

forming to the rules of the household a nurse may add to the comfort of everyone. Patients and their friends need a helper in times of illness and anxiety, and a nurse should endeavour to share sorrows and to be a veritable 'tower of strength.'"

Miss E. S. Fountain writes: "It was once said to me, 'Fancy having to pay all that for the *encumbrance* of having a nurse about the house.' Why is it that so many well-trained women are not as successful as private nurses? I believe the chief cause of failure is want of adaptability. The private nurse, if she is not to be an encumbrance, must adapt herself. The private patient should not be treated with the business-like routine of the hospital ward. It is not necessary, and it is not desirable, to insist on hard and fast rules with regard to times of washing, sleeping, tidiness of bed, and ways of 'doing hair.'"

"A point wherein many otherwise excellent private nurses are most unwise is in talking too much of former patients. It is absolutely impossible to be too discreet in this particular. The nurse enters houses the inmates of which are often completely thrown off their balance by the anxieties of the illness, and whose household arrangements are often disorganised. What she sees and hears she should feel in honour bound to keep closely to herself, as a priest the secrets of the Confessional (see "the wise old owl," page 32, B.J.N. of Jan. 14th.)"

"Perhaps the ideal private nurse is best summed up in the words of Keble:—

"The world's a room of sickness . . .
The truest wisdom there, and noblest art,
Is his who skills of comfort best."

(To be continued.)

Legal Matters.

ABBOTT V. RYALL.

The Lesson of the Case for Nurses.

The circumstances of the action brought by Mr. George Nelson Abbott and his wife, formerly of Palmer's Green, against Mr. Charles Ryall, F.R.C.S., in the King's Bench Division, before Mr. Justice Phillimore, to recover damages for his alleged negligence in performing an operation on Mrs. Abbott, have been widely published in the daily press; the aspect with which we are concerned is its lesson for trained nurses.

Briefly, Mrs. Abbott consulted a Dr. Dixon and on the advice of his partner, Dr. Fairweather, who in October 1908, diagnosed that Mrs. Abbott was suffering from a fibroid tumour, she further consulted a specialist, Mr. Ryall, who informed her that an operation was necessary, which he performed on November 5th. There were present at

the operation, which was an extremely complicated one, two doctors and two nurses in addition to the defendant. The patient subsequently suffered great pain continuously till the following March; later a lump appeared in her side and Dr. Dixon advised her to see Mr. Ryall. She could not keep the appointment owing to prostration from pain, but having left Palmer's Green and gone to live in Hunter Street, she consulted Dr. O'Donnell, who suspected the presence of a foreign body in the alimentary canal, and administered doses of olive oil. In October she passed a large swab which was quite hard and stiff. The next day Mr. Abbott called on the defendant and showed him the swab, he at first had no recollection of using the swab, but subsequently (presumably on reference to his notes of the case) said that he inserted it intentionally, and that to have removed it at the time of the operation would have been to endanger the plaintiff's life. The learned counsel for the plaintiff, Mr. F. E. Smith, K.C., stated that none of those who were present at the time of the operation knew that the swab was there.

Mr. Russell Howard, F.R.C.S., who gave evidence, said that he had never heard of a swab being left in the body in the manner described, but in a complicated case it might be justifiable. It was the duty of the surgeon to tell the medical attendant in charge and the nurses, also to ascertain that the swab was passed. It would be the duty of the attendants to watch for that.

Dr. S. Robinson Dixon, who gave the anaesthetic at the operation, said the defendant did not tell him, or say in his hearing, that the swab was left in, and Dr. Fairweather, who was also present, said that at the conclusion of the operation he did not know the swab was left in. The operation was the worst he had ever seen. He thought leaving the swab in was the only thing Mr. Ryall could do.

Dr. J. J. O'Donnell said that when consulted by Mrs. Abbott he came to the conclusion that there was some internal obstruction. He did not connect it with the operation.

Sir Alfred Tripp said that if a swab were left in the operating surgeon would tell either the medical man in charge of the case or the nurse.

Mr. Hume Williams, K.C., for the defence, spoke of the professional eminence of his client. After the operation on Mrs. Abbott he remembered he had been obliged to leave a swab in the bowel, and he informed the nurse of this, and that she had to take the proper precautions. When he returned to see Mrs. Abbott in the following October the first question he asked the nurse was what had become of the swab, and the nurse was convinced that it had come away.

In the course of his evidence, Mr. Ryall stated that he was under the impression he had drawn Dr. Fairweather's attention to the leaving in the swab. He did tell the nurse in such a way that Dr. Fairweather should not hear. On these occasions he put more reliance in the nurse than the private practitioner.

The nurse, Miss J. E. Powell, trained at the

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