

and careful performance of operations in which lives are at stake, and that the Medical Practitioner is responsible to the public for every detail in connection with the performance of such operations, so far as their safety is concerned. How do the public stand in relation to their operations in regard to the Medical Practitioner and the nurse respectively? The State has defined what a Medical Practitioner is, and has given a guarantee to the patient that no person can legally describe himself as a Registered Medical Practitioner unless he has attained to a certain standard of knowledge and his name has been placed on the Medical Register.

With a nurse, the position of the public is absolutely different. What is a Trained Nurse? So far, the State has not defined what the education of a trained nurse includes, or what knowledge or standard of efficiency she must attain. The public, therefore, has no guarantee that a woman calling herself a trained nurse has any knowledge of the serious and responsible work which she undertakes to perform. Therefore, as there is no minimum standard of efficiency for a Trained Nurse, a Registered Medical Practitioner cannot for a moment claim that he or she has a right to depute any authority to an unqualified person which may involve life or death to a patient.

Therefore we say unhesitatingly that it is the duty of the surgeon to see with his own eyes, and to check, in conjunction with a nurse, all sponges used at an internal operation.

To plead that he is so much occupied attending to other details of the operation is merely begging the question. The checking of sponges and instruments, with subordinate officers, before closing the abdominal walls could be done in a minute, and, taking into consideration the enormous risk to life involved by neglecting to take this precaution, nothing can well be of more importance at that particular moment.

To nurses, many of them highly-skilled women, to whose conscientious attention to details the efficiency and success of the technique in connection with the operating room is mainly due, we would say unhesitatingly—refuse to accept responsibility apart from your own particular work. Prepare your sponges, permit no outsider to supplement them at an operation, and then, before the wound is closed, count them carefully, and re-count them under the supervision of the operating surgeon.

Any other system is fundamentally unjust to patient, nurse, and surgeon alike.

## Annotations.

### A SELECT COMMITTEE ON NURSING.

Those nurses who have for so long been working for professional organisation, and consequently for the better nursing care of the sick, will learn with pleasure that, in reply to a question in the House of Commons from Mr. Tennant on Monday last, the Prime Minister said that he hoped a Select Committee on Nursing, including the question of the State Registration of Nurses, would shortly be appointed. No better news could be received by the advocates of State Registration, for they are confident of the strength of their cause, and of the ultimate results of such an inquiry. Moreover, it will give those who are opposed to organisation the opportunity of explaining their objections to the reasonable desire of nurses for the authoritative enforcement of a minimum standard of education, and common rules of discipline.

### PHILANTHROPY AT FIVE PER CENT.

A meeting of about fifty ladies was held at the Savoy Hotel on Monday afternoon to form an advisory committee in connection with the proposed medical and surgical nursing home in Mandeville Place, W. Mr. F. H. M. Corbet, chairman of the Medical and Surgical Nursing Homes (Ltd.), by which company the new institution is to be opened, presided, and those present included Major-General Sir Owen and Lady Agnes Burne, Sir E. N. Walker, and Sir John and Lady Cockburn. Mr. Corbet explained that the new home would ultimately have accommodation for 200 paying patients at a scale of charges far lower than those usually made, and it was intended for the accommodation of patients undergoing treatment by their own medical or surgical advisers. Such a home, with moderate charges, would, it was believed, assist in relieving the hospitals of many patients who could not afford the charges made in most nursing homes, and who were therefore compelled to seek admission into the free hospitals, sometimes to the exclusion of poor and necessitous cases.

A large number of titled persons have extended their active patronage to the scheme, and philanthropy at 5 per cent. appears to be the motto of the movement.

The extravagant charges and mismanagement by untrained persons who have run Nursing Homes in London of late years at cent. per cent. profits have no doubt inspired the promoters of the new scheme.

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