

will, I am sure, see how much it means to us—who is responsible for accidents or injuries which may occur to the patient while on the operating table, the surgeon or the nurse? The former, of course, is in sole charge of the patient, and, once he or she has been placed on the table, makes whatever arrangements are necessary to him in his work. Surely, therefore, as the power is his, the responsibility is his also. One cannot be dissociated from the other. We nurses feel this very strongly, and our fellow nurses, who have been placed in so invidious a position, have our sincerest sympathy, for the accident might have happened to any one of us. If the hot-water bottle had not been duly covered, surely the plaintiffs' counsel would have made this point. If it was covered then, where was the negligence? The presumption is that the covering became displaced on the table. By whom? In any case who was responsible—the surgeon who was present, or the nurses acting under his orders? How often it is impressed on us that the sole duty of a nurse is to obey, and there are autocrats who would have us believe that if we were told to place a boiling hot-water bottle next to an unconscious patient it would be “ours not to make reply.”

This is, of course, an extreme illustration, but I have no doubt it would find exponents. How then are the nurses responsible in the present case? It may be good law, but is it justice?

I am,

Dear Madam,

Yours faithfully,

A NORTH COUNTRY WOMAN.

[The question of the hot-water bottle is not as simple as it appears. One point which requires elucidation is by whose direction it was placed on the table. In a hospital ward or theatre the operating table is prepared according to the general directions and known wishes of the surgeon concerned. In a private house a deal table as a rule is all that is available, and is prepared by the nurse in attendance. Beyond the necessary sterilised blankets, mackintosh sheet, and pillow, with, of course, a jaconet cover under the linen pillow-case, we are inclined to think that nothing should be placed on the table without the express direction of the surgeon. Certainly, if hot-water bottles are placed upon it his attention should be drawn to the fact. Some surgeons do not approve of the application of hot-water bottles as a routine practice—and, indeed, they must be very much in the way—and consider that the necessary warmth should be supplied by sterilised lamb's-wool cloth, the temperature of the room of course receiving due attention.—ED.]

#### WHO IS TO BLAME?

To the Editor of the “British Journal of Nursing.”

DEAR MADAM,—The fact that the Executive Committee of the R.B.N.A. suggests ruining the Roll of Members and depriving the nurses of its professional uses without even consulting them, proves that the hon. officers and their nominated executive are no more blameworthy than the nurse-members deserve. The nurse-members have during the past decade proved themselves totally irresponsible creatures, neither worthy of confidence nor respect. The sooner a Roll composed of such futile women is entirely swept away, the better for all concerned.

Yours truly,

ONE WHO SIGNED FOR THE CHARTER.

To the Editor of the “British Journal of Nursing.”

DEAR MADAM,—The Register of the R.B.N.A. has been useless for years past, as no attempt until this year has been made to keep the entries correct and up to date, and I for one consider the publication of the thing in its present shape as a Roll a waste of money. What we really want is State Registration, and the compulsory compilation of a legally authorised Register of Trained Nurses—by a responsible Board, on which the hon. officers of the R.B.N.A. have proved themselves quite unfit to sit, or be given any control over us.

Yours,

M.R.B.N.A.

### Comments and Replies.

*Mrs. E. P. Evans.*—There seems to be a considerable difference of opinion as to what training a midwife should receive, and how much intelligence it is desirable she should possess. Trained nurses, who have had midwifery experience, and can gauge the responsibility undertaken in the practice of midwifery, consider a basis of general nursing education necessary, a view which we have always taken. Others consider that an educated woman of intelligence, with special training in midwifery, is efficient; while others consider the handy woman, who will scrub, clean, cook, live in the cottage home of the patient, and act as midwife and nurse, the ideal person. The chief thing to be remembered is that the practice of midwifery is essentially a scientific calling, and that a scientific attitude of mind is rarely found amongst the uneducated and illiterate.

*Certificate Nurse.*—You should apply at once to the secretary. Private nursing co-operations as a rule fill vacancies, and make additions to their staffs, so as to be prepared for the demands of the winter season, in October and November. There are usually more applicants for than vacancies on the best co-operations.

*Miss Edwards.*—Certainly go through a course of domestic economy if you have the opportunity. It is an excellent basis of a nursing education, and in days to come will probably be included in the preliminary course.

### Notices.

#### OUR PRIZE PUZZLE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page VIII.

#### TO MEMBERS OF THE MATRONS' COUNCIL.

The Social Meeting of the Matrons' Council, announced for November 28th, is unavoidably postponed.

#### STATE REGISTRATION OF NURSES.

The annual report of the Society for the State Registration of Trained Nurses has been published, and can be obtained on application to the Hon. Secretary, 20, Upper Wimpole Street, price 1½d., post free, or 7d. for six copies. All nurses should obtain a copy of this report, and acquaint themselves with the history and progress of the Registration movement. Application forms for membership of the Society can be obtained from the same address.

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