



Letters to the Editor.

Notes, Queries, &c.

Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY, hold ourselves responsible for the opinions expressed by our correspondents.

THE OPERATING THEATRE.

To the Editor of "The Nursing Record."

DEAR MADAM,—In this Hospital—and it is one of the largest in the world—we have two operating theatres—one for general surgery and one for gynaecology. In the former there is no special acting Sister or Nurse, although the Sister on the floor is responsible for its cleanliness; each Sister accompanies her own cases to the theatre, taking with her a Nurse and Probationer, and as each Sister knows the "little ways" of her own surgeons, and has to be responsible for the nursing of the case later in her ward, it appears to me the only satisfactory method of managing the Nursing. By this means the Nurses all over the Hospital get plenty of practice, and when trained can manage to prepare a patient for any operation. There are great numbers of students working in the wards, and a crowd always in the theatre, and they, of course, are very anxious to see and help, but a good surgical Sister knows her place is close to the operating surgeon, and that she is responsible for sponges and for dressings, and she must be firm with the students, and not permit them to push and elbow her out of her place. Many accidents have in the past happened in the theatre owing to a Sister failing to make a firm stand, and allowing her distinct duties to be taken by others. For instance, when a sponge gets cut in half by a thoughtless student, unknown to the Sister, the number being right when counted, that half sponge, when found after death, has been known to be the reason of terrible remorse. Many minor operations are also done in the wards, so that the Nurses thus get plenty of experience. The system of giving a Nurse charge of the theatre for a stated period, and making her responsible for everything daily, is the best system of practical education in operation work.

I am, yours truly,
A SURGICAL SISTER.

To the Editor of "The Nursing Record."

MADAM,—The following extracts from an article by Dr. Paul Thorndike, in the *Medical and Surgical Reports* of the Boston City Hospital, 1895, will doubtless be read with interest by "A Theatre Sister."

"The surgery of the Hospital is chiefly done in the large amphitheatre, one or two small operating rooms, and in the accident room. These rooms are close together, and near them all is the 'sterilising room,' which is in the care of the operating-room Nurse, and contains everything necessary for the sterilisation of all instruments, garments, sheets, &c., which are to be used in operative work. This Nurse is a graduate Nurse who does no ward work, and who is in per-

manent charge of the operating rooms of the Hospital. She has complete control of the sterilising room, and is directly responsible for all work done in it. She has working under her direction a Nurse pupil, who serves as her assistant for the term of one week, and in that time gets a good idea of the routine methods of work in the operating rooms of the Hospital. The Nurse pupil is examined as to her proficiency in such work by the operating-room Nurse at the close of her week's training.

COURSE OF INSTRUCTION AND GENERAL REGULATIONS.

The Nurse is to be notified, when possible, two weeks in advance, so as to have time for the course of reading and study as follows: Pruden's 'Story of the Bacteria'; Miss Hampton's 'Notes on Nursing,' Chapters 8, 9, 15, 17; Billroth's 'Care of the Sick,' Chapter 4.

She is to be instructed by the operating-room head Nurse in sterilisation as practised in the sterilising and operating rooms: the preparation of disinfectant solutions, dressings, instruments, sutures and ligatures, and everything required in operations, including the patient and Nurse. She is to witness etherisation and wait on the surgeons when practicable. At the end of the week following her course, she is to be examined by the operating-room head Nurse, and a record and ranking of her efficiency and knowledge on the subject be reported in writing to the Superintendent of Nurses.

The course is arranged for one week. The hours on duty are from 7.30 a.m. to 8 p.m., with the time off duty allowed Nurses in the wards. If any grave emergency occurs in the night, she is to be called to assist the Night Superintendent of Nurses, and allowed to sleep a sufficient time the next day to make up her rest. The hours for meals are:

Breakfast	...	...	...	7 a.m.
Dinner	...	...	...	1 p.m.
Supper	...	...	...	6 p.m.

Her uniform is to be scrupulously neat, and conform in every particular to the standard."

Yours,
STARS AND STRIPES.

MATRONS' SALARIES.

To the Editor of "The Nursing Record."

MADAM,—Recently at a meeting of the Managers of an Infirmary in the North, a suggestion was made that the Matron's salary be raised; and this was discussed, commented upon, and finally negatived. Now I know nothing about the Matron—not even her name—or the duties, or circumstances of the case, but the chief argument brought forward, and the one which negatived the proposal was that "as the annual cost of carrying on the Infirmary was larger now, and had been increasing year by year, the Managers should not raise the Matron's salary." It was also stated that the number of Nurses and servants was larger than it used to be.

Now I maintain that these arguments do not *logically* go to prove that the Matron's salary should *not* be raised. On the contrary, they tend to prove that it should be increased. First, because the increased expenditure means one of two things. Either it represents more work than used to be done, or a good deal of waste, and for this latter the Matron is not responsible, because she is rather recently appointed. Now

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