

to the other routine work in the ward, it would be difficult to over estimate the value of the nursing.

Another point is that the patients are all suffering from an acute disease. If they do not die, they get well completely. There is, in consequence an absence of that snappishness and depression of spirit that the association with "chronic" cases is so apt to produce in the younger nurse. She also is able to see the result of her work for herself.

I think I have now said enough to show that the experience which a fever hospital affords is likely to be of some use to the nurse. The question now is, when should she go there?

Two plans are possible, and both have their advocates. A nurse can either join a fever hospital to begin with, and go to a general hospital later on, or she may complete her training first, and then go as a "charge nurse" or sister to the isolation hospital. Let us take the latter method first.

The difficulty here is twofold. In the first place, it is often impossible at that period of her career for her to spend more than six months, or at most a year, in the fever hospital. During that time she can learn but little, as I have pointed out, of the diseases themselves, and she is under the disadvantage of knowing less than the people (staff nurses) she has to supervise: the only way in which she can learn is to forget that she is a fully qualified nurse, and begin again in spirit. This, with the best intentions in the world, is often very difficult.

From the point of view of the hospital, the case is even stronger against this plan. In practice a newly-qualified "sister" is of very little use to the institution. She often has come, not to learn, but to get the hospital authorities to say on a testimonial, that she knows. She is, in the flush of her newly-acquired dignity, anxious to forget the "menial" work of her training days, and, in consequence, she is apt to spend her time in supervising merely, not in working also.

In my opinion the former plan is the best, provided that the fever hospital authorities train the probationers adequately. In this case the applicant starts her training in the fever hospital at the age of twenty or twenty-one, that is to say, some two years younger than she would be accepted for training at a general hospital. After two years' work she receives a certificate of proficiency in "fever" nursing, provided that she has satisfied the authorities by her work in the wards, and also by showing ability in passing the requisite examinations in anatomy, physiology, and the principles of disease.

A nurse who enters a general hospital armed with this experience has from the first an advantage over her fellows, which should be useful to her in the work she then has to do, and in securing promotion later on.

It will be said at once that the age of twenty-three is quite young enough for commencing nursing anywhere, but to this I would reply that suitability depends rather on physical and intellectual ability than on age. Very many candidates have to be rejected as being undersized or anæmic, for instance, but there are also a large number who pass through the period in the fever hospital with nothing but advantage to themselves.

I have hitherto spoken of the training partly from the hospital's point of view, but there are certain things which a nurse has a right to demand—and should demand—from the hospital that she proposes to join.

In the first place, there must be some real attempt made to train the probationers by people who are themselves competent to teach. This means not only showing the probationers how to make beds, and clear throats, though I do not for one moment wish to disparage this side of the work, but there must be lectures on theory as well, and the knowledge of the candidates must be tested by an examination that is not in itself a farce. In many hospitals these lectures are given perfunctorily by those who do not know how to teach.

Then the system of discipline must be rigid and well enforced, for nothing is worse for a nurse subsequently than laxity in this respect. A hospital that is not well disciplined has, deservedly a bad name, and that name will stick to the nurse wherever she goes. An applicant from such a place is regarded with suspicion by the matron of the general hospital to whom she applies for the opportunity to finish her training. It is most essential, therefore, that an applicant should make sure, before joining the fever hospital, that her having been there will be a help, and not a hindrance to her subsequently.

Then it is essential that a certificate of real value shall be given by the fever hospital. In some hospitals, which are at all events large enough to know better, the junior nurses are not engaged for any definite period, but can come and go as they please. In my opinion, no certificate is of value unless it covers a period of at least two years.

It is also essential that the hospital shall be of a certain size—I would say, over 200 beds—and that there shall be a resident medical staff. Some small isolation hospitals are worked by a non-resident medical officer of health, who is, per-

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