

Nursing that it should be similarly divided and subdivided.

When asked, then, by your Council to read a paper this evening, and thinking over the subjects upon which I might venture to address you, it occurred to me that perhaps it might not be altogether without interest to you, if I offered a few words on this subject for your consideration and discussion; and that it might not be without profit to those who, like myself, are much interested in Nursing work, and who wish to assist in whatever is for the promotion of its highest excellence, to hear what those engaged in the actual work of Nursing have to say on the question raised. It is one of the difficulties which beset us Doctors in regard to Nursing questions, that it is often impossible for us to realize, or even to learn, what is the Nurse's feeling on many of the questions on which we have to advise or legislate; and I, for one, am always glad to listen to and learn from whatever those engaged in Nursing are good enough to tell us about their work. With regard to that department of the art of healing with which I am myself concerned—surgery—it is certainly questionable how far it has benefited by the state of division in which it is now the custom to practise it; for while it cannot be doubted that our knowledge of some diseases, and still more of some operations, has been greatly advanced in consequence of the special attention which has been by some devoted to them, yet, on the other hand, it seems no less certain that an exclusive devotion to one part of surgery is apt to interfere with a just appreciation of the proportion which that part bears to the whole, and to lead to its being regarded with a harmfully restricted view. It cannot, I think, be doubted that some of the most competent practitioners, if we consider the general excellence and the extent of their knowledge, experience, and skill, are to be found among those in large general practice in the country, who are of necessity engaged in all branches of the work. How stands the case then with regard to the art of Nursing?

Is it desirable that there should be specialists in nursing; that there should be Medical, Surgical, and Obstetric Nurses; that there should be Fever Nurses, Ophthalmic Nurses, Ovariectomy Nurses, and the like? Or, to take another mode of division, that there should be Nurses for adults and Nurses for children; Nurses for Hospital work, and Nurses for Private practice; Nurses for day and Nurses for night?

I expect you will all agree that, at any rate, the *training* of a Nurse should be general, and not special; that is to say, that the training of all Nurses up to a certain point should be alike.

But the question arises—Up to what point? I

should be inclined to answer that question by saying, Up to the point of all-round excellence, which would qualify her for the ordinary duties of a Medical or Surgical Nurse—the amount and degree of training which would entitle her to a certificate at most of the Hospitals.

After that I should say that an Obstetric Nurse should have special training at a Lying-in Hospital, and it seems to me that there are good reasons for separating Midwives into a class by themselves. I should think it undesirable that Nurses attending confinements should be also attending patients affected with Medical or Surgical diseases; for, besides the dangers of infection, there would be the difficulty of ensuring that the Nurse should be disengaged at the time required. Except to this extent, there seems to me no good reason for Nurses devoting themselves only to the diseases of women.

Then comes the question whether it is desirable to make a distinction between Medical and Surgical Nurses.

I do not think it is. But it would be useful to hear what is thought on this point from the Nurses' point of view.

Of course one must admit that some Nurses will show in a more marked degree than others the special kind of dexterity which would render their aid particularly valuable in Surgery; while others will exhibit powers of observation which will make them especially helpful to the Physician.

But it seems to me that just as a Surgeon with no knowledge of medicine, or a Physician entirely ignorant of surgery, would be very likely to make a mistake even in his own special department, so a Nurse whose training had been solely Medical or Surgical would certainly not be efficiently equipped for either class of cases.

Moreover, my observation leads me to believe that the exclusive employment of a Nurse (even if her training has been general) upon Medical or Surgical cases renders her less ready on emergency, less interested in all the aspects of the disease, and, in fact, less complete in her knowledge and powers than if she had been exercised in both kinds of cases. I should also suppose that a change from Medical to Surgical duties (or the reverse) would often be a pleasant relief from monotony.

Nor do I think it a good plan to set apart Nurses for particular operations, such as ovariectomy. Of course when a Nurse is in charge of a severe abdominal operation case it is often desirable that she should devote herself to that case alone; but I am not in favour of certain Nurses in a Hospital being kept for abdominal cases, to the exclusion of the rest of the staff from that department of Surgery. I consider that any first-rate

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