

is so simple, that a Nurse who has had a good general training needs little or no special experience to enable her to perform the duties required in such cases. Others contend that gynæcological treatment is so absolutely special, that a Nurse who has been thoroughly trained in the speciality needs no general training to fit her for the work. Now, the truth surely lies between those two extremes, because those who maintain the first argument are almost invariably those who know nothing of the speciality, while those who exalt its pure specialism are usually those who have worked at nothing else. As a matter of fact, it is quite indisputable that a Nurse who has been thoroughly trained in the ordinary routine of a general Hospital, may obtain her Certificate and leave its service without having spent a day in the—usually small—Ward set apart for the diseases of women; that such a one suddenly placed in charge of an ordinary operation would be hopelessly at fault, and might do irreparable mischief, simply through ignorance; and that to become at all proficient in the use of the usual instruments employed in the nursing of these cases, requires at least six months' instruction and experience.

Then, on the other hand, it is necessary to remember that women are as liable as men to diseases which are not peculiar to either sex, and that a Nurse who has never seen or attended any but gynæcological cases would probably be of little service if her patient developed an attack of typhoid, or scarlet fever, delirium, or pneumonia. It might be said, perhaps, that these are remote contingencies, and that the doctrine of chances is against the probability of their occurrence, except in comparatively few instances. Let that be granted, and yet it is still beyond dispute that in some cases the life of the patient might be entrusted to an excellent special Nurse who was hopelessly ignorant of the special experience which might become requisite. Inasmuch, then, as no one can prophesy what complications the most straightforward case will develop, it is clearly incumbent upon Nurses who desire to do their duty to the patients entrusted to their care, to be armed at all points with experience, knowledge, and skill, by having undergone a thorough general, in addition to a thorough special, training.

The next question raised by Dr. HEYWOOD SMITH seems to have been, the very practical point of the attendance necessary upon cases of abdominal operation. Should there, in fact, be two Nurses—one for day and one for night? or should there be only one Nurse to do the double

duty? Now we are well aware that some Surgeons hold the latter view, on the ground sometimes of expense, sometimes of expediency—that the patient cannot always afford to have two Nurses; or, that, for the first thirty-six or forty-eight hours, such patients require extreme care and watchfulness. We also know that many special Nurses prefer the plan, partly on the ground that they prefer the whole, rather than half the credit of pulling a serious case through; partly because of distrust of their colleague's carefulness and experience; partly because, in the majority of cases, after the first two days the strain is over and a good deal of rest can be obtained. But, in face of this opinion, we venture to dissent from it on the broad grounds, not only of what is best for the patient, but also of what is fair to the Nurse. And we have no hesitation in expressing our opinion that after twenty-four hours of incessant watchfulness, the perceptions of the best Nurse become dulled, her nerve equilibrium becomes disturbed, and she is physically less capable, every succeeding hour, of concentrating her powers of observation and of control upon her patient. If the case hangs in the balance, and recovery is at all retarded, the strain inevitably becomes too great, and just when the Nurse's care is most urgently needed, her powers fail. Nature avenges herself, and the Nurse either sinks into sleep—whatever happens to her patient—or breaks down and becomes worse than useless, because she demands attention on her own account. We feel confident, therefore, that the old plan is fraught with possibilities of danger for patient and Nurse, and with the certainty of discomfort for both. And we earnestly hope, therefore, that in all Hospitals, and, as far as possible, in private practice, it will be made the rule that all cases of abdominal section shall have two Nurses, one for day and one for night attendance.

The third point, upon which discussion arose at this meeting, seems to have been the usefulness of a Ladies' Committee in Hospitals. We gather that the majority of the speakers more or less strongly disputed the value of such a Committee as an independent body, but were in favour of the inclusion of ladies on the ordinary Committees of Management. Herein, there can be no doubt that they expressed a feeling which is becoming very prevalent, and that, moreover, it is only a question of time when ladies will take their places on such Committees, as they have been elected by popular suffrage on Boards of Guardians and School Boards.

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