

The Nurse from the Physician's Point of View

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From a medical man's point of view the Nurse is absolutely essential for the care of patients seriously ill, confined to bed, or in need of skilled watching or attention of various kinds. It might be taught that, from the doctor's point of view, a division might be made of what he requires from the nurse in connection with (a) her care of the patient, and (b) in relation to his own work and position; but as the first is so immeasurably the more important, and really to a certain extent covers the second, no such formal division will be needed.

Nursing is a specialised department of the healing art, and is concerned with the constant supervision and help in the treatment of the patient. It must have been developed, in early times, out of the province of the medical attendant, and at first, from force of circumstances, the nurse must often have been improvised out of the wife, daughter or friend of the patient; later sisters of religious communities came to the rescue, thus recalling the original combination of priest-doctor. Wars not only produce epidemics of known diseases—such as dysentery, malaria and enteric, and new diseases, such as trench fever and trench nephritis—but they tend to bring into existence the remedies for these ills. The Crimean War, and the unhappy condition of the wounded and sick, by calling up Florence Nightingale, led to the evolution of the trained nurse and the gradual disappearance of the nurse described by Dickens as Sairy Gamp.

It is obvious that medical men and nurses should be inspired by the same ideals, and be co-workers, each with a particular field of activity; but these divisions of service to the patient are most intimately connected, are supplementary to each other, and even overlap. The nurse is specially trained to carry out what the medical man's experience enables him to direct. The medical man cheerfully recognises that the success or failure of treatment depends largely on how it is carried out by his nursing partner; she can do this much better than he can, and he respects her accordingly. A nurse's training, like the education of a doctor, has changed and become more prolonged with the increasing complexity of the science and art of medicine. But the trainings of these allies, being destined for rather different objects, are accordingly on separate lines. A nurse's training should be more in the art of caring for the sick than in the science of medicine; there are many details that medical students must and nurses need not learn. The object of her training is not to make her a second—or third-rate doctor, but a first class nurse.

A nurse's life is not an easy one; it is fatiguing for the body and trying for the soul, and is poorly paid in the riches of this world, but, for those who are called to take it up by love for their fellows, it is well worth the sacrifice. It is a vocation of self-effacement and unselfishness, but of engrossing interest, and therefore likely to narrow the outlook of a life spent in ministering to physical needs, somewhat repulsive, at any rate at first, to a refined mind; this should be counteracted by literature—and there may be considerable opportunity for reading if odd intervals are so utilized—and by a study of art.

A nurse not only extends and completes the medical man's services to suffering humanity, but she should also be a comfort to the mind and soul of the patient. Cheerful optimism, which has so powerful a curative influence, should be hers. She should be full of practical sympathy—not talkatively so, as is sometimes expressed by the repetition of the word "dear." To fulfil this ideal, she must study the personality and idiosyncrasies of her patient, remembering that mentality may be altered, perhaps clouded, by disease, that his or her thoughts are largely concentrated on his or her own illness. Thus the nurse may be so enabled to put herself in the patient's place as to anticipate wishes almost before they are formed.

In her wide sphere of usefulness she also touches, but, of course, does not encroach on, that of the priest. As Sir William Osler remarked, the priest, the medical man and the nurse make up a trinity of service. The nurse's duties are naturally much more closely bound up with the doctor, but she is also a ministering angel. As such she should feel, when engaged in private nursing, that she is not a visitor to be waited on, thus further straining the capacities of the anxious household, but a real helper in every way,

ready and willing to lend a hand in domestic as well as in professional matters. If she has heart as well as art she will be all the more welcome and effective.

But what are the essentials that the doctor looks for in the nurse, who helps him in so many ways, takes his place and carries on between his visits, reports to him and acts according to instructions in any emergency? Truly these are many, and would seem to make up the picture of a superwoman. There are so many kinds of nurses—hospital and private, Navy, Army and Air Service, district, midwife, the nurse under local government schemes, at the ante-natal clinic, and the maternity and child welfare, the tuberculous, venereal and dental clinic nurse, the school nurse, the health visitor—that to attempt to deal separately with them all would be impossible, but a few general considerations may be mentioned.

A nurse must have a real vocation for nursing, and, of course, know her job and be expert in all the manual technique; she should have a fund of common-sense—not such a ubiquitous property as the word might imply; be punctual, observant, alert, good-tempered, cheerful, tactful, unselfish and obedient. She must remember accurately what she has been directed to do, and write a neat report or notes—what Addington Symonds called a mechanical memory—of her observations of the patient; keep the charts and save specimens for the medical man's examination when so directed. No sign or symptom, however trivial it may appear, should be left unreported, for it may be of considerable significance to the doctor; it is better to be diffuse than to omit what may be important. We are all human—nurses as well as Prime Ministers—and when tired and worn out an important point may slip out of mind. An example of this occurs to me. An excellent and most conscientious nurse did not report to the surgeon that a patient under her care had, the night before the operation, passed a renal calculus—an event which might have made operation unnecessary. The doctor depends in a great measure on the nurse's report for information about what happens, especially in the watches of the night; for example, the amount and character of sleep; the occurrence of delirium, of slight convulsions or muscular spasms; the rate and nature of the pulse and of the respirations, the temperature and so forth. A nurse is thus in a much better position to detect the first appearance of signs and symptoms which, in a doubtful case, for example, in the early stages of scarlet fever or measles, before the rash has appeared, may decide the nature of the disease. Thus the nurse may be the first to see the rash of measles come out, but, wise woman as she is or should be, she tells the doctor first, and does not inform the patient's friends of her diagnosis. This reticence may not always be easy in the face of the patient's and the relatives' importunities for an opinion, and yet to give it may be premature, and in any event encroaches on the medical man's province.

The doctor, of course, rightly expects and receives the loyal support of the nurse; but sometimes it may appear to a nurse fresh from an up-to-date hospital that a country doctor is not treating the patient in the same way as she has seen an eminent physician or surgeon do, and she may be tempted to mention her more modern knowledge, and thus perhaps unconsciously or unintentionally reflect on the competency of the doctor. It is said that experience of this kind sometimes make country practitioners reluctant to have nurses to look after their patients. A nurse, of course, would not think of discussing, with the patient, the doctor or his treatment, or of recommending the name of a second medical man to come into consultation, and yet she may often be asked to do such things by the patient or by anxious friends. A nurse should not directly suggest her diagnosis or her favourite method of treatment to the doctor, but her careful reports may greatly help him in forming an opinion.

Although, in emergencies, a nurse must act on her own responsibility if instructions have not been left by the doctor for such a contingency, this must be done with great care, for to omit a medicine ordered, or to administer a fresh one—for example, to take a rather extreme case, a hypodermic injection of morphine—may entail serious consequences.

Good health is most essential for a nurse. Not only is it necessary for the proper performance of her duties, and to keep her cheerful and forbearing with the monotony of the sickroom and, not very rarely, the egotism and seemingly irrational complaints of the sick, but she must set an example to the patient of a healthy body containing a healthy mind.

Doctors thus expect much from nurses, and on their behalf it may be thankfully said that they get most devoted service.