

the tent at an even temperature, and aerify it by using oxygen for ten minutes every half-hour. Hot swabs placed over the opening of the tube, and frequently changed, or spraying the trachea through the tube often gives relief.

The wound must be kept as aseptic as possible by placing a layer of jaconet over the dressings immediately under the shield of the tube; the dressings are prevented from becoming moistened and fouled by mucus, &c., that may be coughed up.

If the patient has a dry cough, and the mucus is sticky and tough, the inner tube must be taken out frequently and cleansed with a sterile feather and swabs wrung out of sterile water to which a little sod. bicarb. is added. The outer tube must be kept firmly in position while the inner tube is taken out and in replacing.

Three layers of antiseptic gauze should be lightly fastened over the opening of the tube, so as to filter the air into the trachea and also to protect the trachea from outside bodies.

The patient's clothing should fasten in the front, and nothing should be fastened round the neck. It is usual at first to feed the patient by means of a nasal tube (providing that the obstruction is not due to any pharyngeal trouble). The feeds ordered may consist of milk, beef tea, &c.; also brandy is usually ordered.

Accidents which may happen after this operation are hæmorrhage, blocking of the tube, or the tube may slip out in front of the trachea.

If the patient's breathing becomes suddenly embarrassed and there is danger of suffocation, the nurse should remove the inner tube in case the trouble is due to blocking of it by membrane; finding it clear, she should send immediately for the doctor. Then examine the outer tube; if it is apparently in position, and the inner tube not blocked, the dyspnoea is evidently due to a piece of membrane in the trachea too large to pass through the tube.

If the patient becomes moribund before the doctor arrives (and the nurse has his permission) she will proceed to cut the tape and remove the tube; then gently place the dilators in the trachea, and keep it open until the doctor arrives. This must only be done by the nurse as a last resource.

Pneumonia is the chief danger of tracheotomy.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. M. Streeter, Mrs. Lee, Miss F. Sheppard, Miss J. G. Gilchrist, Miss E. G. Cheatley, Miss E. M. Chapman, Miss E.

Daniells, Miss M. D. Hunter, Miss D. W. Maton, Miss H. M. Springbett.

QUESTION FOR NEXT WEEK.

Discuss the management of a patient whose tongue has been excised.

THE INTERNATIONAL MEMORIAL TO FLORENCE NIGHTINGALE.

Miss L. L. Dock, the Hon. Secretary of the International Council of Nurses, with her well-known love of honourable dealing, considers it her duty to place before the members of the National Councils of Nurses in Europe and the British Empire, forming the International Council, the following direct and impersonal statement in reference to the proposal agreed to at Cologne in 1912, to promote a Nurses' International Memorial to Miss Nightingale. We agree with Miss Dock that this impersonal statement should be placed on record:—

IMPERSONAL STATEMENT BY MISS L. L. DOCK.
 ¶ When suggestions arose in England for suitable memorials to Miss Nightingale, only one person stood forth with a strong and earnest plea for an educational memorial, and that person was Mrs. Bedford Fenwick, founder of British and international organization among nurses, and the one who had, during her matronship of St. Bartholomew's, initiated the three years' course and planned out a graded teaching of theory to accompany it. Years before Miss Nightingale died, Mrs. Fenwick had written strong articles, advocating and predicting "Colleges of Nursing." She now, with emphasis and detail, urged the educational character of Miss Nightingale's whole life-work and declared the appropriateness of building an educational memorial in her honour. She stood alone. All other voices spoke for purely conventional memorials, such as windows, statues and tablets; or for sentimental ones, such as pensions for decayed nurses, and the like. The Nightingale School (more correctly Mr. Bonham Carter) stood with the majority for charity and convention. Mrs. Fenwick asserted that there should be no charitable element in a memorial to the Founder of Scientific Nursing. The time of the Cologne Congress came. From international comradeship and bonds of amity, St. Thomas' Hospital had always stood aloof. With true English reserve and love of precedent, it kept the Nightingale School outside of all self-governing associations of nurses. There is no alumnae society among its graduates. As a school, it has, therefore, no representation and no part in the work of the International Council of Nurses.

The proposal to found a Chair of Nursing and Health as an international memorial from the nurses of the world to Miss Nightingale was made.

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