

## THE REGISTRATION OF FEVER NURSES IN SCOTLAND.

We had hoped that, when the Rules framed by the General Nursing Council for Scotland were approved and signed by the Scottish Board of Health, the question of placing Fever Nurses certificated by the Local Government Board for Scotland and the Scottish Board of Health, on the General Part of the Register was finally disposed of. But apparently this is not the case according to a report which appears in the *Glasgow Herald*, on September 16th, of a deputation received by Mr. Robert Munro, K.C., M.P., the Secretary for Scotland, on the previous day, which was composed of representatives of Scottish local authorities and which dealt with the position of Nurses in fever hospitals under the Nurses' Registration (Scotland) Act, 1919.

Mr. Munro was accompanied by Sir Leslie Mackenzie and Mr. Ewan Macpherson, of the Scottish Board of Health.

### THE REGISTRATION OF NURSES.

The members of the deputation were Bailies J. Stewart and Wheatley, Dr. A. K. Chalmers, Medical Officer of Health, and Mr. J. L. Mackenzie, Glasgow; Bailie Watson and Dr. Williamson, Medical Officer of Health, Edinburgh; Dr. Milne, Greenock; Dr. Lauder Thomson, Dumbartonshire; Councillor Templeton, Lanarkshire; and Councillor D. W. Kemp and Mr. J. L. Officer, representing the Convention of Burghs.

Dr. Chalmers said it was not a small section of the nursing world or the hospital profession of Scotland that they were representing. The local authority hospitals in the country exceeded the general hospitals, and the beds in the former outnumbered those in the latter, and the trained nurses employed by the local authorities exceeded those in the general hospitals.

Dealing with the question of reciprocity and the basis of the contention of the Scottish authorities, he said it lay in the essential difference between training of nurses in fever hospitals in Scotland and the training got elsewhere. It was to the credit of Scotland that the Scottish Board alone of all Government Boards introduced a definite scheme for training. England or Ireland had nothing like it, and yet in order to reach the question of reciprocity that had been cast entirely aside. [This is not a fact.—ED.] They must remember the difficulty a woman had in selecting a venue in which she was to get her training. For the most part it would be opportunity, for she had no official guide, save the Local Government Board scheme, and she was to be penalised by being put in a completely unmarketable position. What was nowadays called a fever nurse was largely an anachronism. Formerly, she was only trained in fever, but of late years there had been added tuberculosis, malaria, pneumonia, dysentery and other things which in effect had been withdrawn from the arena of general hospital work and transferred to local authority work. On the

other hand, one could not help thinking that the term "general nurse" was misleading, because a nurse was not entitled to be so called whose training was confined entirely to the practical work in a general hospital and would know little of the acute diseases of infancy. Moreover, there was no field for a nurse training in fever and practising in it afterwards. They did not want to obtain an unsuitable qualification or position for nurses trained in fever hospitals, but they were desirous that there should be a broad field for nurses, and that, with regard to existing nurses, instead of stereotyping the existing conditions they should do their best to pave the way for a wider scheme.

Mr. Munro: Is it the view of the Local Authorities here represented that the fever part of the register should be entirely deleted?

Dr. Chalmers: That is so.

### WELL-BEING OF THOUSANDS.

Dr. Milne, convener of the Public Health Committee, Greenock, said that he thought that the training of a poor-law nurse as compared with the training of a fever nurse was not nearly so efficient. The bulk of the cases that nurses were called upon to nurse were fever of one sort or another. The general principles of nursing were the same all over, and it was from that point of view that they were appealing that this register should be delayed meantime, so that the nurses who had been trained in the fever hospitals in the past might be put upon it.

Bailie Stewart, Glasgow, said that at the present moment the nurses they were getting to come to the Infectious Diseases Hospital were much the same as the nurses who were going to the general hospitals for their training, but as these women discovered that they were going into a kind of cul-de-sac employment the standard of the women they would get would be reduced. The effect of that was bound to be bad. The interest of the deputation was the general interest—the interest of the community. They were interested in the nurses, but their great interest was in the ultimate well-being of the thousands who would come under their care. By placing these nurses in a subsidiary position in a cul-de-sac employment it would be inimical to the public welfare. They would not get the class of women they desired. It was essential that they should get women who were interested in nursing—women who were going to make nursing their life study.

### "VERY GRAVE UNDERTAKING."

Mr. Munro, in reply, said there were several things which were quite clear with regard to the matter. The first was that the Act of Parliament with which they were concerned conferred ample power on the Nursing Council to take the course which they had done. At the same time there was no warrant at all for the idea that the general part of the Register was a superior part to the other parts. The English and Irish Nursing Councils had adopted the system of which the deputation complained, and were satisfied with a Register which consisted of

[previous page](#)

[next page](#)