

original documents, letters, books, and other materials dealing with the history of hospitals, medicine, religion, charity, women's work, and those fields so closely related to the history of nursing.

The collection is probably richest in material about Miss Nightingale. The several editions of *Notes on Nursing*, an English edition of 1860, two American editions of the same year—one bound in paper at twenty-five cents a copy, the other in cloth—together with the French edition of 1862 (the introduction to this edition is by none other than Guizot, the historian), all show the widespread interest in this little book which nurses still love to-day and which will never become out of date, because it states not rules and prescriptions but the philosophy of nursing.

It is fascinating to read the story of the Crimea through the huge volumes dealing with the investigation into the administration of the British army of that time. One, the *Report of the Select Committee on the Army before Sebastopol*, dated 1855, is an exhaustive inquiry into the state of affairs, in which many references to Miss Nightingale's work are found. But more interesting is her own *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army with Subsidiary Notes as to the Introduction of Female Nursing*. This particular volume, privately printed by Miss Nightingale in 1858, and circulated by her where it would do the most good, is doubly interesting historically. The copy belonging to this collection was originally owned by Robert Rawlinson, whose name is inscribed in it. This gentleman, a warm friend of Miss Nightingale, was one of the commission of three who went to the Crimea in response to her wish. The book was written at the request of the Secretary of State for War, contains over 800 pages, and was written in six months' time during which Miss Nightingale, who wrote it, was ill!

There are many statements in it, expressed in Miss Nightingale's direct incisive style, such as the following which reveals the sorry state of affairs:

"For three months this army has not had the means of cleanliness either as to their persons or their clothing; and what the state of the men was on arriving at Scutari, let those who saw it testify."

In this day when new hospitals are being built almost weekly the following excerpt is interesting. It is taken from a reprint of the plans for the development of the school for nurses which was established by Miss Nightingale at St. Thomas's Hospital:

Every employer of labour is bound to provide for the health of the workers. And any society which professes to provide for the sick, and so provides for them that the lives of nurses and of medical officers have to be sacrificed in the discharge of this duty gives sufficient proof that providing for the care of the sick is not its calling. And again:

It has been proved by experience that the efficiency of nursing is to a considerable extent dependent on hospital construction and on the kind of accommodation provided for the nursing service.

The Adelaide Nutting Historical Collection has also full files of almost all the nursing journals of all countries. For, as Miss Nutting has said:

"Let no one ignore the journals of a country. The first faltering steps toward organization, legislation, and education, are always found in a little sheet or journal—something in which the nurses' problems are set forth."

Collections such as these are not merely groups of museum pieces. They are to be used to enable nurses to go back through history to study the conditions under which certain things were accomplished. And not only do we need to gather those materials from the past but also do we need to accumulate in many places materials from our own times which will reveal these times for the future.

INTERESTING ITEMS FROM OUR EXCHANGES.

TRANSFUSION BY MULTIPLE SYRINGE METHOD.

By Elaine Gullette, R.N.

Some months ago I read in the *American Journal of Nursing* an excellent article on "Transfusion—By Means of the Scannel Apparatus." Noticing the elaborate preparation necessary for this procedure and remembering laborious experiences of my own past in assisting in other methods of transfusion, I was impressed anew by the simplicity and ease of the method used in the hospital where I am now at work. I used to think of a transfusion as a large operation, but now it is just another transfusion.

In our hospital all transfusions are given by the pathologist, assisted by either his assistant or the physician in charge of the case. We do them in the patient's room unless he is a ward patient, and in that case he is brought to the surgery on his bed.

The pathologist telephones us that he is ready to give a transfusion to Mr. Smith in Room 204. I assign one nurse to take care of it. She sets up in five minutes—the transfusion is given in from six to ten minutes—and I expect my nurse back in the surgery within twenty minutes after the telephone call was received.

Equipment.—All placed on cart for transportation, then we use the cart for donor.

Unsterile supplies:

- 1 Arm-board
- 2 Rubber sheets, small
- 2 Constrictors
- Alcohol and iodine
- Basin to receive used syringes.

Sterile supplies:

- 1 Table cover
- 2 Small sheets
- 6 Towels
- 1 Package sponges
- 2 Gowns
- 1 Small basin for saline
- 1 Flask saline
- 2 Wire baskets containing twenty-five 20 c.c. syringes and six needles.

Procedure.—Donor lies on cart parallel to bed, with only enough room between for table holding sterile articles. The syringes are laid out in a row on the front of this table. The two arms are prepared and draped. The pathologist takes his position beside the donor, and the assistant beside the recipient. The two needles are inserted into the veins. The pathologist draws 20 c.c. of blood into first syringe and lays it on the table. The assistant immediately picks it up, inserts it in his needle and injects the blood into the patient's vein, while the second syringe is being filled, and so on, until all twenty-five syringes, or more, are used. No syringe is used more than once. The transfer is made so quickly that we have no difficulty with coagulation. If ever the blood from the donor slows down a bit, the assistant injects a syringe of saline, which is at hand for that purpose.

All this is done with no confusion, and an effort is made to impress the patient with the everydayness of this treatment and to comment upon his improved appearance. At the end of the procedure the nurse gathers up her properties and returns to the surgery and it is all over except for washing the syringes.—From the *Pacific Coast Journal of Nursing*.

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