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THE PROBLEM OF FEVER NURSES

I.

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THE position of nurses trained in fever hospitals discussed in your issue of June 15th is one which admits of two opinions, according to the point from which it is approached, the advantage of the public or that of the nurses.

It becomes necessary, whether State registration be instituted or not, to inquire how the interests of both public and nurses might be best safeguarded. To settle this question some agreement is necessary concerning what knowledge and training are required by a nurse prior to registration, and how far this knowledge and training can be obtained in hospitals devoted in greater or lesser measure to meet special needs.

To summarise briefly, the following are the requirements of a good nurse. She must be able to attend on the sick person so as to enable that person to pass through the illness in the most favourable circumstances. This is the basis of all nursing, and is essentially the same, no matter what disease the patient suffers from; a crumpled sheet is a crumpled sheet, whether the patient be surgical or medical. Whether a patient be collapsed by a severe fever or by a severe operation matters not, as the needs of a patient suffering from exhaustion differ little in any disease. The capacity to handle each patient, indeed, demands some special experience of the illness from which he suffers, but the great bulk of the knowledge necessary is common to all nursing.

A nurse must also have an accurate knowledge of the means of ventilation; of the care of the ward as regards lighting, bed and bedding, cleanliness, care of furniture and utensils, &c.; she must devote attention to the cleanliness of her person, of her dress, and especially of her hands; she must be able to cook to a certain extent and to feed intelligently; she must be able to keep her patient clean and tidy with the minimum of disturbance, and, in the case of female patients, perform many smaller duties; she must be able to record observations accurately, the degree of temperature, the character of pulse and respirations, the effect of diet and remedies, the state of the patient as regards mental outlook, sleep, appetite, &c., the condition of the skin and the presence of eruptions. Apart from these she must possess the ability to apply that mass of minute detail which differentiates a good from a bad nurse. Every one of these can be taught just as thoroughly in a properly equipped fever hospital as in any other, for, after all, "fever, above all other diseases, tests the nursing power and depends upon this for life or death."¹ In fact, in acute diseases there is more field for training the nurse's powers of observation accurately than in

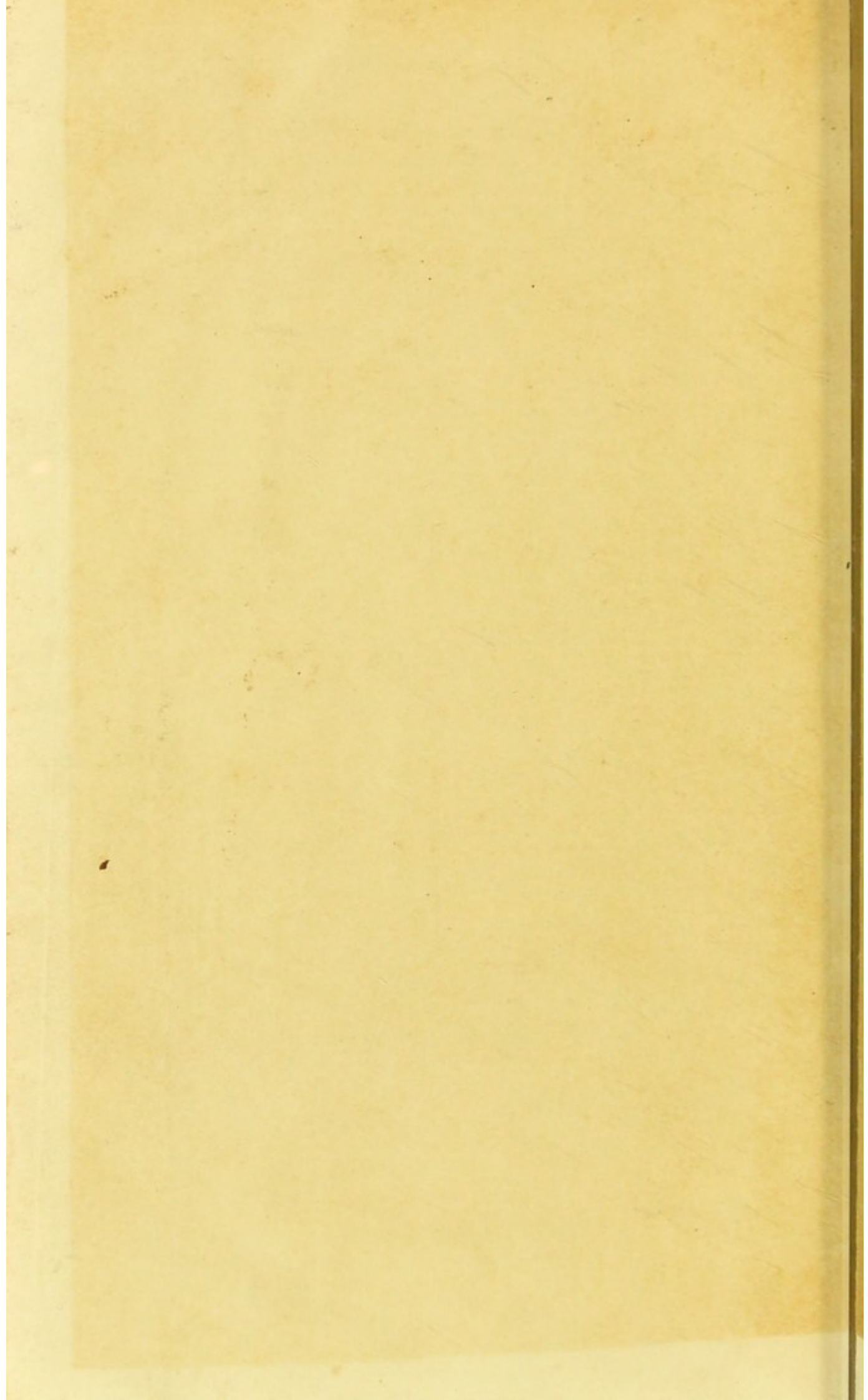
almost any other form of disease, and it is on the trustworthiness of the nurse's power of observation that the physician in attendance on the case is most dependent. Powers of observation are rarely native to any extent; their development and training is one of the chief duties of an educational institution.

