

Annotations.

THE DANGER OF AMATEUR DISPENSING.

The death of a child at the Cork Street Hospital, Dublin, from shock resulting from a dose of poison accidentally administered, directs attention to the fact that medicines should be invariably dispensed by a qualified dispenser or under his direct supervision, and we regret that the jury did not add a rider to this effect to their verdict at the inquest which took place.

In the case above reported the physician in charge of the hospital deposed that he was present in the surgery when the mistake occurred. He was at the desk looking over the orders, and had made up all the poisonous mixtures before that. The assistant resident medical officer was ill. He got the best qualified man he could get under the circumstances—Mr. Foley.

Mr. Foley, a resident pupil at the hospital, stated that he instructed Nurse Farrell to fill a bottle of medicine from the stock bottle, "mist. acid sulph." He pointed out the bottle to her, and mentioned the name at the same time. He then turned to do other work, and did not see the bottle of medicine again in the pharmacy. His directions to the nurse were verbal.

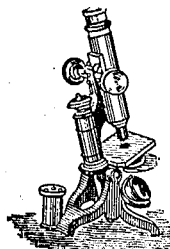
Thus, on the verbal direction of a pupil, a poisonous mixture was poured into a patient's bottle by a nurse. Unquestionably no such duty should be delegated by any one to a member of the nursing staff of a hospital. Nurses are not by their training qualified as dispensers, and should not be required to act in this capacity.

We think that the committee of the hospital in question would be well advised to frame a regulation to this effect. Any laxity on this point is obviously unfair both to the nurse and to the patient. To the nurse because it may lead her to think that she is competent to perform responsible duties in which she has had no training, and to the patient because it exposes him to unnecessary risks.

It must not be supposed from these remarks that any blame is attached to the nurse in the instance under discussion. Our argument is based on the broad general principle that it is unjustifiable to employ a nurse to perform any duty requiring expert knowledge for which she is not qualified by special instruction.

Medical Matters.

FIRST AID FOR PRIMARY HÆMORRHAGE: THE WRONG TEACHING GIVEN TO AMBULANCE CLASSES.



Mr. Walter Spencer, F.R.C.S., surgeon to the Westminster Hospital, sounds a note of warning in a recent issue of the *Lancet*, to teachers of ambulance classes. He says: The practical outcome of notions stated to have been acquired at ambulance classes as regards the first aid for primary hæmorrhage has come under my care at the Westminster Hospital. The result has been to increase, in some cases very largely, the amount of bleeding over and above that which would have occurred had no such first aid been applied.

It would appear that instruction is given in such classes which is not informed by the actual requirements of practical surgery. Those who have attended such classes seem to have got the idea fixed in their minds that they must always apply some sort of an improvised tourniquet to the limb above the bleeding point, whilst they have not learned in these classes the necessity of applying pressure directly to the wound. The uninstructed individual, retaining his presence of mind, might apply pressure directly and so in the great majority of cases successfully control the hæmorrhage until the arrival of medical help. Those who have been wrongly instructed as regards this first aid do not understand that by applying an improvised tourniquet above the bleeding point with a degree of tightness short of absolutely controlling all the circulation they directly cause venous obstruction and raise the venous tension so as to approach that in the corresponding arteries. It is thus easy for a large part of the patient's blood to be forced out of a very small wound simply as the result of the application of such a tourniquet.

Instances of entirely unnecessary hæmorrhage caused in this way have been seen by me most frequently in cases of ruptured varicose veins, superficial lacerated wounds, and compound fractures. The most absurd instances are the cases of ruptured varicose veins and varicose ulcers, for the elevation of the limb or the slightest pressure with the finger would have sufficed to stop the bleeding. To quote

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