

of twenty grains to the ounce; boracic acid, or corrosive sublimate sol., one to two thousand; boro-glyceride is occasionally used where there is any fear of carbolic poisoning; methylated spirit for the spray lamp. The sponges should be kept in carbolic lotion, 1 in 40, and not wrung out until just wanted. Though they are not often wanted, it is well to provide a bottle of boric lotion, and a bottle of carbolic oil, 1 in 20.

In the dressing basket there should be plain lint, boric lint, pink mackintosh, green protective, carbolised gauze, and some thick, soft muslin for a guard and for washing, as well as plenty of gauze bandages of all widths, and a box of safety pins.

The dressing is made of eight folds of gauze, with mackintosh between the seventh and eighth fold.

Of course there must be plenty of basins and solution pans, blankets and pillows, hot and cold water, just as would be prepared for an operation not performed antiseptically.

A Nurse is sometimes required to prepare a patient beforehand by washing the part to be operated on well with 1 in 20 carbolic lotion, and wrapping a towel steeped in the same, round it.

NURSES AND DOCTORS.

An Address to the British Nurses' Association, by Octavius Sturges, M.D., Physician to the Westminster Hospital and the Hospital for Sick Children.

IN speaking to-night upon the subject of Nurses and Doctors—of their respective duties, difficulties and rewards—I do not forget that any words of mine must of necessity be partial and incomplete. They will need at your hands—and I hope will receive—both correction and addition. If the Doctor, from his side, has something to say of the Nurse, the Nurse, we may be sure, has as much, or more, to say of the Doctor, and the two accounts must be pieced together. Yet, while the subject in hand is thus two-sided, its guiding principle is plain and single. I would not for a moment imply that, as regards cardinal points of discipline—obedience, loyalty, trust—there can be any question whatever as to the relationship between Nurse and Doctor. The one directs, the other executes; and before aught else, the Nurse's merit depends on her readiness and skill in doing what she is told.

And if all Doctors were perfect in the fulness, intelligibility, and absolute reasonableness of their directions; and all Nurses absolutely docile, skilful, and submissive—unbiassed by habit, and without self-esteem—there would be little more to say.

As it is, in the actual world, I venture to think that the relationship of Nurse and Doctor is not without complexity; nor is it made easier, but rather more difficult, now that the two callings are supplied very much from the same class. The wonder and the credit is that so complicated a system as is the government of the Hospital—and even of the sick room—should work so smoothly, so that comparing the past with the present we can say with truth that our people, rich and poor, were never so well cared for in sickness as at present.

We have been much reminded of late years of the contrast between the old nursing and the new, and are perhaps too prone to boast of the uniform excellence of our present system. But let it never be forgotten that mere scholarship and reading can never make either good Nurses or good Doctors. There needs besides judgment, tact, adaptiveness, self-surrender; qualities that appear in the working, and which book-study can never supply, or examination papers test.

Let me imagine, for example, the case of a Nurse who, besides her technical training, has begun to acquire that sort of knowledge and insight that comes always to those who live habitually in the presence of disease. Imagine such an one, so equipped, becoming associated with a newly-made Doctor, fresh from his "qualifying" examination. And, to make the position the more trying, let the patient be of that tender age which, by a law of Nature, women understand better than men. A Nurse familiar with children, their ways and their ailments, awaits the word of a young Doctor who finds himself, almost for the first time, seriously face to face with a baby. We know, indeed, that by forbearance on the one side and proper modesty on the other, the two will accommodate themselves to their task; and soon the Doctor, gaining practical experience and joining it to his theoretical knowledge, will reach a higher level of capacity than the Nurse. But while this is a-doing, the association is unequal; and if the Nurse be destitute of that true instinct of which I am speaking, she may expose the Doctor's short-comings, criticise his treatment, and rebel against his authority. It is only by the exercise of a wisdom better than knowledge that the well-taught Nurse can work harmoniously under such conditions, without ostentation and without disobedience.

And the very same tact that helps the Nurse with the Doctor in the circumstances just supposed, serves her as well in the every-day duties of her calling. It is the experience of every Medical man that the relatives of the sick are often averse to obtaining the services of a Nurse, not from distrust of her knowledge, but from fear

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