

value of a fever training, and the establishment of a separate Register for fever nurses will not prevent it. . . .

The only real solution of the difficulty, and one which would tend at the same time to the advancement of nursing generally, lies in the development of co-operative, or reciprocal training. To the achievement of this object we must apply our energies.

In urging the claims of fever nursing, at the Central Committee for the promotion of State Registration of Nurses, your delegates received valuable support from the late Miss Isla Stewart. She, from her dual experience as Matron of an important general hospital, and previously as Matron of one of the large London Fever Hospitals, was fully alive to the limitations of the Fever Hospital as a field for all-round training, but she at the same time recognized very clearly how much the nurse trained in the general hospital was handicapped by her lack of fever experience; and further, how by co-operation between the general and the fever hospital the efficiency of the training in each would be enhanced.

The disinclination on the part of many of the general hospital Matrons to enter into reciprocal arrangements with the fever hospitals, under which nurses would receive a portion of their training in each, is much to be regretted. Though partly due to prejudice, no doubt, it is mainly owing to the failure on their part to appreciate the importance and scope of modern fever nursing.

As a speciality fever nursing stands alone. The fever nurse, in addition to being called upon to nurse the gravest cases of medical disease, has a public health responsibility which is not shared by her sister in any other department of nursing. Her responsibility is not confined to securing the welfare of her patient alone, but is concerned in addition with the safety of others directly and indirectly related with him. The scrupulous regard for technique, required in the modern "cubicle" and "barrier" nursing, if it is to be successful, demands of the nurse an intelligent and conscientious attention to detail which is unequalled in any other branch of medical nursing. That this is not appreciated as it should be I am convinced.

Many nurses, besides those of the Fever Nurses' Association, are indebted to Dr. Caiger for stating the general position so clearly. There is no doubt that the nurse trained in a general hospital is but ill equipped for the practice of her profession, more especially in private nursing, if she has no knowledge of the nursing of infectious diseases; on the other hand, the nurse trained only in a fever hospital needs to increase her knowledge by additional training in a general hospital before she can be considered thoroughly equipped. The solution of the problem, as Dr. Caiger points out, is to be found in reciprocal training.

Nurses are beginning to realize that so many diseases are now nursed in special hospitals instead of being cared for in the wards of general hospitals that training in infectious work would be of great value to them.

## LOCAL GOVERNMENT BOARD, SCOTLAND.

### EXAMINATION OF NURSES.

On May 7th and subsequent days the Local Government Board for Scotland held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Sir James Affleck, M.D., Edinburgh; Professor Matthew Hay, Aberdeen; Dr. Ker, City Hospital, Edinburgh; and Dr. MacVicar, East Poorhouse, Dundee, who were assisted in the practical part of the examination by Miss Gregory Smith, Matron of the Western Infirmary, Glasgow, and by Miss Merchant, Matron of the Eastern District Hospital, Duke Street, Glasgow.

The subjects of examination were Elementary Anatomy and Physiology, Hygiene and Dietetics, Medical and Surgical Nursing, Midwifery, and Infectious Diseases. In all, 263 candidates presented themselves for examination. Of these, 208 were examined in Anatomy and Physiology, 208 in Hygiene and Dietetics, 83 in Medical and Surgical Nursing, 21 in Midwifery, and 59 in Infectious Diseases.

In Anatomy and Physiology, 15 nurses obtained distinction, 168 obtained a simple pass, and 25 failed.

In Hygiene and Dietetics, 15 obtained distinction, 165 obtained a simple pass, and 28 failed.

In Medical and Surgical Nursing, 8 obtained distinction, 62 obtained a simple pass, and 13 failed.

In Midwifery, 20 obtained a simple pass, and 1 failed.

In Infectious Diseases, 9 obtained distinction, 46 obtained a simple pass, and 4 failed.

Twenty-three candidates are now entitled to the Certificate in general training granted by the Local Government Board, and 44 are entitled to the Certificates in fever training granted by the Board.

### THE RELIGIOUS ASPECT OF THE WOMAN QUESTION.

The fundamental difference between the Suffragist and anti-Suffragist was plainly demonstrated by Sir Almoth Wright in his astounding manifesto in the smashing of the Conciliation Bill—the one is a spiritual movement, the other frankly sexual. We welcome therefore the suggestion put forth by those who, "feeling that in the midst of political conflict and social unrest the deeper side of the women's movement is liable to be obscured," and the determination to bring before the public the graver and more serious issues of this subject by meetings to consider the religious aspect of it. The first of these meetings will be held in the Queen's Hall, London W., on June 10th, and we feel sure many nurses will wish to be present. Application for tickets should be made to Miss Lucy Gardner, 7, Bigwood Road, Golders Green.

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