

examinations. Ultimately, when they left the general hospital, they often found their previous two years' experience of considerable commercial value. In my view, the place of the fever hospital in the training of the general nurse lies at the beginning, and not at the end. When a qualified nurse comes for six months to a fever hospital, she does not, as a rule, learn very much; indeed, that is often not her object so much as to obtain a certificate to say that she knows.

Under this scheme the sisters of the fever hospitals are recruited from those who have been trained firstly at a fever hospital, and then generally, and ultimately wish to return to fever work. In this there is some attraction, for they obtain sisters' posts at an earlier age in the fever hospitals than in general institutions, and the salary is quite worth having.

The co-operation between general and fever hospitals can be begun without the intervention of the State. All changes which are to be permanent must be gradual, and it will take time for the barriers between the two to be broken down; what is wanted, first of all, is for the Fever Hospitals to show that they have something to offer to the general institutions which it will pay them to accept. When this is accomplished, we shall certainly hear no more of the shortage of nurses in Fever Hospitals except—and they deserve it—in those places where the nurses are regarded as workers only, however well-paid and well-fed they may be. There are other factors too, such as the need for the nurses being under the care more of the matron and less of the permanent officials, the advisability of greater care in the selection (socially and intellectually) of the probationers for training in the first place, and the amendment of some of the laxities in discipline during their stay at the fever hospital, and so forth; but time will not permit me to speak of these—they are subsidiary to my main point. Briefly, I would say: Trust the matron.

But I cannot close without drawing attention to the harm which fever nurses are suffering from some of the nursing homes. An instance will suffice.

Quite recently I was asked to see a patient suffering from appendicitis, and I found that it was necessary to operate at once. Removal of the case to a nursing home was, in my view, risky, and moreover there was plenty of room, and abundance of light, in the house in which he was residing. So I telephoned to a nursing home for two nurses, experienced in surgical work, and explained that they would have to prepare the patient and his room for operation

as quickly as possible. I received the reply that two nurses "fully trained" were available. When they arrived, I found to my dismay that one of them had never worn a pair of rubber gloves in her life (and I wanted her to thread needles), and neither had any knowledge of the elements of asepsis or of the after-treatment of an abdominal operation. One had been trained at a fever hospital only for a short period, and the other had had two years of training, also at a fever hospital only. Now both these nurses were employed by the institution for all kinds of general medical and surgical work. And I know of another instance where two nurses who had been dismissed from a fever hospital were immediately taken on by a private nursing institution without reference to their previous matron, and employed for general work. This establishment advertised freely that "None but trained hospital nurses were employed."

Now this sort of thing does Fever Nursing a good deal of harm. Whether one does or does not approve of the State Registration of Nurses, and I do, there can be no question that some sort of responsible enquiry is urgently required into the condition of private nursing homes, and personally I think that this might well be done as a preliminary to a measure for State Registration.

But I have trespassed on your time long enough, and I would rather give place to those who may wish to discuss any of the points which I have raised. I will only say in conclusion—let us recognise that fever work is no mere speciality. The problems of immunity, of the resistance to disease on the part of the patient, which are now so largely in the air, and on the solution of which depends the future of medicine and of surgery—nay, even the wide subject of bacteriology itself, have originated in the study of infectious disease, and we have no right to lock up the patients in our fever hospitals and merely isolate them from the community. For clinical study, for training of nurses, we should take our part in the work which is being done as a whole, and which should know no limitations of institution or locality. Linked on the one hand with the treatment of acute disease, and on the other with the broad problems of preventive medicine, fever nursing occupies a position which is far too useful to the community to be shut up in a water-tight compartment, or surrounded with a ring fence of lay officialdom; and it is time that we should ourselves cease to hug the chains which bind us to the somewhat inglorious past.

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