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Editorial.

**THE INTELLIGENT CARRYING OUT OF
MEDICAL DIRECTIONS.**

The question of the propriety of a nurse's knowledge of the action and dosage of drugs has been raised in the *British Medical Journal* in reviewing the "Practical Materia Medica for Nurses" by the late Miss Emily A. M. Stoney, of Chicago. The *Materia Medica for Nurses* by Miss L. L. Dock, Hon. Secretary of the International Council of Nurses, is the one which we invariably recommend to nurses; first, because we do not think it would be possible to find one better, or as good, for the purpose intended; and, secondly, because it is the only really interesting *Materia Medica* which we know. Miss Dock has somehow managed to make the usually dry bones of a *Pharmacopœia* not only instructive, but really interesting, and many nurses have to thank her for illuminating for them what appears to be a dull, though most important subject.

The *British Medical Journal*, in reference to Miss Stoney's "Materia Medica," says: "What concerns us is that such a book should be deemed necessary for nurses. Surely it is beyond their province to be acquainted with the dosage, properties, and methods of preparation of every drug which it is their duty to give, but not to order."

With all respect to our contemporary, we hold it essential for a nurse to know both dosage and properties of the drugs she is ordered to administer. Otherwise she is playing with edged tools, and may easily do an injury with them.

We maintain that the time has come when nurses should be required to possess an elementary knowledge of the underlying principles of the sciences and arts which, in the discharge of their responsible duties, they are called upon to apply, and that only so can the profession of medicine, which prescribes the treatment of the sick and directs the work of nurses, have confidence in the ability of the

latter to carry out its directions. Surely both practitioners and the medical press must realise that a nurse who is acquainted with the properties and dosage of the drug she is administering is a much safer person than one who merely acts as a machine.

How can a nurse possibly give an intelligent report to the physician or surgeon if she does not know the properties of the drugs the patient is taking? Very often the doctor desires to push the effect of a certain drug to its utmost limits. The nurse who is constantly in attendance on the patient may, and probably will, be the first person who has an opportunity of observing when that limit has been reached. She should therefore know both what to watch for and what to report.

Here her duty ends, for every well-trained nurse knows that treatment is outside her province; neither has she any desire to encroach on the responsibilities of a profession to which she does not belong. All she asks for is the knowledge which shall enable her to fulfil efficiently the duties connected with her own department in relation to the sick. To take only a few examples. Is a nurse who is required to administer *santonin* to know nothing of its effects, or of the symptoms of over doses? Should she not know what is the usual dose, and the effect of *croton oil*, what precautions should be taken when *aconite* is being administered, the first signs of constitutional impression when *belladonna* is ordered, that there is a possibility of sudden paralysis of the heart even after ordinary medicinal doses of *chloral*? It is her duty to watch for all these things, but how can she watch for symptoms with which she is unacquainted?

With regard to the regulation of opium and morphine administration, we agree with our contemporary that these are outside a nurse's province, as is anything involving treatment.

What we plead for is that, whatever duties nurses are required to perform, they shall receive instruction which will enable them to perform these duties intelligently.

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