

THE FEVER NURSES' ASSOCIATION.

A VALUABLE PRESIDENTIAL ADDRESS.

Dr. Caiger, President of the Fever Nurses' Association, set forth very clearly in his presidential address, at the annual meeting last week, the position of the Association in regard to the recommendation of the Council that two outside certificates of training—viz., that of the Local Government Board of Scotland and that of the Metropolitan Asylums Board—should be accepted as qualifying for registration by the Association on the same terms as its own certificate. He said:—

Both have been recently instituted, and in each instance the standard of training exacted is a good one. In the opinion of some educational critics the requirements for the Scotch certificate are too exacting, but this must depend upon the view taken as to the scope of the certificate. If, like the certificate granted by our Association, it is to be regarded as a guarantee of fever training only, *i.e.*, a diploma attesting competence in a special branch of nursing, the requirements of the Scotch Local Government Board are, in my judgment, excessive.

THE REQUIREMENTS OF THE SCOTCH CERTIFICATE.

Under the scheme the period of training in a fever hospital is to be not less than three years, and before any candidate will be accepted for training she is required to produce evidence of (a) Good character, (b) Good health; and, unless she possesses an Intermediate or "Leaving Certificate," (c) Having received a fair general education.

As to the first two requirements the Medical Superintendent and the Matron are allowed to be the arbiters, but the Local Government Board themselves decide as to the candidate's general educational fitness.

To test this question the Board hold an examination quarterly, and candidates are examined in the following subjects:—Spelling, handwriting, English (to be tested by ability to write a short essay), and arithmetic (including vulgar and decimal fractions, weights and measures, and bills of parcels).

Assuming a candidate satisfies the examiner in these preliminary subjects she is regarded as eligible for training. The subjects on which the probationers are examined in the course of their training are elementary anatomy and physiology, hygiene, dietetics, including invalid cooking, medical nursing, surgical nursing, infectious diseases and their management.

It must be admitted that this is a fairly comprehensive curriculum, and there is little to distinguish it from a general training except that a knowledge of fever nursing is included. Its weak point is that, as things are at present, the whole of the training—surgical nursing and all—is received in the wards of a fever hospital.

A SEPARATE REGISTER FOR FEVER NURSES.

The object of the scheme, as the Local Government Board of Scotland admits, is to grant to nurses trained in fever hospitals certificates similar to those now given to nurses trained in the Poor Law Hospitals.

The effect of the Scheme in operation it seems to me—and there are many who share this view—will be to lead to confusion in the mind of the public as to what constitutes a general training, and I feel very strongly that any course of action which tends either directly or indirectly to lower the value of a certificate of general training in public estimation is to be deprecated. I believe I am right in assuming that the scheme contemplates the establishment of a separate Register of Fever Nurses under State Registration. I need hardly remind you that the policy of the Fever Nurses' Association has always been opposed to the establishment of such a Register, as we think it would tend to perpetuate one of the evils for the removal of which the Fever Nurses' Association was founded, viz., the competition on equal terms, between the nurse with fever training only, and the fully certificated nurse in the field of private nursing.

In my opinion the well-trained Fever Nurse is just as competent to nurse any case of *medical* illness as her sister with a certificate of general training. There is no form of medical disease of which the successful nursing calls for the exercise of a higher degree of skill, patience, and resource than a bad case of diphtheria, scarlet, or typhoid fever, and a nurse who has proved her fitness to be entrusted with these need fear no rival in the field of medical nursing.

With surgery, however, it is different, and to claim that a nurse whose experience and training have been exclusively gained in a fever hospital is adequately equipped for taking charge of important surgical cases, or to cope with the various emergencies which arise in the course of surgical practice is nothing short of ridiculous.

It is from the Local Public Health Authorities in Scotland having large Isolation Hospitals under their jurisdiction that the demand for a separate Register of Fever Nurses *under the authority of the State* comes almost exclusively. Some of the Chief Executive Officers in the Scotch hospitals, I am glad to say, are opposed to the suggestion, and are in agreement with the policy of our Association.

We do not believe in a separate Register for Fever Nurses in any scheme of State Registration which may be ultimately introduced, as we hold to the view that fever nursing should be supplementary to, rather than in rivalry with, general training.

When State Registration of Nurses comes in, and it is only a question of time—it will become increasingly difficult to obtain a sufficient supply of suitable candidates to recruit the nursing staffs of the fever hospitals, because State Registration must lessen to some extent the commercial

[previous page](#)

[next page](#)