In a hospital, such as many of the large fever hospitals in Scotland, to which are admitted cases of diphtheria, scarlet fever, typhus fever, enteric fever, measles, whooping cough, erysipelas, and cellulitis, and puerperal septicæmia, with the great variety of complications which these diseases supply, and with the large number of general medical cases admitted under wrong diagnoses, it is ridiculous to say that there is any lack of material on which to procure a thorough training of all varieties of medical nursing such as just outlined. In addition, a nurse trained in such a hospital has experience in the treatment of many varieties of disease, such as acute eye infections, which are very common in measles, acute nose and throat infections, and broncho-pneumonia in children, experience, as a rule, only to be gained in special or children's hospitals.

As regards surgery her training is less complete. She is, however, familiar with the technique of the administration of chloroform, with dressings and instruments, and with the more simple routine of surgical operations, and with regard to one special procedure, namely, the treatment of tracheotomy at and after operation she is, as a rule, an adept. With this experience she is in a position to acquire the full technique in a comparatively short time. Were all nurses trained in general hospitals thoroughly equipped as regards surgical measures, this would be a somewhat serious objection, but in many of the smaller general hospitals and of the poorhouse infirmaries which give a certificate of three years' training, there is no opportunity for the nurses to become abreast of the best modern surgical technique, which at the present moment requires a considerable period of constant and elaborate drill.

Further, in these fever hospitals the nurses are as carefully lectured and taught as in the general hospitals, and at least in this hospital their general medical training is considered of as great importance as special fever training, as the latter without the former is of comparatively little use. Probationers are only accepted for three years' training, and we can get as many as we wish. Nurses with the hospital certificate have no difficulty in obtaining engagements in the nursing homes in England at a higher salary than we are willing to pay to retain their services as staff nurses. As many leave to go to these homes we have a difficulty in retaining sufficient of our own certificated nurses to recruit the vacancies among the staff nurses. The demand for nurses at the present time is greater than can be easily met. It seems to me, therefore, that it is for the general advantage that nurses trained in the large fever hospitals, many

¹ Florence Nightingale.



of which have arrangements for training superior to those of many smaller general hospitals, should be recognised and registered, if that is agreed on, in spite of their lack of prolonged surgical experience. Were there any immediate prospect of the supply of adequately equipped persons equalling the demand, then the force of circumstances would very soon compel the general hospitals to come to terms with other institutions for the mutual training of nurses; but it is just because the demand for properly trained persons so much exceeds the supply that the general hospitals have at present the whip hand, and refuse terms all but the most onerous.

The only way, therefore, out of the difficulty seems to me to consist in having all hospitals which give an efficient three years' training recognised, and if registration be established, to have their nurses registered with the training given by that hospital, if necessary guaranteed by independent examiners, so that any person engaging a nurse for any specific purpose can do so with the knowledge of the training she has received. This, it seems to me, can do no harm to anybody; nobody is obliged to engage a nurse trained in a fever hospital to attend on a surgical case, nor a nurse trained only in a general hospital to attend on a fever case. So much of nursing consists of medical and fever nursing that it seems somewhat fatuous to prevent a person who has a thorough training in these branches the opportunity of exercising that knowledge, unless she has gone through special surgical training. It would be much more rational to prevent a midwife from being registered unless she possessed a three years' general hospital certificate, and yet nobody at the present minute contemplates that as a possibility.