

NURSING ECHOES.

**** Communications (duly authenticated with name and address, not for publication, but as evidence of good faith) are especially invited for these columns.*

MR. EDITOR asks me to give here a short abstract of the discussion which followed Dr. Sturges' paper at the B. N. A. meeting, as he has not space for a verbatim report. After the paper had been read, Mr. Warrington Haward said that the paper was really so interesting, both to Doctors and Nurses, that it was greatly to be regretted that there were not more Doctors present to hear it. It was to be hoped that many ladies present would give their opinions on the points which had been raised.

MISS C. J. WOOD (Secretary) said that she did not always like to have to start the discussions at these meetings; it generally fell to the lot of the Secretary to listen to others, and take notes of what others said. Dr. Sturges had told them that he could not look at the subject from a Nurses' point of view, but for her part she thought that, as far as feeling went, Dr. Sturges could not have discussed the Nurses' position better if he had worn a cap and apron all his life. In years gone by Nurses were generally of the servant class and were treated as such—the Doctor was the master, and the Nurse the servant. The Doctor gave his orders, and there was an end of the matter. Now, however, all this was changed. When the Nurse met, as now-a-days she frequently might, the Doctor in the drawing-room, they met on terms of equality, because they belonged to the same class of society; but if they returned to the Hospital, they at once occupied a different position, and obedience to the Doctor was the first rule of their work. All must agree that the feeling of the Nurse towards the Doctor should be that of unswerving loyalty; but, on the other side, she thought that from the Doctors to the Nurses there should sometimes be a little more consideration. If a Nurse does her work well, she often has more put upon her shoulders than she can well accomplish. Sometimes, especially in smaller Hospitals, a Doctor gives so many directions for twenty or thirty patients, that either the Nurses are overworked, or the directions cannot properly be carried out. It would be better if there could be a little more consultation between the one who directs and the one who is directed. Some Nurses seem to like to roll out a few Latin words, when they would do better to keep to English.

WITH regard to the amount of interest a Nurse should have in the state of her patient, Miss Wood

said it seemed to her that there could be no limit. Of course, a Nurse could not be specially instructed at the bed-side, but if she had a mind to hear what was being said, she should be allowed to hear. A Nurse should never under any circumstances offer her opinion unasked. A Nurse, if she had had any experience, might fairly form an opinion about a case, and might certainly give it if it was asked for by the Doctor, but to give it before that time is to overstep the boundary line. A Nurse must watch carefully in order to find out what progress the patient is making, so as to be able to give a full report to the Doctor. In the next place Miss Wood said she was glad that Dr. Sturges had brought up the question of hypodermic injections; she had seen so many sad cases arising from the use of morphia; first the Doctor uses it, then the Nurse, and finally the patient herself, for it is nearly impossible for the Nurse to stand out against the constant worry, and even abuse, of the patient. A Nurse would do best if she had nothing whatever to do with the hypodermic injections, but left it to the Doctor.

MRS. BEDFORD FENWICK said that, from her own experience, she would say that Nurses should learn as much as possible at the bedside, for nowhere could they possibly learn so much or so well. When she was a Probationer, there seemed to be an opinion that the Nurses were not to take any advantages of the Clinical remarks at the bedside, and the Doctors would address the Students in so low a tone that it was difficult to hear anything at all. Some Doctors thought that the Nurses learned what they knew about their work at the lectures on anatomy and physiology which they attended, but she ventured to differ from them in this respect, for experience had taught her that the Probationer learns most by listening at the bedside. With regard to the question of recompense, it is very difficult for an intelligent woman to be satisfied with no recognition of her services, and no Nurse would despise a good income and position of authority as a reward for good work. As for the interest a Nurse takes in her patient, curiosity would often prompt a woman to desire to know the result of a *post mortem* examination on a late patient. It would be better if the Students were taught to observe more, and not to leave so much to the Nurse. Mrs. Fenwick did not agree with Miss Wood, that there should be any consultation between Doctors and Nurses. They could not divide the responsibility which fell to each side—the Doctor to direct, the Nurse to carry out. After the Doctor's orders had been given, if there were not sufficient Nurses to do the work, more Nurses should be provided. (Applause.)

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