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"QUI NON PROFICIT, DEFICIT."

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EDITORIAL.

SPECIALISM IN NURSING.—III.

IS it desirable that Trained Nurses should be specialists for Medical and for Surgical cases distinctively? or, in other words, should they restrict themselves to attendance only upon cases which fall within the province of the Physician, or solely on those which come under the Surgeon's care? Our readers will remember that we affirmed last week the principle that Monthly Nurses should be specialists in the strictest sense of the term, and this for their own welfare as well as for that of their patients. It is gratifying to learn that our conclusions are endorsed by some who are well qualified to express a judgment on the subject.

It is easily proved, however, that the present question bears no analogy to that which we discussed last week. It is well known that some well-trained women now devote themselves as far as they possibly can to Medical cases exclusively, perhaps from a natural aptitude for scientific investigation, or it may be from an invincible distaste for operative procedures; and that there are many, again, who possess in an eminent degree the qualities essential to a Surgical Nurse, and

who, were it possible, would prefer invariably to act in that capacity. But such a clearly defined division of work is impossible in practice, inasmuch as Surgery merges into Medicine, and Medicine into Surgery at numberless points. Unfortunately, the public has undoubtedly been educated by the advertisements of Nursing Institutions to believe that Medical Nurses are somehow very distinct, and even require a different scale of remuneration, from Surgical Nurses.

It may be presumed that no one will dispute that the complete preliminary training, upon which stress has so frequently been laid in these columns, is essential to any woman before she commences Private Nursing of any kind, or in any speciality. The question, therefore, is simply one of practising the profession, not of learning it, and resolves itself into the inquiry as to whether it is practicable for any given Nurse to devote herself solely to either Medical or Surgical work. We have no hesitation then in saying that a very brief consideration of the matter proves that just as to be efficient they must be trained in both branches, so to be useful to the public Nurses must combine the work of both. To exemplify our argument briefly let us cite pneumonia and peritonitis, which might be termed typical medical cases; and let us imagine that specialism has become generally recognised, and by the etiquette consequently brought into vogue Medical Nurses must be summoned to tend patients so afflicted. The Nurse then who has been sent to watch over the peritonitis case will be in her element. But what will happen to her and to her patient if in a few hours it becomes necessary, in accordance with modern treatment, to open the abdomen? Surely she will have straightway to depart, and a specialist Surgical Nurse be summoned. And then when the wound has healed

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