

be connected with every operating theatre. It is really cruel, to a nervous patient, to compel him to walk into an operation room, and see all the preparations for the impending operation, and the crowd of medical men, students and nurses, who foregather on such occasions. No one who has ever been subjected to this ordeal would think the money ill-spent which would prevent others from similar suffering. The patient should always take an anæsthetic in an adjoining room, and be wheeled into the theatre in an unconscious condition. The other alternative is to blindfold him, a course which cannot be recommended for adoption. With regard to a recovery room, this again is a most desirable addition to every theatre. It is impossible in a busy hospital to allow a patient to remain for any length of time, after the operation, upon the table, but it is often expedient that he should be moved as little as possible for some time. Again, for the sake of others it is desirable that the patient should have recovered consciousness before returning to the ward. The return of an unconscious patient to a ward where others are waiting their turn for an operation is not a pleasant sight, and to meet this same patient being carried through the hospital passages, vomiting after the anæsthetic, is scarcely seemly. To the nurse in attendance who is well accustomed to the various stages of recovery, it is "all in the day's work," but to those not inured by custom, the strong odour of the anæsthetic, the vagaries of returning consciousness, and the sickness frequently incidental to this, add much to the horrors of life in a surgical ward, and there is no doubt that for all these reasons the return to consciousness is best effected in a separate room, which can most conveniently be attached to the theatre. We hope, therefore, that the Marylebone Guardians will reconsider their decision, and will include these two rooms in the plans for their new operating theatre, thus making it as complete as possible.

It is satisfactory that the Marylebone Guardians are beginning to recognise that their expenditure is large. One Guardian, in opposing the recommendation with regard to a new theatre said that at the last meeting of the Vestry the Board of Guardians was "cut up into mincemeat for extravagant expenditure. He was beginning to recognise that this was so." At the same time, it is a mistake to let the pendulum swing too much the other way. While extravagant expenditure should be avoided, necessary expenses should be undertaken.

Annotations.

AN INTERESTING EXHIBIT.

AN interesting little show, of the exhibit to be sent by the Metropolitan Asylums Boards to the Social Science Section of the Paris Exhibition, was on view last week at the new offices of the Board on the Victoria Embankment. It consisted of admirable models of two of the Board's Hospitals, the Brook Hospital, Shooter's Hill, and the North Eastern Hospital, St. Ann's Road, Tottenham. The latter is specially interesting as it is composed of wooden huts, which were erected as a temporary hospital for 500 patients, in six weeks, during the scarlet fever epidemic in 1892. It has been maintained ever since in full working order. There was also an excellent model of the small-pox hospital ships stationed 17 miles down the river from London Bridge. These twin ships originally ran between Dover and Calais, but were acquired by the Metropolitan Asylums Board and converted into a floating isolation hospital. Five huts have been erected on the deck, and at each end are houses which accommodate the medical and nursing staffs. There was also a model of an ambulance steamer which conveys small-pox patients from the South Wharf at Rotherhithe, where there is a small hospital, to the ships. A model of an ambulance station, and of two carriage ambulances completed the Paris exhibit, but there were also on view some interesting articles made by the imbeciles in the Darenth Schools, which proved conclusively that these afflicted people may be deft with their fingers.

A REPREHENSIBLE PRACTICE.

WE have many times commented on the indefensible practice of some Lying-in-Hospitals of sending out uncertificated pupils to attend confinement cases, and we regret to notice that, according to the account of an inquest which took place last week, this practice is still permitted by the authorities of the British Lying-in Hospital, Endell Street. This fact was incidentally brought forward because an infant had died without having been seen by a medical practitioner. The mother was attended in her confinement by Miss Alice Sanderson, "one of the students of the British Lying-in Hospital," who reported the death of the child to Dr. George H. Drummond Robinson, one of the visiting medical officers of the Hospital. He after hearing the details, filled in a

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