

THE
BRITISH JOURNAL OF NURSING
WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 939.

SATURDAY, MARCH 31, 1906.

Vol. XXXVI.

Editorial.

THE SCIENTIFIC MIND.

It is sometimes asserted by the public that the modern nurse is "too scientific," that the comfortable old-fashioned woman with no prejudices in favour of fresh air and scrupulous cleanliness is more suited to the popular taste. Yet, if we examine into the question, what really is implied in the term "scientific"?

The man or woman with the scientific bent has in the first place an open mind, he knows that neither nature nor science has as yet revealed all its secrets. Consequently he is on the lookout for new revelations and is prepared to modify or alter his line of action if fuller knowledge demands it. He knows that everything is based upon fundamental laws, and working in accordance with these laws views each fresh development as one step nearer the perfection so attractive, so unattainable, and consequently he is prepared to take any trouble to make that step nearer to the goal. Thus the nurse, newly armed with her certificate of three years' training, and fresh from the honours of her school, does not regard herself, if she has the scientific bent of mind, as a finished product. She knows that she has learnt bed-rock principles, that she has attained skill in observing, handling, caring generally for the sick, but that methods are constantly changing to meet new demands, and that she must keep herself abreast with the times, by reading, by post-graduate study, by intercourse with other nurses, if she is really to do her best for the patients with whom she comes in contact.

Just imagine for a moment a nurse trained twenty years ago, who, considering herself "trained," has taken no further

trouble to perfect herself. How would such a nurse, accustomed to see suppurating and non-suppurating cases treated in the same ward, and dressed, after the most perfunctory cleansing of the hands, by the same dresser, understand the needs of the modern surgeon, and be able to secure for his patient the surroundings now considered essential to safety. She would not understand the elements of modern aseptic surgery.

It should thus be thoroughly understood, by patients and nurses alike, that the scientific nurse is the safe nurse. She is not content to do her work mechanically, but is ever on the alert to understand its why and wherefore. If she administers a medicine she studies the prescription so that she may know its constituent parts, and consequently the symptoms which she must watch for and report. If she is nursing a case of enteric fever she knows why the patient must be moved so gently. The nurse, on the other hand, who gives a dose of medicine because she is "told to" and troubles no further about its effects, who does not allow a typhoid patient to sit up because "they never do," but who considers the question of intestinal ulcers outside her province and comprehension, cannot, from the point of view of those who realise the importance of such knowledge be regarded as safe. The public is well advised to insist on the scientific nurse, *i.e.*, the one who does her work in accordance with well-defined rules, instead of by rule of thumb, in all cases of serious illness.

Lastly, there is no reason why the scientific nurse should be cold-blooded and callous as is sometimes assumed. On the contrary she is often very human and tender hearted,

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