

broke the silence with the word 'Gentlemen' he almost choked in its utterance."

IN pre-anæsthetic times operations were very different to what they are now, and Dr. RICHARDSON gives his first experience in this direction. The operator was the late Professor LAWRIE, of Glasgow. "The quicker the surgeon the greater the surgeon" was then the belief, and such was the rapidity in this particular case that the major part of the operation was over before the patient uttered a single cry: "If all had stopped there all had been well; but just at that moment, as if giving vent to a long suppressed agony, the patient uttered a scream that went through me, and, in spite of the tenderness and firmness with which the Nurses assured him it was all over, continued to scream and struggle, so that he had to be securely held while the final steps of the operation were performed. Some of my new comrades, neophytes like myself, became faint, and some left the theatre." But it was not students alone who felt "queer" on such occasions. Professor LAWRIE told Dr. RICHARDSON that he "never woke on operating-day without feeling a load of care and anxiety that would not wear off until the labours of his day were ended."

DR. RICHARDSON says it was rare in those days to see any sufferer weep during an operation: "Sufferers would scream, protest, pray, and sometimes give out freely what was not prayer; but shed floods of tears, not at all. There was another strange thing. From an unusually painful operation the sufferers, however feeble, rarely, if ever, fainted except from loss of blood. I asked a man once after an amputation if he felt faint during the operation. His reply was very curious and characteristic: 'Did I feel faint? What a question to ask! Did I feel faint? Why, of course I didn't. Neither would you if you had had the same reason to keep you from fainting. It was a good deal too bad for that.'"

ANÆSTHETICS have, of course, had their opponents, and, though a certain risk attends their use, medical men are on the whole satisfied with the general results and successes obtained: "We often save lives now by anæsthesia which would not be saved without it, and this in larger number than those who die by accident under it; we have every hope and belief that a new, better, and safer agent will be discovered; and, whenever we are led to compare the past with the present, we are led also to discount, on good grounds, many assumed instances of death

occurring under, but not from, the anæsthetic, in the same way as sometimes happened when no anæsthetic process was known. Further, we know that, despite the belief that pain is a stimulant and may prevent death, either from fear or suffering, many more died after operation from the exhaustion of the suffering than now die under the happier circumstances which the mastery of pain has brought about."

LAST week's *Hearth and Home* has a portrait of, and interview with, Mrs. BEDFORD FENWICK, in which, of course, Registration of Trained Nurses is strongly advocated.

WE have had the sublime satisfaction, on many occasions, after standing alone in our protests against various Nursing scandals for some time, of seeing our contemporaries adopt and express our views. We have exposed that extraordinary piece of philanthropic humbug, the National Pension Fund, again and again. Now our contemporaries are taking up the matter. We commend to the careful consideration of Nurses the following extracts from two of the leading Medical Journals. The *Medical Press and Circular* last week had the following:—

"THE glamour which was thrown around the National Pension Fund for Nurses on its first inception may have served the needs of the promoters in floating the scheme of a so-called 'benevolent institution,' but calmer judgment with respect to certain important details of the Fund reveals a condition of things such as no sensible person can possibly agree with or endorse. In the first place, the most pertinent question which has been asked in respect of this Fund is of what use is it in view of the many facilities for insurance which are provided by the old insurance offices? The answer really is that it is of no more use to the small section of persons, for whose ostensible benefit it has been promoted, than the opening of a small general hospital within a few streets of a large charity of the same description would be to the suffering poor of that locality. Moreover, the multiplication of institutions of the kind, whether hospitals or funds, means the expenditure of sums in administration and management which is strictly uncalled-for and absolutely unnecessary. For example, if nurses are especially supposed to require an exclusive pension fund of their own, why should not any other class of person deem that their interests would be best safe-guarded by adopting the same method of insurance? Why should we not have, therefore, 'The Royal National Fund for Members of the Stock Exchange,' or for

[previous page](#)

[next page](#)