

nurses should keep a report book open on the table and write things down as they occur. It is futile to write a report at the end of the day.

Take the question of the record of sleep. Three nurses attending the same patient would not record the same amount of sleep. That is why a note should be made at the time as to when a patient falls asleep and when he wakes up.

The value of observations made at the time is so well known in courts of law that they are held of more or less account according to the time which elapses after the event before they are recorded, as this tells in the accuracy of the record.

Supposing, said the speaker, you were asked to write an accurate account of something you had seen. Would not your first impulse be to say, "Why didn't you tell me you wanted me to write it?" Which means that had you known what would be required of you, you would have observed more closely at the time.

A thing which must also be reckoned with, even in the most carefully trained and accurate observers, is what is known as the personal factor, and when this is discovered allowance is made for it.

*Conscientiousness.*—Closely allied to accuracy, said the speaker, is conscientiousness in reporting. Probably there is no profession in which there is greater temptation to slovenliness in this matter than in the nursing profession. Reports should be given with great accuracy, and should a mistake be made the doctor should immediately be notified. Dr. Willey mentioned the instance of a nurse who gave a patient a 15-gr. tabloid of perchloride of mercury instead of one of calomel. She did not notify the doctor, who called by the purest accident and discovered from the symptoms what had happened. The dose was sufficient to kill several people, and though the patient happily escaped death, because she vomited the greater part of it, she was gravely ill.

On another occasion a patient complained of intense pain when the nurse was giving an enema, but the nurse did not believe it, and continued to administer the enema, nor did she report the pain. Later the patient was discovered to be suffering from a huge abscess in the ischio-rectal fossa. If the nurse had stopped giving the enema, and reported the reason to the doctor, the patient would have been saved months of suffering.

*Reticence.*—By reticence, Dr. Willey remarked, was meant the power of knowing much and saying little or nothing, and this must be

acquired if the honour of the nursing profession is to be maintained. A nurse hears more than the doctor through her intimate relations with the household, and learns these things when patients are off their guard, through illness. In my opinion, said the speaker, if a nurse reveals knowledge which she has acquired because of her professional relations the right word to describe her conduct is treachery. She should make it a point of honour not to mention former patients, or the illnesses they suffered from. As English people we like to play the game. Nurses are not playing the game if they do not keep absolute silence concerning their patients.

*Habit.*—Speaking of the habit of silence, Dr. Willey pointed out that habit is one of the most powerful things in the world, and an enormous force. If a nurse acquires the habit of doing a thing in the right way, it will become impossible to do it in the wrong way.

Any good teacher of music will instruct his pupil not to play a new piece faster than she can play every note right. By and bye when speed is gained it will be impossible to play wrong notes. If a thing is once done in a certain way the impulse becomes irresistible to do it the same way again. A nurse has many things to think about, and if once right habits are acquired in regard to routine duties, these can be relegated to her sub-conscious self which will do the work automatically.

Three things are specially needed for maternity nurses.

1. *The Habit of Asepsis.*—Dr. Willey informed her hearers frankly that for those who leave hospital at the end of three months the aseptic habit is most difficult to acquire. They may know about it, but that is another matter from acquiring the habit. She strongly advised every maternity nurse who has only had special training to obtain surgical training in addition.

In examining for the Central Midwives Board, she remarked, if I ask a candidate what she would do if violent hæmorrhage comes on, a very constant reply is "Go and sterilize my hands." A midwife who has acquired the habit of asepsis would not allow her right hand to become septic, knowing that it might be needed for an emergency. That is where serious training comes in. The lack of the habit acquired in the course of prolonged surgical training, leaves the midwife a more or less unsafe person.

Other qualifications emphasised by Dr. Willey were (2) Forethought for emergency, and (3) A knowledge of infant care. M. B.

[previous page](#)

[next page](#)