Progress of State Registration.

THE STATUS OF FEVER NURSES.

Scotland has come late into the Registration controversy, but none the less eager for that. All through the summer the question of Nurses' Registration has been debated off and on in the two leading national newspapers—the *Scotsman* and the *Glasgow Herald*—and the controversy on the status of the fever nurse is the chief item of interest of the hour.

Dr. A. Campbell Munro is in sympathy with the demands of the Convocation of Royal Burghs of Scotland (men of municipal influence), and certain bodies which control the large Scottish fever hospitals, in their demand for a Fever Nurses' Register, and thinks that unless this band of specialists is set up and recognised in the Nurses' Registration Bill now before Parliament local authorities will have to fall back on "the handy woman," and states "that to the care of such the children of the ratepayers will be committed." Dr. Campbell Munro states that because it is not provided in the Bill to set up a Fever Nurses' Register, they are "to be beyond the pale—pariahs," and advises local authorities to block the Bill "in order to secure that the interests of the institutions which are under them can be safeguarded."

Just that—"the interests of the institutions." Now let us regard the question from the nurses' and the patients' point of view, with due consideration for economics. We do not agree with Dr. Munro that nurses who work in hospitals which admit patients suffering from infectious diseases only are to be placed in the same category as male nurses or those who attend mental patients, and a midwife now registered is not necessarily a nurse at all. Men must remain specialists, in so far as they will never be called upon to nurse women and young children, which will necessitate a special curriculum of training and examination; a register of male nurses is therefore expedient. The curriculum of education for a mental nurse, based, of course, on the principles of general nursing, will always remain more or less of a speciality, and no hardship result to the mental nurses as there will always remain outside the asylum a wide and remunerative field of border cases in attending which, they can earn their living.

Beyond these two very distinct classes, specialism should be determinedly discouraged. Why? Because it is unjust to the patient and the nurse. To the patient, because effective specialism must be based on wide general knowledge of disease and treatment; to the nurse, because if she is side-tracked into what may be described as a Fever Nursing Pen, her power to practise would be necessarily very circumscribed. She could not earn her living fairly in competition with general trained nurses, and the result would be that the most intelligent women would avoid training in fever hospitals, and the very evils Dr. Munro anticipates would result. Fever hospitals would only get women to accept the disadvantages of a special training who were not up to the standard required by the general hospitals.

Reciprocal training between the general and infectious diseases hospitals is the only wise and scientific solution of the difficulty, and to define and provide such a complete training before registration would be the first duty of any Central Nursing Authority set up by law.

Miss E. A. Stevenson, in replying to Dr. Munro, puts this matter very clearly. She writes:

Before the Public Health Acts came into force most hospital training schools had attached what were called "fever houses." A probationer nurse served part of her time in the general hospital, and part of her time in the fever wards. Modern methods abolished the dangerous system of treating medical, surgical, and fever cases practically under one roof. But in many good movements there are disadvantages, and in this good movement who were the losers? Most assuredly the nurses. Instead of getting an all-round training, the nurse of to-day is swept into the general hospital on the one side, or the fever hospital on the other. She goes into the general hospital or the fever hospital; she may take both trainings if she likes, but as a double period of training is a severe physical strain, only a small proportion of women care to risk it.

It is clear that a fever register would be extremely prejudicial both to general and fever nurses. In Scotland there are already training schools which recognise the value of reciprocal training by having arrangements with fever hospitals to take probationers for part of the period of training. In England, the Metropolitan Asylums Board have had under consideration schemes for co-operation with general hospitals, and although there are difficulties, they are not insurmountable.

It is incorrect to say that fever nurses "are to be beyond the pale—pariahs," and it is not in accordance with fact that the Bill at present before Parliament provides no recognition for fever nurses. Under Section 15, Sub-section (3) sets forth: "Any nurse whose name is placed on the general register, and who holds a certificate of the Fever Nurses' Association, or its equivalent, granted under conditions approved by the Council, shall be entitled, on payment of a single registration fee of two shillings and sixpence, to have the words 'also trained in fever nursing' added to her record in the register."

If we are going to begin with a fever register, we may as well have an eye register, an ear and

previous page next page