

ON THE EXPANSION OF NURSING.

BY DR. LEWELLYS F. BARKER.

(Continued from page 219.)

A GOOD training school in a large hospital containing many departments each under a single head so as to guarantee consistency in methods and fixation of principles, is the only place in which nurses can be satisfactorily educated in all these subjects, and the officers of the training school must be helped by the physicians of the hospital in the teaching of the undergraduate nurses.

There has been much discussion among nurses and physicians as to the length of time necessary for training. There is a general agreement that two years is the minimal length of time and in the best schools in this country three years is not considered too long. I myself feel that all schools of the first class should require three years of training, though I think that there may be a place for some schools of a second class where the training is shorter. Our medical school here has standards of admission and training which we heartily approve of, but which we would scarcely think advisable, as yet at any rate, for all the medical schools of the country. I think the same may be said of the training schools for nurses. While the standards set here and at some half dozen of the leading American schools are none too high for the best training schools of nursing, there is still room in the country for many schools which do not aspire to such thorough training.

Some physicians have expressed the fear that in a course, such as that given in the best training schools, nurses may get a smattering of medical knowledge which is unnecessary to them and which will lead them to interfere with the treatment ordered by physicians, or will make them less willing to subordinate their activities to the physicians in charge of the cases which they are nursing. It cannot be denied that one hears rumours now and then of troubles of this sort; not every nurse is perfect and it would be surprising if we did not hear occasionally of one who failed to realize the exact sphere of her duties and privileges. My own experience is that insubordination and interference on the part of a nurse are most likely to occur when the nurse is ignorant. The better trained and more highly educated the nurse, the more rarely she goes out of bounds. Well-trained physicians and surgeons have no difficulty whatever in working with well-trained nurses; they regard them as their most helpful co-workers and are grateful for any accurate observations or useful suggestions which good nurses, constantly at the bedside, may make. Ignorant physicians may have some difficulty in commanding the

respect and securing the hearty co-operation of well-trained nurses, but as Friedrich Müller has well said, we need scarcely waste sympathy on such incompetent men.

On looking over the history of nursing I have been very much struck with the rapid expansion of the work entrusted to nurses. It must be remembered that formerly physicians did, or tried to do, nearly everything which is now done by the nurse; even the care of the bed, of the linen and of the bathing was formerly a part of the physician's work in the hospital wards. Nurses soon demonstrated that a large part of ward work could be better done by them than by physicians and, more and more, routine measures have been placed in their hands. Any one who works in a hospital realizes that this transfer of routine from the physician to the nurse is still going on, and this may account for an occasional misunderstanding perhaps as to what is a nurse's duty and what a physician's. I believe that nurses will do well to welcome, rather than resist, every additional opportunity for service, and the time may not be far distant when nurses will not only count the pulse, take the temperature, record the blood pressure, sterilize instruments, prepare dressings, etc., but will do far more, including perhaps, sometimes, many of the routine laboratory examinations now made by physicians. Indeed there is already a demand for trained nurses, who can make leucocyte counts, hæmoglobin determinations, quantitative estimations of sugar and albumin and scientific dietary calculations and weighings.

Thus far, nurses have, for the most part, been content to be general practitioners of nursing, but already some have begun to specialize, and it needs only half an eye to see that the near future will be marked by an extension of this tendency to specialization in nursing. While each nurse should have a general training in fundamentals of the art, there is no reason why she should not, like the physician, choose some one particular field of work which appeals to her interest and for which her natural talents may make her especially suitable. The time is fast approaching when we shall have nurses who attend chiefly or solely obstetrical cases, others who care only for pediatric cases, only for nervous and mental cases, only for fever cases, only for operative cases, only for metabolic cases, etc. Nurses who desire successfully to specialize will be compelled to acquire unusual training and experience, just as is the medical specialist. How fortunate we shall be here when in addition to our present facilities we shall be able to offer our nurses the opportunity for special training in the Harriet Lane Home for Sick Children and in the Phipps Psychiatric Clinic!

