

of sponges, dressings, &c. She should inspire her subordinates with the conviction that she knows what she is about, and that all will go well. She must be all eyes, ears, hands, wits, and attention, but she must not fuss. She knows, apparently by instinct, when the anæsthetist needs more chloroform, the patient is likely to vomit, the surgeon needs needles threaded, or the new probationer thinks she is going to faint. Everything is to hand when it is wanted, and, under her superintendence, the nursing arrangements go quietly, smoothly, well, so that a novice may be inclined to think that waiting at an operation is an exceedingly easy matter: but, in reality, this result is achieved only by much training, coupled with alertness and forethought.

Take, for example, a case of osteotomy. The limb to be operated on has been properly prepared, and covered with an antiseptic dressing. A sandbag and sterilised towel to place underneath it are in readiness; the scalpel, chisel, and hammer have been sterilised. The incision is made, and the chisel inserted in the wound. A sponge is handed to the surgeon, which is placed round the chisel, and over the wound as the chisel is withdrawn. The characteristic snap is heard, the dressing is at once produced, the limb is put in plaster, and the whole thing over within ten minutes.

We may, however, consider the opposite extreme. The limb has not been properly prepared. The instruments are unsterilised, the sponge is not forthcoming at the right time, and septic organisms effect an entrance. The plaster of Paris bandages have been soaked too long, and are hard and useless, or they have not been soaked long enough, and the dry powder falls out. The crinoline, moreover, of which the bandages are made, will not "take" the plaster. The whole thing is a failure, and the new probationer crowns the list of catastrophes by pouring the unused "cream" down the sink, not having been told, and not realising, that it will inevitably harden in the pipes and effectually plug them.

All these *contretemps* are not likely to occur at an operation, but one of them may easily do so, unless care and forethought are exercised by the responsible person, and failure in one particular may mean failure of the operation, and loss of limb, or even of life itself, to the patient.

The more we have to do with operation work, therefore, the more we become convinced of the necessity for cultivating the qualities I have mentioned. Let me enumerate them once more: cleanliness, painstaking, conscientiousness, thoroughness, observation, forethought, method, quietness, quickness, and accuracy.

MARGARET BREAY.

## Temporary Beds in Hospital.

SENSATIONALISM is becoming one of the strongest elements in journalism, and alleged "Hospital Scandal" seems to be a rather favourite paragraph heading. When there is any abuse to reform, or any mismanagement to re-adjust, nothing could aid more to bring it about than publicity and open criticism. But we cannot help thinking it would often be well if the editors of the daily press would give themselves time to collect accurate particulars, and to form a clear judgment on the merits of a case, before rushing into print with imperfect details which may reflect injuriously on the Institution concerned. The "Death of a Hospital Patient," as it was headed in last week's journals, is a case in point. In this instance, it appears that a man was taken by the police to St. Thomas's Hospital suffering from alcoholism and a slight scalp wound. The injury was attended to, and the man discharged under the care of the police, who undertook to find him a night's lodging. This they failed to do, and the man, left to himself, was knocked down by a van and sustained injuries from which he died next day. The Hospital authorities do not appear to have been in any way to blame. As the House Surgeon put it, "It would be a grave abuse of Hospital charity if the beds were occupied by patients who need care solely on account of drink. A policeman and not a medical man is the proper guardian of such a case."

At the same time, we must point out that there are many instances arising in the extern department of a Hospital when the diagnosis of a patient's illness or injury is not very clear, when the House Surgeon is, perhaps, not very experienced, or feels some doubt in the matter. In such cases as these it would be a great advantage if some temporary accommodation could be provided in which patients, apparently not ill nor injured enough to demand admittance to the wards, might be kept under observation for a sufficient time.

Such accommodation as this is provided at St. Bartholomew's Hospital, and is found most serviceable. Attached to the out-patient department are three ward rooms, each containing two beds, which are set aside for the reception of inmates whose condition, after a few hours' detention, may determine whether they are to be admitted into the Hospital wards, or whether they may be safely discharged.

The house surgeon or physician admits these cases, and the day or night Nurses who form part of the staff of the out-patient department attend to them and report progress. The plan throughout has been found to work admirably

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