

if the patient evince much nervousness. After an operation, a Nurse must endeavour to save her patient all unnecessary exertion, during the processes of bed-making, washing, &c. ; and great attention will always be necessary, with regard to the state of the temperature and of the secretions.

I need hardly say that the variety of operations that take place in the Theatre of a Hospital is immense. I can but name a very few to you of those which you will be most likely to meet with. You will often hear operations classified as major and minor, and your own sense will tell you that the former comprises all such as are serious, and may possibly prove fatal to life. Only such as these are usually operated on in the Theatre ; minor operations are generally performed in the Ward. But all operations are attended by the same after-risk of erysipelas, blood-poisoning, and the like ; and a Nurse must never forget how quickly a very slight wound may progress, to even a fatal termination.

If she sees a patient disinclined to take nourishment, unusually feverish, and most especially if there is a rigor, or even shivering, she should lose no time in calling the attention of the Surgeon to him. One of the principal operations which will come under your notice is amputation, a word signifying "cutting off." When spoken of as *primary*, it is implied that the operation has been performed forty-eight hours after an injury ; *secondary*, when the operation has been delayed until the feverishness has subsided, and suppuration begun.

An intelligent Nurse will soon observe a difference between the symptoms, and consequently the treatment, of an amputation for injury and one for disease. Where an injury is received which makes an amputation necessary, the system receives a great shock ; the reaction in such a case is apt to be violent, occasioning a high state of fever, during which hæmorrhage is likely enough to occur. This condition is succeeded probably by suppuration of the wound, and hæmorrhage from a different cause is again to be feared.

The Surgeon usually orders a low diet during the feverish stage, and a nourishing diet during the suppurative.

The case is different when the operation follows long disease. The system, having been reduced by suffering and prepared by dieting, instead of undergoing shock and reaction, is actually relieved by the removal of the diseased part, and return to health is the natural consequence. Feeding up in such a case may be at once resorted to.

After amputation of a limb, the leg and foot more particularly, patients will complain of the lost limb starting, and a sensation as though it were still there. To relieve this a sand-bag is sometimes laid across the leg. Occasionally the leg

is kept down by a broad bandage fastened to either side of the bed ; but if time will allow, no more soothing plan can be adopted than that of the Nurse gently laying her hand upon the limb from time to time. There are few things in a Nurse's training more important for her to learn than the handling of a stump with dexterity. She should pass one hand under it firmly, yet with the utmost gentleness, placing the other on the top, gently pressing towards the flap. The stump must never be left without support.

The edges of the flap of the stump are connected by sutures, which in process of time are removed by the Surgeon. It is very usual to insert a drainage tube to allow the free escape of the discharge ; and the first dressing of an amputation generally consists simply of lint dipped in carbolic or olive oil. Iodoform powder is now much in use. It is thickly powdered over the edges of the wound, and into the tubes, a piece of green protective placed over the edges of the wound, and over that again several folds of iodoform gauze, completely covering the whole of the wound, iodoform gauze and layers of salicylic wool bandaged on with a double carbolized gauze bandage, and over this large and thick layers of absorbent wool, extending far beyond the wool in every direction, kept in place with a gauze bandage. It is then supported on a pillow. When, after a while, the edges of a flap are kept in position by strips of sticking-plaister, you must be careful not to place these exactly over the bone, and to vary their position from time to time. In removing the sticking-plaister, you must be sure to wash off the marks left by it ; and to do this you will often find it necessary to use a little sweet oil or turpentine. Be careful to pull the sticking-plaister off towards the edge of the flap, and not backwards (as I have sometimes seen Nurses do), and this not only for the sake of the wound, but because plaister, pulled against the direction in which the hairs grow, is very apt to make a sore place. In washing a stump, or indeed any wound, you must be as carefully tender as possible, but remember it *must* be made clean.

All dried blood decomposes and becomes offensive, as does discharge from wounds. If it seems difficult to cleanse, it must be soaked and bathed with warm water. Sponges are now seldom used for these purposes in Hospitals, small handfuls of cotton wool or tow being preferred, as they can be thrown away after the dressing is over, thus preventing all risk of infection.

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If you were willing to be as pleasant and as anxious to please in your own home as you are in the company of your neighbours, you would have the happiest home in the world.

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