

such an arrangement is possible, for throughout the kingdom there are but few towns which do not possess fever Hospitals strictly isolated from those devoted to non-infectious cases. The few general Hospitals which still maintain the traditions of the middle ages and admit fever patients have, with only one or two exceptions, so far followed modern teaching as to set aside an isolated block for their reception, or at least strictly separated wards, and the rule even in these as to the segregation of the attendants is, we are fain to believe, stringently enforced.

But for Nurses in private work the rule can hardly be made so strict, because it could not, we imagine, be gravely asserted that those who undertook the nursing of a fever case must therefore become a being to be shunned and dreaded—a leper who must thenceforth go her way, ever calling out, "Unclean, unclean." And yet this is the logical and inevitable conclusion of the proposition that fever Nurses must be kept distinct—for the public good—from all other attendants on the sick. Because if it be harmful to an ordinary Medical or Surgical case that it should be attended by a fever Nurse, it is equally as wrong that anyone who has ever nursed an infectious case should be sent to watch over a noninfectious one. In fact, on the same ground, it would be as wicked for a Nurse who has been with a small-pox case to be sent to one of scarlet fever; and so to be consistent there must be specialism *in excelsis*, and Nurses must devote themselves once and for ever to one particular fever. *En parenthèse*, we should be compelled to condole with the scarlet fever Nurse, sent to a case of supposed Rötheln, if it developed finally the typical rash of measles, and her career thereby should be cut short for future attendance upon her special patients. The argument need hardly be pursued further, for any one can realise the despondent depths to which it might lead, and this as regards the perennial isolation of fever patients as well as of fever Nurses.

As a matter of practical fact, there is not a sufficiently regular supply of fevers in our large towns to keep specialist Nurses at work. Now and again the pressure would be extreme, and the demand far in excess of the possible supply. Then the climatic pause would come, and the subsidence of the epidemic would leave many stranded for want of work. Finally, if the well-known disinfective precautions be only observed, there is not the shadow of fear of a woman who yesterday left a small-pox case going to-morrow to attend a Surgical or Medical—it will be understood that we do not say Obstetric—case. And we cannot doubt that before such a transference of work every possible antiseptic precaution would,

as a matter of moral necessity, be taken. The conclusion, therefore, would seem to be that neither Nurses nor the public would gain by specialism in nursing of fever cases. And inasmuch as the advance of hygienic science must tend to diminish both the mortality and the mere occurrence of infectious diseases, and certainly to more and more localise such outbreaks as do occur, there will in all human probability be even less likelihood of Nurses undertaking such work in the future as a distinct speciality than there is at present.

As to the probability of Nurses being specialists for ophthalmic or ovariotomy cases, the matter seems equally simple. There may, and very probably will always, be a few women who work for leading oculists and gynecologists who may perforce become devoted solely to the Nursing of these cases respectively. There are, we are aware, such Nurses now; but they are very few in number, and we cannot see how there ever can be sufficiently many of such exclusive workers to raise the specialism into a distinctive calling. If every Doctor operated on eyes or abdomens, the matter would be very different; but the field is so small that it cannot appreciably affect the great mass of Nurses. We cannot but accept Mr. HAWARD's conclusion, therefore—that it is not a good plan to set apart Nurses for particular operations. Any Surgical Nurse might at any moment be called upon to take charge of an abdominal operation case, and although experience of such cases is doubtless very important, there is surely nothing very mysterious or unusual in the special care which is necessary. The same remarks, as Mr. HAWARD said, apply to tracheotomy, or other special operations upon which any properly Trained Nurse should be able efficiently to attend.

Doctors have perforce become specialists because the high pressure of the age makes it better for each man to know a little well than to know a great deal in a surface sort of way. We cannot see that Nurses with their more limited field of work and knowledge can, so far as general Medical and Surgical work is concerned, ever be so over-pressed; and therefore it is the laws of supply and demand which will regulate in what part of the calling they are chiefly engaged. As a general rule, therefore, it may be taken, we believe, for granted that while there will be an ever-increasing request for fully trained specialist Obstetric Nurses, and also for fully trained Medical and Surgical Nurses, there is scarcely likely to arise an English endemic of special operation cases which will require the formation of a class of specialist Nurses to undertake their care.

[previous page](#)

[next page](#)