

to make certain of the depth to which it is possible to pass the instrument, while the fine screws (*xx*) enable us to use just as many needles as necessary and to arrange them as may be advisable. Through the handle (*g*) passes a wire connected at one end to the grooved metal stem (*c*), and at the other to a screw (*e*) for connection with a rheophore.

*b.*—(3) The œsophageal bougie electrode may be considered as representative of its class. It consists usually of a gum elastic tube (*x*) of any desirable size, terminating at its distal end in a brightly-polished rounded, elongated, or olive-shaped metal knob (*k*). At its proximate end is an arrangement (*r*) by which the copper wire passing through it may be easily placed in connection with a rheophore. Figure 39 clearly illustrates this and renders further description unnecessary.

(To be continued.)

### SPECIALISM FOR NURSES.

WHATEVER our profession, and in whatever sphere of life our work lies, there is little doubt that we are all of us far too apt to judge of any given question from our own standpoint. Involuntarily, and it may be to a great extent unconsciously, our individual life colours the view we take, and it becomes almost impossible, if we are personally interested in the matter under discussion, to look at it in all its bearings as an outsider would, or to weigh the arguments on either side thoroughly and dispassionately. Possibly, however, in some questions only those touched home by results have any very keen interest in the outcome of the matter, or can fully appreciate the difficulties and complications that may arise on the one hand, or the desirable changes that may accrue on the other.

The question of specialism for Nurses has been started, and the opinion of Nurses has been asked, and therefore any seeming presumption in discussing the subject appears pardonable. We have to face, not an ideal problem, nor what would abstractedly be advisable, but the broad realities of a Nurse's life as it is in the present day, more especially perhaps in this case that of a private Nurse. Putting aside insane, infectious, and midwifery cases as outside the pale of the question we are considering—in so far that all seem to agree in the expediency of some sort of specialism in these cases—there remains to be weighed the desirability of specialism, not alone in Medical or Surgical work, but also in the many forms of disease coming under either heading, to which

as Trained Nurses we are any of us liable to be called. Theoretically, at any rate, the opinion of Medical men appears to be adverse to the idea of specialism for Nurses; but it seems possible that their objections are based in some measure, at least, on a misapprehension as to what the term, as applied to us, would really mean. No one could argue against the contention that any Trained Nurse, no matter to which kind of cases she has given special attention, or from the nursing of which she has gained her experience, *should* always be equal to meeting the emergencies which may arise in her work, or the class of symptoms which may supervene and, for the time being at any rate, change the nature of the case.

It is a matter of grave doubt, however, whether even as things stand now this is so in all cases, and the risk of incompetency would surely be very little, if at all, increased by the fact of a limited number of Nurses devoting special attention to one branch of the work in which they are engaged after their general training is finished. In reality, specialism as it is does to some extent exist, and individual Nurses very soon get known in the Homes to which they belong as specially good Medical or Surgical Nurses, and are, as far as possible, sent to suitable cases accordingly. Then again there is such a thing as involuntary specialism, in so far that in country districts the cases to which Private Nurses go are almost invariably medical, and from sheer want of practice a Nurse, however fond she may be of Surgical work, soon feels that she is losing a certain amount of ready skill and deftness.

On the other hand, as things now are, country Doctors, telegraphing to town Homes for Nurses, often feel seriously the effects of having Nurses sent to them, who, skilled perhaps in the tending of critical operation cases, are yet by no means suited for the grave responsibility of watching minutely the varying symptoms of a serious medical case many miles from a Doctor. Surely a more marked division of labour might eventually prove of signal service both to Doctors and Nurses. After general training was finished, a limited number of Nurses at any rate might devote themselves specially to the nursing of particular cases, without the dire results so gravely foreshadowed and eloquently set forth by the Editor of the *Record*.

The etiquette so strictly adhered to by Medical men, and the hard and fast line dividing specialists from their professional brethren, cannot be taken as a precedent for the like relations between Nurses, their position being a completely subordinate one, and their duty being to obey orders, not to originate treatment. In the

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