

running short of nurses, and inasmuch as they must at all costs have some people to attend to the sick, it follows that either they must lower the standard of what constitutes a fever nurse, or they must make the work attractive.

I say attractive deliberately, but I do not mean merely pleasurable; that is where we are in danger of making a mistake. It cannot in my view be done merely by giving better food and housing, more entertainments, shorter hours, lessening the amount of so-called menial work, and so on. All these would have only a temporary effect. We want to take this branch of nursing out of the blind alley into which it has fallen. It is not a question of salary either. I do not say that the salaries paid, especially by some authorities, are adequate; in fact, I would like to see the emoluments, especially at the top, raised considerably, and the Fever Nurses' Association deserves credit for getting salaries raised. But that is only a side issue.

We must make the nursing in fever hospitals part and parcel of nursing as a whole—a step in the career of the general nurse. And it can be done so easily, after all. As a rule general hospitals—and perhaps they are right—will not take candidates for training under the age of 23. Fever hospitals can quite well take them at 21, or perhaps 20. That is the first point.

But, at present, many general hospitals will not take as probationers those who have spent two years in a fever hospital. And why? Simply because they have often been trained in a groove—just in the practical tending of the fever patient, and they have in some respects got into bad ways. The fault lies with the fever hospitals, and they are now beginning to reap the fruits of their policy in the past.

It is the duty of the fever hospital, not merely to employ the junior nurses, but to recognise that they hold these young women in trust for the profession of nursing as a whole. They are not theirs to do as they like with, and they cannot remedy the evil merely by giving them a few pounds a year more salary, and sausages for breakfast.

How then is it to be done? In the first place, the fever hospitals must so deal with their younger nurses that, at the end of two years' work, they become more acceptable to the general hospitals for further training than the candidates whom they at present prefer with no previous experience. Obviously, a well-trained candidate should be an advantage to the general hospital, for she would be partly, at all events, useful from the first, instead of having to undergo a preliminary course of

instruction in rudiments. The essential from the general hospital's point of view is, I take it, that she should have nothing or very little to unlearn.

To come to details; certain requirements are obvious: while at the fever hospital the course of instruction in general anatomy, physiology, and the principles of disease, should be much more complete than it is at present—indeed, some fever hospitals do not provide lectures for their nurses at all, though I know there are many brilliant exceptions. And the knowledge should be tested by adequate examination, and revision classes should be held for those who have failed for the first time in theoretical knowledge. Hand in hand with this should go practical instruction at the bedside, not only in nursing itself, but in bandaging, manipulation of splints, &c.; and in the details of practical asepsis, including such subjects as the preparation of patients for operation, manipulation of instruments, and so forth. In hospitals where asepsis is regarded as the foundation of the treatment of infectious disease, all this would present no difficulty. The theoretical instruction (and there must be more of it) can be given by one or more of the resident medical officers, and the ward classes held by an assistant matron or home sister. Personally, I have not much faith in the teaching given in anything but routine work by the sisters of the wards: it varies so very much. While some ward sisters take an interest in their probationers, and not only teach them all they can, but read themselves in order to be able to teach them more, it is common experience that others regard their juniors simply as workers. So the ward classes are best in the hands of those who have themselves achieved some position. Incidentally, I have found that there was a demand on the part of the sisters themselves for voluntary lectures and clinical instruction from time to time, and that the probationers did better in the wards of those sisters who themselves attended these classes. No one can teach unless he or she is always learning.

Nor is this all an impracticable dream. We found at Monsall Hospital latterly that it was possible to practically guarantee to a probationer (when, after three months' trial, it was decided to retain her for two years' further training) that if she did well with us she would be accepted by a good general hospital for further training if she decided to apply. We had no difficulty whatever in this way; and when our nurses went to other hospitals, it was quite common to find them gaining pre-eminence over their fellow probationers in

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