

It is interesting to note his belief—since experience in the old and the new infirmaries at Newcastle-on-Tyne has proved it—that surgical results are not influenced by the costly and elaborate arrangements of the modern hospital, but that they depend upon strenuous personal endeavour on the part of everyone concerned to carry out the simple essential requirements of present-day surgery.

The old Royal Infirmary, the writer states, had established claim to be considered the worst hospital in the British Isles, as certainly as the present institution can claim to be the best, yet the only serious drawback in connection with the old building was the frequent occurrence of pneumonia after, or even independent of operations, and even this, says the Professor, is now discounted in view of the fact that pneumonia appears to be as prevalent in the new as it was in the old institution. Referring to the nursing staff, Professor Morison writes: "There are three sisters in charge of the wards in which I am interested, but only one of these (in the male ward) works solely under my supervision, for in the women's and children's wards more than one surgeon acts. Each of these wards has, in addition to the sister, one staff nurse and three or four probationers.

"The operating theatres, four in number, are supervised by a sister, who is in charge of them all. The theatre in which my work is done has an instrument nurse, a sponge nurse, and an assistant nurse to do whatever she may be told.

"Only the senior staff has any permanency. From the house surgeon onwards there are constant changes, each house surgeon being appointed for only six months of office. The fact that the chief object of the institution, apart from its duty

to patients, is educational is fully realised, and though it is disappointing for the surgeon to know that almost as soon as assistants and nurses have gained the necessary skill to be of value to him it is their turn to leave, the experience is not altogether of disadvantage, if he constantly remembers that the best way to keep himself up to the mark is by teaching others.

"During the early days of a complete change, however, the position is often a more trying one for the surgeon than any would suppose who

have not experienced it. Each member of the senior staff is so fully occupied with his own work that he can attend to little else, and the most difficult undertaking must be faced with unskilled and frequently with too few assistants. This is wrong, and with regard to this matter, as in some others, a revolution is surely impending in the conduct of our hospitals."

In connection with the preparation for operations he writes: "Until recent years I used nothing but antiseptics for the preparation of instruments, dressings and hands. At the present time, in addition to this, I wear an antiseptic overall, boots, gloves, sleeves, cap, and a mask. Everyone engaged in the operation — assistants and nurses alike—does the same. Visitors to the theatre wear sleeveless overalls and masks, while the

floor at the entrance to the operating theatre is sprinkled with 1 in 1,000 corrosive solution to fix any dust on their boots."

The author further writes: "So far as is possible, I operate only in a properly equipped hospital, because I know that the dangers of operation are many times multiplied if they are done at home."

We are indebted to the *Lancet* for our illustration on this page, as well as for that on page 43.



THE INSTRUMENT NURSE.

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