have at least one advanced enough to be responsible in the Matron's absence.

Looking at it from the probationer's point of view, we feel with her, that any time she spends in these small hospitals is, practically, lost time as far as future certificates, appointments, or registration counts. She realises that her position in these hospitals leads to nothing, and that if she is to rise in her profession, she will have to make a fresh beginning in some institution that ranks as a training school.

The unfortunate Matrons of these small hospitals are consequently afflicted with an ever changing supply of unsettled nurses.

Some remedy must sooner or later be found for this difficulty. The Cottage Hospitals must be properly nursed; at the same time, the coming generation of nurses must be properly trained.

If the Cottage Hospitals cannot afford paid and trained nurses, they fall back upon the probationer

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