

City of Dublin Hospital, said that in his instructions to her Mr. Ryall told her to watch if the plug in the bowel came away. Two days after the operation Dr. Fairweather instructed her to give the patient an enema of olive oil, water, and turpentine; that was followed by satisfactory results. She saw what she believed was the swab. The bowels had been cleared before the operation, and the patient not having had any solid food since she thought the swab must have come away. She informed the defendant so when he came down a week later to remove the stitches. She further stated that the record book had been spoilt as the other nurse spilt ink over it. It was torn up in the house.

The questions put by the Judge to the jury were (1) Did the defendant act negligently, in leaving the swab in the bowel; (2) Was he guilty of negligence in (a) not, and (b) not sufficiently informing the persons in charge that he had so left it. The last question was that of damages. If no damage was proved the defendant was entitled to judgment.

In the course of his summing up, the Judge pointed out that the plaintiffs had boldly asserted, through their counsel, that this eminent surgeon had practically conspired with the nurse to manufacture false evidence. He (the learned Judge) did not wish to take sides in the case, but that was a serious charge to make. It was for the jury to consider whether there was any foundation for it.

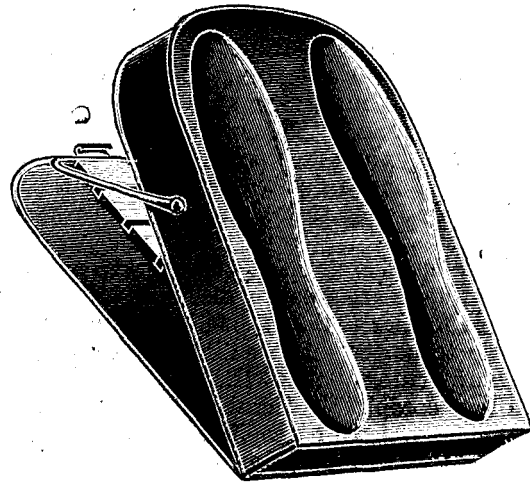
The jury answered the first two questions in the defendant's favour, and judgment was consequently entered for him with costs.

THE NURSING IN THE CASE.

The case is of considerable interest to nurses because the nurse is apparently the only person to bear the blame. According to the *Times* report, from which our own is abridged, she swore that Mr. Ryall instructed her to watch for the evacuation of a gauze drain and the plug, or swab, and that she saw what she believed to be the swab. In the regular discharge of her professional duty, she should have saved and shown the supposed swab to the local practitioner in charge of the case, Dr. Fairweather, and secured his verification. Mr. Ryall's statement that "on those occasions he put more reliance in the nurse than the private practitioner" must be left to the judgment of the medical profession, but nurses must not fail to remember that they work under the supervision and direction of the medical practitioner in charge of the case, and have no independent responsibility apart from him. It is incredible that if the matter passed by the patient had been submitted to Dr. Fairweather for his inspection, as it undoubtedly should have been, that he would not have satisfied himself of what it consisted. It does not appear from the evidence that the nurse afforded Dr. Fairweather this opportunity, or even reported the supposed discharge of the swab to him, and as the sequel proves, by this omission she deprived herself of corroborative evidence, and remains the person whose mistake according to her own evidence was the cause of this deplorable litigation.

Practical Points.

We have pleasure in directing the attention of our readers to the extremely practical and useful foot warmer, supplied wholesale by Messrs. W. B. Fordham and Sons, Ltd., 36-40, York Road, King's Cross, N. This "Anti-Chill" Foot Warmer has been designed and patented by a nurse, and though primarily designed for the special purpose above mentioned; it can be



applied to almost any part of the body. When closed, it can be easily carried by the handle, formed by the support for the hot water tin. The tin can also be slightly raised to a comfortable height for use in a bath chair or carriage, as shown in our illustration, or it can be placed in an almost vertical position for the use of patients lying in bed. Its price, made in good tin, holding about five pints, is 3s., or in copper, 10s. 6d. Red felt covers are supplied at 12s. per dozen.

Miss Agatha Hodgins, **Anæsthesia Screen.** Special Anæsthetist to Lakeside Hospital, Cleveland, Oregon, writes in the *American Journal of Nursing*:—

"The following is a description of a very simple and what we have found in our clinic a sufficient protection for the anæsthetist in our neck work, especially in goitre operations.

"It consists of a large sterilised square of cotton and gauze, 42 inches wide and 56 inches long. The cotton material extends back 20 inches. The gauze is then joined along the width (42 inches) and measures back 36 inches.

"The centre of the cotton part is curved like a bib to fit the neck. This curve measures 14 inches and has a casing through which runs a drawing tape, so that the curve may be made smaller. This bib-like part is adjusted by tying or is secured to the patient's rubber cap by means of hemostats. We use the latter method.

[previous page](#)

[next page](#)