An Australian Nurse in the States.

Some interesting papers are appearing in the *Australasian Nurses' Journal* telling of the experience of an Australian nurse in the United States, and proving at what high pressure medical and nursing work is carried on in America. We notice that trained nurses in our own colonies are looking more and more to America rather than to Europe for inspiration in professional matters—the natural result of the unity of thought and action for the common good in all ranks in America, in contrast to the cramped attitude of mind of so many Matrons and nurses in this country.

A FEW HOURS IN AN OPERATING ROOM.

An Australian Nurse writes :—In the "hustling" country, for the medical profession sleep seems to be an unnecessary item. Surgeons with large practices find the day so short that many of them choose the night for their operations, and not emergencies, either; but, indeed, at all times, day and night, the operation-room is one continuous scene of action. The professional day does not begin here at 9 a.m.; a favourite hour for physicians to visit in private houses is 8 a.m., and in hospitals six o'clock in the morning is not at all unusual; one needs to be up very early to keep pace with this whirling, rushing people, and, in their own parlance, "get a hustle on." When you go on duty with a "special" hospital case, you are never at all sure when you are coming off again, and consider yourself lucky indeed if it is any time under twenty-four hours. I can even quote instances, rare, certainly, where it has gone on to forty-eight hours, with only four hours' relief during that time. On the other hand, in private houses, we have our restful and light cases—sometimes three and four nurses with one patient—so the condition we lose on one we gain with another. Nurses in training also are frequently put on duty with "special" cases, and, after the first day or two, or from the beginning, if doing the case alone, sleep at night on a cot or lounge in the patient's room, giving her all necessary attention, so that the undergraduate is not any more certain of her night or day's sleep than her "trained" sister, whose "diploma" is supposed to inure her against the necessities of sleep, and, even on occasions, the cry of the inner man; the more highly trained, the more superfluous these little mere details of life.

In the operating-room itself the consistency with which all the latest known methods of asepsis are carried out is, indeed, worthy of the greatest admiration; the many new theories and appliances are as numerous as they are interesting, and you begin to wonder how long it is going to take you to learn any of the vast amount waiting to be learnt.

The patient, for instance a laparatomy case, is carried to the anæsthetic room by means of a rubber-tyred three-wheeled ambulance carriage, light enough to be easily managed by one nurse. From this she is lifted on to the operating table, which has ready prepared on it two Kelly pads, arranged so that they meet in the centre, the tails hanging down on each side; an ether jacket, which is somewhat like a pneumonia jacket, with pouches or pockets inside, into which the elbows are placed; the hands lie across the chest, and the jacket securely fastened down the centre prevents the arms from moving. The bed-gown having been previously removed, sterilised trunks are put on, and fastened to the ether jacket at the sides; the patient is then put to sleep in 30 seconds with nitrous oxide gas, which dispenses with the usual disagreeableness of taking anæsthetics, and decreases the subsequent nausea; the addition of a small quantity of ol. cloves, or the administration of oxygen with the anæsthetic, are means also used by many surgeons, with this object in view, and, when used in those cases which have been afterwards nursed by me, have been attended by most satisfactory results. As soon as the patient is unconscious, she is wheeled into either the operating or final preparation room, where two nurses, who have already gone through the process of sterilisation by chloride of lime and soda, remove the sterile pads and re-scrub the abdomen, using very large quantities of hot lotion and green soap, the Kelly pads on either side draining it off into the buckets already placed there to receive it. Next the laparotomy sheet is placed completely over the patient, from neck to feet, reaching over the end of the table, the "window" being placed immediately over the portion for operation, and round this are then placed the sterile towels.

The surgeon operating appears in vest, operating overalls, gown, head covering, rubber gloves which fasten over the arms of the gown, and sterile shoes; women surgeons also remove all possible clothing, replacing them with a short white skirt, gown, head covering, shoes, and gloves; all onlookers are robed in sterile gowns and head coverings. The nurses assisting remove their collars, and often their dresses, the gown serving that purpose. They usually number five—one for the instruments, and her assistant who prepares the sutures, needles, and drainage tubes; another for the sponges; a fourth for general demands, refilling lotion basins, salt solutions, handing and unfastening the bags containing dressings, &c., which contain inside another wrapping, which is touched only by sterile hands; and, finally, the head operating-room nurse, who generally supervises everybody and everything, giving her help wherever most needed. At the conclusion of the operation the patient is catheterised, any necessary enemas, as coffee, salt, brandy, &c., given, and, if needed, the stomach is washed out before she is removed from the table. On returning to her