

of opinion that, if carried out, very valuable experience would be lost in each school, either ground work or experience in taking responsibility. She advocated a course in which no definite year was excluded, but the term divided so as to give each candidate a portion of each year's work. Whatever term of training was decided upon it was absolutely essential that the standard of education on admission and of the instruction given during training should be the same in both schools. The curricula must vary to a certain extent; but there need be no difference in the standard.

There was also a difference of opinion with regard to the time at which training in a hospital for children should be taken. Some considered that training in a general hospital should be the foundation for all training. There were many reasons, however, why it was an advantage for probationers to begin their training in a hospital for children, and qualify for registration on the Children's Supplementary Register. There was (1) the earlier age at which candidates could be received in a hospital for children; a better educated type of probationer was likely to come straight from school, instead of taking up other work until old enough to enter a general hospital. Very often such a candidate decided to continue in the work she had begun, and so good material was lost to the nursing profession. (2) Parents were often more willing for their daughter to enter a hospital for children. (3) The powers of adaptability were keener at the early age and a probationer found it easier to be the eyes, ears, and mind to her patient which was so essential in the nursing of sick children.

The care of sick children was of the greatest national importance, and it was the duty of everyone who had any power to contribute to that care, to see that the best was given. That surely meant that in the future only fully trained and experienced nurses should have the supervision of the care given to sick children in the hospitals of this country.

SUGGESTIONS FOR RECIPROCAL TRAINING OF FEVER NURSES.

By MISS S. A. VILLIERS.

In dealing with Reciprocal Training for Fever Nurses, Miss S. A. Villiers suggested two schemes for consideration, and tabulated what she considered to be the advantages and disadvantages of each, both from the point of view of the Nurses and of the Hospitals.

There appeared to be no reason why both schemes should not be worked in the same Fever Hospital, and the Committee of a General and of a Fever Hospital would be able to arrange between themselves which they would adopt.

The first proposed that a Nurse should train in Fever Nursing *before* her General Training. This involved a two years' course, and was in practice at present to a large extent.

The second proposed that a Nurse should take

her Fever Training *after* her General Training, and involved a one year's course.

SCHEME I.

ADVANTAGES OF TWO YEARS' COURSE BEFORE GENERAL TRAINING.

A. *To Fever Hospitals.* A larger supply of probationers would be available.

B. *To General Hospitals.* Nurses would be trained in Preliminary Nursing, both theoretical and practical, before entering for their general training.

DISADVANTAGES.

A. *To Fever Hospitals.* Nurses would be more liable to infection on account of their youth.

B. *To General Hospitals.* Matrons would not have the entire selection of probationers. This objection might be met by the Matron of the General Hospital and of the Fever Hospital making a joint selection.

ADVANTAGES TO THE NURSE.

1. The probationer would begin her training at an earlier age. 2. She would be taught practical and theoretical nursing in accordance with the Schedule of the General Nursing Council, and could either pass a preliminary examination before entering for her general training, or be prepared to take it immediately on entering, which would probably be the better course. 3. The two years spent in fever training might count as one year of general training.

SCHEME II.

This Scheme of one year's Course taken after general training is also in practice to a limited extent.

ADVANTAGES.

A. *To Fever Hospitals.* (1) Better nursing would be secured; and (2) there would be less infectious illness among the nurses.

B. *To General Hospitals.* The nurse's general training would be practically completed before her special training began.

DISADVANTAGES.

A. *To Fever Hospitals.* (1) The supply of nurses would probably be less adequate; (2) owing to the shorter course of training there would be more frequent changes in the staff; and (3) it would be more expensive.

B. *To General Hospitals.* The scheme appears to present no disadvantages.

ADVANTAGES TO THE NURSE.

(1) Less liability to infection and less objection on the part of her friends; (2) less time spent in Fever Hospitals (which involves certain disadvantages); and (3) only one period of probationer's work would be done, whereas, when a nurse starts her training in a special hospital she usually works as a probationer nurse twice.

If the latter scheme were adopted generally it might be necessary to provide assistance in the form of Ward Orderlies, as was now done in some Infirmarys, or of Nursing Attendants, as was the practice in many Convalescent Fever Hospitals.

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