

and the treatment again becomes medicinal would No. 1 be reinstated, or would the services of No. 3 be requisitioned? Because of course No. 2 in her turn would be no longer required. If specialism means anything such proceedings as these would be inevitable; but can anyone for one moment believe that such kaleidoscopic attendants could be of any assistance to the patient either in body or mind, in any degree satisfactory to the doctor, or that such a state of affairs would be even agreeable to the Nurses themselves? Or, again, let us take the instance of an aged dame who has sustained a fracture of the thigh. Naturally the surgical specialist would have the first and a permanent summons. But if after a few days pneumonia supervened, it would clearly be necessary that a medical Nurse should also be sent for. The case would be necessarily severe, constant care would be necessary, so two more specialists would be required for the night in addition to those on day duty. We need not inquire whether it would be wise to have a Sister in charge to supervise these Nurses, nor how many extra domestics would be required, nor what bedroom accommodation an ordinary dwelling-house would afford to such a staff. Probably enough has been said to reduce the whole proposition to a sheer absurdity. Because it is well-known that there are many medical cases for whose relief surgical measures are adopted; and on the other hand that there are many patients who develop some distinctly medical malady—transient though it may be in the majority of cases—while recovering from an accident or an operation. The foolishness of attempting to change steeds when crossing a stream is proverbial, and it is precisely the same principle which is involved in altering the attendants of a sick man. For these, therefore, and other reasons, which need not be here detailed, we consider that for Nurses to become specialists in either medical or surgical work would be fraught with danger and discomfort to the sick.

And there can be no reasonable doubt that such a system would be absolutely distasteful to Doctors, for the reasons we have given, and for its many practical inconveniences, and that therefore it would be strongly discountenanced by them. From which it would clearly follow that this form of specialism will never be adopted except by a very few Nurses under special circumstances. Because if the medical profession declined to recognise or recommend such specialists, their occupation, like that of Othello, would be gone. The circumstances to which we refer are that some Surgeons only employ Nurses who are constantly assisting them in their special operations, and some Physicians in like manner

only recommend Nurses whose knowledge of massage, or electricity, or some other branch has been specially acquired and developed. But these and similar instances are merely the few exceptions which prove the truth of the general rule.

But there are other arguments which may be forcibly urged against this form of specialism in especial reference to the allotment of certain Nurses to the care of certain operations. Mr. Warrington Haward's remarks upon this point are well worthy of note:—"I consider that any first-rate Nurse ought to be competent to undertake the nursing of an ovariectomy, and I can certainly assert that I never had an ovariectomy patient better nursed than one who fell under the care of a Nurse who had charge of such a case for the first time. Moreover, a Nurse in charge of a patient for various conditions may at any moment find herself called upon to attend an abdominal section, when it would clearly be undesirable to bring a special Nurse for the occasion. The same remarks would, it seems to me, apply to such operations as tracheotomy, to attend on which any properly-trained Nurse ought to be competent." In whatever way, therefore, the subject be considered, it becomes plain that there is no necessity for Nurses to be specialists for Medical or Surgical work, and that, moreover, such a division of labour would be harmful to the sick, and very detrimental to Nurses themselves, while it would almost certainly cause the gravest inconvenience to Doctors. The conclusion of the matter, therefore, is that, so far as general Medical and Surgical work goes, it is essential not only that Nurses should be well trained in both branches, but that they should be ever ready to undertake the care of cases in either category; in other words, that they should be general practitioners in Medical and Surgical nursing.

The question as to whether some Nurses should always be for night and some for day duty is one which need not be discussed at length. During the time of training, the period of night duty varies at different Hospitals. In Private Nursing it is largely a matter of arrangement, or even of accident, whether day or night work be done. We take it for granted that, even as a matter of health, we shall never have specialists in nocturnal nursing, because even the strongest constitution cannot bear constant night work for long without injury.

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LIFE is to be measured by action, not by time. A man may die old at thirty, and young at eighty—nay, the one lives after death, and the other perished before he died.

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