

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 have 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.

So again with regard to the nursing of ophthalmic cases, it would appear to be neither necessary nor desirable to have separate Nurses for this branch of surgery. The objections to all such distinctions are that they tend to deprive the ordinary Nurse of the opportunity of acquiring experience in such separated portions of Nursing work, and that she feels that deficiency when a patient unexpectedly requires that particular kind of aid; while, on the other hand, the Nurse practising only a limited branch of the work is almost certain to prove deficient, if any emergency arises outside her particular department. I could give some striking demonstrations of these inconveniences did time allow.

With regard to attendance upon infectious fevers, it is clear that for the safety of both patients and Nurses some separation must be maintained. But even here I should limit the distinction to practice only, and not at all to training. A case of scarlet fever for instance may call upon all the resources of the Nurse, both Medical and Surgical. A tracheotomy may arise in the course of it; or a severe hemorrhage from the throat may suddenly need a surgical operation. Or to reverse the illustration, a patient who has undergone a surgical operation, and who is under treatment for a surgical disease, may be attacked with scarlet fever, and thus need all the precautions and nursing care pertaining to a case of fever.

With regard to the danger of carrying infection, I suppose that a Nurse who has been in attendance on a case of fever may be thoroughly disinfected by a reasonable amount of care in the treatment of her person and dress. But there is an argument in favour of certain Nurses being confined to attendance on infectious cases, in the fact that those in constant attendance on such cases become much less liable to be themselves infected than those are who only occasionally come in contact with such infection. The power of resistance engendered of constant contact with

infectious disease gives to Nurses so employed a protection which is, I think, a strong argument for this kind of limitation of their work.

But I should like here to take occasion to say that I think it would be well if Nurses occupied with surgical cases had an idea of the importance of avoiding the conveyance of infection similar to that which is present to the minds of those in attendance on infectious fevers.

In spite of all our preaching about the value of antiseptic precautions, the necessity of minute care in such matters is not yet fully appreciated by all Nurses, any more than it is by all Surgeons. And the educational value of the training involved in nursing a case of highly infectious fever, and of practising all the details of careful disinfection which such a case requires, is of a kind which would save many a Surgical Nurse—and I will add, if you please, many a Surgeon—from serious oversight in this direction.

One other class of cases should perhaps be mentioned as being considered by some to require specially trained Nurses. I mean that including the various forms of insanity. But the persons suffering from this form of disease are, many of them, in a condition requiring the ordinary kinds of nursing service, and these would suffer from the lack of proper training on the part of their attendant, so that I doubt if it is desirable to make such attendants into a separate class of Nurses. At the same time it should, I think, be allowed that violent or dangerous lunatics require special attention and provision for their condition such as is best obtained in Institutions arranged for the purpose and with the requisite aid to the Nursing Staff.

I would next ask your consideration of the question whether there should be different Nurses for children and adults? Now I shall at once admit that it requires the addition of certain special mental qualities to the usual experience and technical knowledge to make a good children's Nurse. We all know that some people have naturally the art of managing and understanding children, which others never acquire; and the possession of the combination of qualities which give that particular power is needful for the Nurse who is to succeed with sick children. But this is the only kind of distinction which I should be inclined to admit in this branch of Nursing. And it would follow therefore, as indeed I can testify from experience, that though all Nurses who can manage adults are not suitable for children, yet all good children's Nurses are equally good for adults. One exception may perhaps have to be made to this statement. I do not know whether there is any connection between the stature of people and their love of children;

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