

pose, blameless! But, on the other hand, you may have been observant and have felt his pulse, and found it to be very weak and rapid. You then put him at once to bed, or, still better, hold him upside down for a few minutes while you send for the doctor. The boy does not die, and you have saved his life. Or again, a boy has a sloughing wound in his forearm: you are changing the fomentation, and blood suddenly rushes from the wound. Perhaps you merely obey rule number something or other, and send for the doctor. But, on the other hand, you may have noticed that the blood spurting out in jets, and you may also have remembered that above the elbow there is only one artery of any importance, and you, therefore, catch hold of the arm in that situation, and thereby compress the artery until the doctor can come and tie it: you have saved the patient's life. Neither of these are, by the bye, fanciful instances; I have seen them both in actual practice.

And that brings me to my second point. Your standard is in everything set you by the disease itself, and not by textbooks and rules. Your questions should be not "Have I done what I was told?" but "Have I done what was best for this particular patient?" Let me give you another instance—this time not within my own experience, but from a story which was told to me: a nurse was in charge of a little boy with diphtheria in a private house; she had received no very definite instructions about the feeding, but I think that the fact that she held a certificate of having received six months' "fever training" and had not forgotten to talk about it, led the doctor (who knew not the limitations of these short term certificates) to think that she knew all about such little details. Well, the boy was not hungry and resented a particular attempt to feed him. The nurse had read in a textbook that the thing to do in a case of diphtheria was to support the patient's strength by nourishing food. So she prepared a concoction of milk, brandy, and eggs, and more or less forced him to swallow it. An attack of vomiting followed, which passed into continuous sickness, from which the boy died.

Now, that nurse had done nothing wrong, but she certainly contributed very largely to his death. I wish I could get you all to see that it is a bad thing to be the slave of a routine in medical matters, though the routine may be a very good servant to you. I am reminded when I think of this, of a certain professor of zoology who was showing a student a skull of an animal that had been dug up somewhere and was explaining why it belonged

originally to one kind of bear and not to another very similar kind. "But," said the student, "why isn't it a pig's skull?" "Oh," said the wise man, "the pig skulls are in the next room." Or, to come a little nearer home, I once called the attention of a nurse (not here, by the bye, though I am not so sure it might not have been) to a heap of dust very near the head of a patient, and suggested possibilities of infection. "Oh," said she, "that is from the Christmas decorations." I had to suggest that we had no reason to believe that the germs had gone into the country for a Christmas holiday.

My last point is one on which I need not say much in explanation. Remember always that what you do, or do not do, affects not only your own career but the reputation of the hospital in nursing matters. The name that a hospital bears for good or ill, rests not on its buildings or on the ways of its principal officers, but on how its probationers work when they have left it.

All of you are, I hope, going on to general hospitals when you have finished your two years' training here. You will then have to begin again as probationers in places where, it may be, no one has ever heard of the name of Monsall, or else you will have to listen to contemptuous remarks about "those fever nurses." Remember then two things: firstly, several of those contemptuous remarks have been deserved in the past by fever nurses as a class (though I do not defend anyone for passing them on) and, secondly, if you see something which looks to you to be unusual or even wrong, do not say "We did not do that sort of thing where I was trained." The best reputation that I could wish you all to carry with you is that of being able to work hard naturally and without effort, and that you can only learn in the wards.

In these lectures I can only tell you why certain things are done, and help you, perhaps, to know in what direction to turn your eyes and ears in any given case: there, however, the value of the lectures ends. No amount of listening to lectures or writing examination papers will show you how to work hard or how to observe: very often, in fact, those who do best in examinations are not the best nurses. It is possible to do well in examinations by learning your notes by heart, and that is why I do not allow you to take notes in this class, though you have done up to now in the physiology course. You should now be able to walk without those crutches, and if not it is best that you should stumble in order that you may see where your weakness lies.

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