Along with this extension of specialization there will be, in my opinion, a gradual readjustment of the material rewards of nursing. It seems wrong to me, and has always seemed so, that a nurse who has just graduated from a training school should receive the same honorarium as one who has had several years more experience or who has undertaken prolonged post-graduate

study; moreover, there is no reason why an inferior or mediocre nurse should be as well rewarded as her superior in ability and training. It seems to me likely that specialization in nursing will result, as has specialization in medicine, in an increased reward for those who are capable of giving special and unusual service. Many, it is true, feel that the cost of trained nursing at present is as high as the public can bear; indeed, in many cases, it is undoubtedly a hardship or even an impossibility for some families who need trained nurses to secure them on account of the fees charged at present. This difficulty may be remedied in two ways; in the first place, hospitals will be much more used than they are at present by people of moderate means; and in the second place, there will be supplied, as the population increases, a large number of nurses trained according to some such plan as that which I suggested in an address to nurses in Cleveland a few years ago, and they will receive, at the beginning of their private work, smaller rewards, perhaps, than those which at present prevail. On the other hand there is and will continue to be a considerable portion of the community which will be able and willing to pay double or even treble the amounts now customary if they can be assured of securing a nurse of unusual training, unusual experience, unusual personality or special skill.

There is no more reason why nurses should be uniform in their charges than why medical men should be. Some see a difficulty in recognizing the existence of different classes of nurses and think that the profession as a whole might suffer were such a classification permitted. That there should be a minimum of personal qualification, of preliminary education and of general training no one will deny. Every profession must set standards below which no candidate can be admitted to its ranks, but above this irreducible minimum there will always be great individual differences, and there should be no trades-unionism in nursing which will compel the better brain and the better body to receive precisely the same rewards as the poorer brain and the poorer body; *palram qui meruit ferat*.

Nursing is the one profession in which all, men as well as women, will admit that women excel men. It is highly desirable that a sufficient number of women of the better class be attracted to this work. If we expect to draw the best women into trained nursing we must do what we can to make the rewards what they should be. The pecuniary return is not the only one to be considered. The kind of education given, the social regard insured, the interests aroused, the careers opened up, are really more motivating than any mere monetary consideration. As long as nurses were drawn from the lower classes and as long as the training was merely manual and not intellectual, there could be no profession of nursing. Now that nursing is offering ever new incentives, the position of the trained nurse has become more elevated, the educational standards are high, the time of training has become long enough to permit of thoroughness without overtaxing, the material position of nurses

is being improved, the opportunities for higher careers in nursing are multiplied, we find the profession appealing more and more to the best class of women.

In closing, I desire to say a word of congratulation to those of you who receive your diplomas to-day. You have, under the supervision of Miss Ross and her staff, received your instruction in one of the best American schools, and now you enter upon the practice of an honourable profession. You carry with you, I assure you, the best wishes of all of us here and we shall follow with pride your successes. Your occupation is one in which well-trained women can scarcely fail to have a sense of inner satisfaction; the service in which you engage will bring to you also the respect and gratitude of those among whom you live and work. As the fruits of labour these are recompense not likely to be lightly regarded by women of culture and worth.

POST-OPERATIVE NEURASTHENIA.

We have been so engrossed in our technique and in the lesions of the various organs and parts of the body that we have almost forgotten the all-important normal brain. I have been astonished to what extent the public have come to expect nervous derangement for from six months to a year after operations—about as long as is required to recover from a nervous breakdown or from the acute phenomena of a major grief. In more than a thousand cases I observed as to this point I found that harmful mental impressions could be greatly minimized by giving morphine and scopolamine prior to operation, by making the least possible show of preparation, and by the administration of the innocuous nitrous-oxide-oxygen anaesthesia, and in particular cases the addition of local to general anaesthesia—that is, a peripheral as well as central dissociation. To needlessly expose a sensitive, highly organized brain to the naked perception of the possibility of death from an operation is like uncovering a photographic plate in the bright sunlight to inspect it before putting it into the camera. Inasmuch as it is now established that brain cells may be morphologically altered by psychic and by traumatic stimuli, and that the psychic stimuli may be excluded by morphine and special orienteering, and the traumatic stimuli by cocaine blocking, it follows that the brain may, in many operations, be wholly isolated from all impulses, so that no post-operative nervous impairment follows.

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