

about hysterical fits—they are sometimes difficult to distinguish from epileptic ones—but whereas an epileptic patient does injury to himself, an hysterical patient never does, but may hurt other people. The following list shows the difference between hysterical and epileptic fits.

<i>Epileptic Fits.</i>	<i>Hysterical Fits.</i>
1. Onset sudden.	Onset gradual.
2. Patient falls and injures himself, weird cry, but quiet and rigid during fit. Movements jerky, tongue often bitten.	Patient does not fall. Crys and yells during fit, but not weird to begin. Patient never hurts tongue or self, but may hurt other people.
3. May pass urine or faeces.	Never does this.
4. Lasts a few seconds or minutes.	May last half an hour.
5. Necessary to control patient to prevent injury to self.	Never injures self so this not necessary.
6. Ends quite suddenly. Does not cry.	Can be induced to end by cold water.
7. Does not feel the pain of pressing nerves over eyebrows.	Pressing eyebrow nerves causes acute pain, and will end hysterical fit.

Premature Burial.

At a meeting of the Association for the Prevention of Premature Burial some cases were cited by medical men which seem to prove that premature burial is not so rare as is usually supposed. Dr. Walter Hadwen cited 149 cases which had been verified by medical men, and told of one case of a child of five who was declared to be dead, and was taken to a mortuary. Later on it was found playing with the flowers that had been placed upon its covering sheet. Its mother was a sufferer from heart disease, and when the news about her child was brought to her, her joy and excitement caused her immediate death.

Dr. Brindley James moved a resolution approving the Bill which had been drafted by the Association, and which provided that no death certificate should be given without a personal examination of a supposed dead body by a qualified officer, and that waiting mortuaries should be established for the detention of doubtful cases. The resolution was carried.

It always appears passing strange that in the present condition of the law the majority of persons supposed to be deceased are buried on the assertion of this fact by persons having no scientific knowledge, and that if a medical practitioner has reason to suppose that a patient he is attending is likely to die he will give a certificate on the assertion of relatives that death has occurred without verifying the fact for himself.

The Importance of Little Things.

A FEW WORDS TO THE PROBATIONERS AT THE ROYAL NATIONAL SANATORIUM, BOURNEMOUTH.

(Concluded from page 414.)

The next point upon which I wish to speak is the necessity of cultivating accuracy, especially in "little things" and in what may appear to you quite trivial details.

Mark the definition of "accuracy": "Exactness, exact conformity to truth, nicety, precision which results from care"; if you now consider your life as a nurse you will see how important a part of your training must be the cultivation of this accuracy until it becomes a second nature.

A.—EXACTNESS.

Let your carrying out of all instructions be with exactness: Medicines given, temperatures taken, fomentations changed at the exact hour and exactly in the manner directed. Never guess at the meaning of an order; how can you carry out instructions if you are not absolutely certain what is intended? Do not be ashamed or afraid of showing your ignorance or of asking questions, but when once you have learnt what is expected, render implicit obedience to the authorities, observe every detail of their directions, remembering that in this you have no option and that if your work is to be of any value it must be done with that "exactness" which means "accuracy."

Our second dictionary definition of accuracy,

B.—EXACT CONFORMITY TO TRUTH, surely includes the whole duty of a nurse as to the noting and reporting of a patient's condition: here it is especially that "little things" are often of the very greatest importance. Never omit any detail that you may have observed on the ground that it seems to you of little consequence and hardly worth mentioning.

In making a report, whether in writing or verbally, do please avoid sloppiness, exaggeration and uncertainty of language. It is not at all uncommon to hear such adjectives as "frightful" and "awful" fall from a nurse's lips when she is giving her night or day report to the Sister—so and so had a frightful pain or an awful attack—when the pain or attack had most certainly been neither awful nor frightful. Learn to distinguish degrees and to report accordingly and therefore accurately, do not exaggerate nor minimise matters, one is as bad (as inaccurate) as the other.

Again in giving a report remember to relate only what has happened, not your ideas on the subject nor your opinion concerning it unless expressly asked. Do not use out of the way

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