

time that a particular thing is asked for is the time to produce it—not to prepare it or hunt for it—and this can only be done by forethought and prevision. As examples of annoyances which may easily be caused by want of forethought may be mentioned: a patient is being put under chloroform, he does not “go off,” and much valuable time is wasted. Why? The Nurse has forgotten to see that the bottle containing the chloroform was kept in a dark place, and consequently the chloroform is useless. Or an amputation is being done, the Nurse is engrossed with other things; she does not realise that a suitable receptacle is needed for the limb until it is held out to her. Or it is a case of trephining; some bone has been removed; the surgeon turns round, expecting to find a bowl containing some weak, warm perchloride of mercury, with a piece of gauze in it, in which the bone can be placed until it is needed again. It is not there. Instances might be multiplied indefinitely. Hot sponges are needed, and no one has thought of wringing them out and keeping them hot until they are wanted. All these *contretemps* might be avoided by a little forethought—forethought based, of course, on knowledge, the result of training.

Quietness in operation work is also a quality to be striven after; a noisy, bustling person is distracting in the extreme. Little or no speaking is necessary while an operation is going on. The late Dr. Matthews Duncan would put his hand behind his back in the theatre and expect to find his index finger in a pot of vaseline. To the credit of the Nursing staff of St. Bartholomew's Hospital, be it said, he usually did so; but if not, the utmost he ever said was, “Greäe.”

Quickness is another essential requisite. This may be materially increased by remembering that we are possessed of two hands. So many people, if their right hand is engaged and something is required, seem quite helpless; but our left hands are presumably not exclusively ornamental, and a great degree of dexterity can be attained by a systematic use of them.

Accuracy is also of importance. For instance, in the case of antiseptics, it is not uncommon if one asks the strength of a bowl of perchloride of mercury to be told that is “about” 1 in 4,000. This means that the proportions have been guessed, not measured, and that the lotion is consequently useless. “About” 1 in 4,000 may be 1 in 5,000, and lotion of this strength is not a germicide. Consequently, Hospital property is wasted for want of accuracy.

Last, but not least, is *Method*, and the longer one muses the more convinced one is of the paramount necessity of acquiring this quality. In the theatre it is essential; otherwise, by the time two or three operations are over, every-

thing will be in a state of hopeless confusion, and it will be impossible to have everything ready to hand, as it should be, in succeeding operations, or to avoid a fuss. An inflexible rule, that there is a place for everything, and that everything must be in its place, is the first necessary condition of the arrangement of an operation room.
(To be continued.)

Despotism.

THE *British Medical Journal*, in its last issue, has an annotation on Hospital Nurses, in which they intimate that the interests of the Nursing profession must be safe-guarded against “the tyranny of despotic power.” We commend to the attention of our contemporary the report of the General Council meeting of the Royal British Nurses' Association which appeared in our last number. We feel sure they will agree with us that, if the conduct of the officials in a public assembly is any sample of what they would show in their Hospital management, the unhappy Nurses would indeed need to be preserved from “the tyranny of despotic power.”

We subjoin extracts from the editorial in question:—

“The frequent recurrence of this heading (‘Hospital Nurses’) in the public press is an indication that there is an uneasy feeling that all is not as it should be with the Nurses. The question has unfortunately been, as usual, mixed up with a certain amount of sentiment and irresponsible criticism; but there are the hard facts of the case, that in the matter of food and of hours of duty some change is necessary. . . . Still, though there is fault to be found with our present system of Hospital nursing, there is much more fault to be found with the administration of the system, which does not safeguard the interests of the Nurses against the tyranny of despotic power.”

The Aden Hospital.

A SCHEME has been started for providing with Nursing Sisters the Hospital at Aden. During the year 1895 the number of indoor patients, including those from the Royal Navy, amounted to 248, and the want of a sufficient staff of trained Nurses was much felt. The various shipping agencies whose steamers call at the port and the merchant firms of the town are chiefly interested, but it is thought that other benevolent persons might wish to contribute. It is calculated that a capital of about £9,000 is required to put the Hospital on a proper footing. Any company or individual desirous of subscribing to this worthy object is requested to communicate with the Political Resident, Aden, marking “Nursing Fund” on the envelope.

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