

line during the current year. An official register of eradicated areas was established. The first certification inscribed related to a large part of Venezuela and took place after the area had been inspected and all the technical requirements fulfilled. Three other countries have requested the visit of a certification team.

Regional malaria conferences have given the opportunity for delegates of countries sitting around the conference table to request and accept the close and at times severe scrutiny and comments by their colleagues from neighbouring countries which has led to the improvement of eradication operations. Border meetings of technical authorities convened in different parts of the world draw up plans for co-ordinated activities, exchange of information and reciprocal protection, even though some of the countries participating do not have official diplomatic relations with each other. Along the parallels, from Mexico to the Philippines, and along the meridians, from the USA to Argentina or from the USSR to South Africa, malariologists are unifying their technical language and uniting their efforts making the malaria eradication programme a real world-wide co-ordinated endeavour.

What the Nurse thinks of the Doctor, by Mlle Jane Martin, Superintendent of Nurses and Social Workers of the French Red Cross, *World Medical Journal, New York, Vol. VIII, No. 5.*

When she rises above her personal and daily problems, the nurse can only express admiration and respect for those who in 20 years have completely revised medicine and made it truly effective.

She knows that this amazing progress is due to intelligence and intuition which are the attributes of a select few. To have witnessed the pertinacity of the accomplishments of doctors, and their faith in the goal pursued, she knows that their victories are the result of a whole lifetime of work, self-denial and struggle.

It is no exaggeration to say that the nurses have witnessed true miracles in these past years :

- the increasing, ceaseless possibilities of investigation which have given diagnosis certainty and preciseness ;
- the laboratory research which ensures almost constant surveillance of changes in homeostasis during illness ;
- therapeutics which has become almost all-powerful as shown by the massive decrease in mortality and the increase in longevity.

A GLANCE THROUGH THE REVIEWS

Medicine has become really dynamic : what today are early investigations reserved for research centres become universally applied six months later. Practising doctors in cities and rural areas devote more and more time to the study of new therapeutics, in their adaptation of the methods of prescribing in order to benefit their patients.

However, this new medicine has changed working methods ; former services have been modified, new services established in which much space has been reserved for complex, technical apparatus.

The distribution of work is greatly altered ; doctors find themselves assisted more and more by their team members : specialists, biologists, psychologists, dieticians, experts in rehabilitation, hygienists, nurses.

The professional life of nurses is completely changed ; they constantly have to adopt new techniques, make use of more and more efficacious but also more dangerous therapeutic agents, watch over patients whose lives are prolonged at the cost of suffering and serious mutilation. They see answers to their new and often distressing problems only in true team work with doctors, rehabilitation experts, social workers and chaplains...

Nurses know that they are not on an equal scientific plan with the doctor and researcher ; however, they need maximum understanding to improve their assistance. This desire to widen their knowledge, to make use of it, does not always seem to be desired by doctors. Nurses cite numerous examples of this point of view : the irritation shown when they ask questions ; the explanations they receive as to the use of new medications ; these are always fragmentary, relating only to the dosage and are thus insufficient to permit adequate supervision. Sometimes the doctors are sarcastic or disdainfully remark : " You wish to become fake doctors." They show little appreciation of the continued improvement which is the rule in industrial enterprise between engineers and team leaders. Indeed the desire nurses have to learn is not a desire for fake intellectualism, but reflects their fear of not living up to their responsibilities, which increase daily when the knowledge they have acquired in the course of their studies is rapidly exceeded.

This fear is transformed sometimes into a tension so unbearable that it has incited good nurses into giving up the practice of bedside nursing.

Nurses fear that doctors do not fully realize the repercussions of modern medicine and surgery on the qualitative and quantitative importance of nursing care. Nurses do not think that they always insist vigorously enough that hospital administrations or public authorities provide the number of qualified nurses on their services that correspond to the actual needs. They fear that faced with budgetary conflicts, the doctor prefers modern apparatus to sufficient personnel ; and that the continuance of too intensive work is a factor in errors or omissions which may have dramatic results.

Certain present medical and surgical therapeutic measures baffle the nurses. It is difficult for them to distinguish between the limits of treat-

ment and those of experimentation. Some doctors understand their confusion and take the trouble to explain the dilemma which exists and the reasons for the medical decision. When this happens the devotion of the nurses will be fully gained ; not only will they provide attentive assistance but they will explain to the patient the necessity of treatment and obtain his cooperation.

Certain doctors remain more distant not thinking that they should provide explanations of their decisions which relate only to the medical field, and while this is perfectly true, it does result in a loss in cohesion and some of the efficiency in the working team.

It is very difficult to give moral support to some patients, especially those whom modern medicine and surgery have kept alive with great care and anxiety, for example, patients stricken with a permanent respiratory type of poliomyelitis, who can live only in an iron lung. Some nurses assigned to these services report that they would have been unable to fulfil their task if they had not been backed by a medico-social " team " completely aware of the moral tension sometimes experienced by the nurses . . .

. . . Some doctors think of the medical team as restricted and not including nurses and hospital personnel. They admit this and act accordingly, without being poor chiefs of service. Two teams, therefore, work side by side, both centred on the patient who is the connecting link.

Others officially establish the team, but remain so distant, even contemptuous, that uneasiness rapidly develops : soon the nurses only see the difficulties and severity of the work. They are then quickly tired, and disturbed. If they do not have attentive and dynamic supervision they become discouraged and quit.

Some of our colleagues have told us of remarkable experiences in team work. Where the nurses were really integrated into the working groups, they eagerly participated in all the activities on the service, took part in the discussions concerning the patients in order to report their observations, received continuous education from the supervisor or study advisor and sometimes from one or another doctor on the team. The doctors kept their authority but the contribution of all service personnel was desired and obtained.

Contacts with suffering, the multiple problems of human life and death stimulate all those who together experience these things in an environment of medical anxiety, with the aim of accomplishing the greatest good for the sick. This permits everyone to unite and to add his strength to the common work . . .