

have been propounded to us upon this matter is as to the precise points upon which a case-record should be based; and as the information would be useful to all Nurses as well as to those who propose to enter for this competition, it may perhaps be well to briefly indicate the lines upon which all Nursing clinical records should be drawn.

The patient's name, sex, age, and occupation should invariably be stated; if a woman, the additional particulars of her married or single condition, and the number of children, if any, that she has had, should, of course, be given. Then a brief account of the symptoms of the present illness, and their duration. If it be an infectious fever, the probable time and place of infection, should be, if possible, elicited and noted. If it be an hereditary disease, mention should be made of the members of the family who have been previously affected. If it be an inflammatory disease, the probable cause and manner of onset are important. If it be an injury, the method of its production should be stated.

Then, the next important division consists of the description of the patient's present state, together with the doctor's diagnosis of the disease or injury, and the treatment which he directs, especially with regard to the Nursing of the case. Then should come the daily record of progress, the morning temperature, pulse and respiration, the condition of the excretory organs, the patient's general appearance, the continuance or absence of previous symptoms or the advent of some new feature of the case; the manner in which food is taken, and the quantity and nature of the diet should be carefully recorded throughout the day; with any change in the treatment or directions given by the doctor at his visits. Finally, the evening temperature, pulse and respiration, and the condition of the patient during the night, with special reference as to sleep and the administration of nourishment or stimulants, must be noted with equal care.

The guiding principle, of course, of such notes is, that they should be a mere accurate record of everything done for the patient, and of the effects as shown by his progress. The Nurse's duty is to carefully record everything she notices, without any previous conception of what the progress of events should be. She should remember that science is built up upon observation, and that few if any patients pass through any condition of disease with what it is customary to call in the text-books a "typical" progress. We well remember how one of the first of the type of modern Nurse brought much ridicule upon herself by assuming that the temperature of a typhoid fever patient always pursued the typical course described in

the text-books of some twenty years ago. She therefore imagined that she was not only saving her own time but was accurately describing the patient's progress when she charted his temperature, each day, according to what it ought to have been, without the formal use of the thermometer. The consequence was that the visiting physician, expatiating to his class one day upon the extraordinarily typical character of this temperature chart, was astounded to discover that the Nurse, in order to take time by the forelock, had already charted the temperature for several days in advance. After the explanations, which followed, it is perhaps needless to say that she thereafter took the trouble to verify the facts, as day followed day.

Finally, it would add greatly to the Nurse's experience and also to the value of her records if private Nurses made a practice of asking the doctor to be good enough to add at the end of their notes any remarks which the case might suggest to him. It will, of course, be understood that in the preceding remarks we refer to the method in which Nurses might most advantageously keep the records of their private patients, because in Hospitals these are naturally kept by the resident medical officers or the clinical assistants.

We would only add that in sending any case to us for publication, Nurses should be careful never to give the name or address of the patient referred to; and as a matter of professional courtesy we consider also that before sending any such record to us they should first obtain the consent of the doctor under whose care their patient was.

BOILED MILK.

UNTIL quite recent times there has been a popular prejudice against the practice of boiling milk, owing to the prevalent idea that milk so treated was deprived of some of its nutritive qualities, and that its digestibility was at the same time hindered. Now, however, it has been proved that boiled, is not only much more healthy but even more digestible than raw, milk. In times of epidemics especially, and having regard to the fact that the cow with the iron tail is still nurtured upon many dairy farms, there is a very considerable danger of the conveyance of such infectious diseases as typhoid and scarlet fevers through the medium of milk; and by sterilisation only—by heating, that is to say, the milk to the boiling point—can this danger be averted. Then again, in the case of infants, general experience has proved that children thrive much better on milk which has been sterilised than upon the raw article, and this is strongly confirmed by official statistics issued by a number of French City Councils, which conclusively show that the mortality of infants who had been fed upon boiled, is very much smaller than those fed upon unboiled, milk.

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