OUR PRIZE COMPETITION.

GIVE THE NURSING OF A CASE AFTER REMOVAL OF KIDNEY, AND STATE THE COMPLICATIONS THAT MAY OCCUR.

We have pleasure in awarding the prize this week to Miss E. A. Noblett, 2nd Northern General Hospital, Leeds.

PRIZE PAPER.

Nephrectomy—excision of kidney. The dressing should not be so voluminous that it makes a mass uncomfortable to lie on. Temporary drainage is in the renal space. In bed the patient is surrounded by heaters, and symptoms of shock and hæmorrhage attended to as they appear. Uncomplicated, the sutures should be out on the tenth day; the patient is allowed up when the remaining kidney seems to have assumed its doubled function.

If the nephrectomy has been for tuberculosis of the kidney, the ureter is usually followed down and removed. In the wound, therefore, if there is any question of tuberculosis remaining, it is treated later by repeated applications of tincture of iodine, as in tuberculous wounds elsewhere.

Complications and Sequelæ.—Suppression of Urine.—After-care of nephrectomy, as in nephrotomy, should be at first directed toward encouraging the other kidney to rise to its increased labour. It seems probable that uræmic suppression is due to the concentration of blood containing too much matter to be excreted. The posturing of patients for nephrectomy is important. Of course, an extension of the iliocostal space greatly facilitates operation. This is ordinarily secured by bags of sand underlying the opposite antero-lateral region of the abdomen. When by such an arrangement the spine is sufficiently flexed to extend the operative field, the pelvis is nearly lifted from the table and the pyramidal support thus bears a considerable part of the total weight of the body. This pressure impinges upon a yielding surface immediately about the sound kidney, and the organ may be heavily compressed against the spine, with deleterious consequences. This evil is avoided by the use of a nephrectomy table.

Nitroglycerin and adrenalin, which cause a rapid rise in arterial tension, are avoided if possible. Strychnine, with digitalis or strophanthus, is given to overcome the shock of operation.

Hæmorrhage.—If this occurs, particularly with rising pulse, and it is known that every reasonable effort was made to control bleeding by direct ligation at the time of operation, the patient should be turned over on the good side, the wound opened, and tightly packed with iodoform or other chemically treated gauze. In packing a capacious cavity of this sort one should leave the end of each strip which has been introduced protruding from the wound, in order that later, when the packing is removed, nothing may be left.

Saline adrenalin solution—made by adding common salt (1 dram) and adrenalin solution (2½ drams) to 1 pint of sterile water—should be injected under the breasts as soon as the patient is in bed, and should be given to the limit of capacity of both breasts. Salt solution should also be started by the slow method per rectum, and kept going twenty-four hours. Tincture of digitalis or strophanthus may be added to the enema, if it seems best, and strychnine given subcutaneously (1/30 gr.) every one to six hours if indicated. The patient must be kept warm to the extent of mild perspiration, and must be encouraged in every way to drink.

For nourishment during the first week milk should be the main resource. After that start soft solids, leading to a rapid resumption of ordinary diet.

The amount of urine, day and night, separately, should be carefully noted from the first.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Amy Morris, Miss Janet Lawson, and Miss Mary Flower.

QUESTION FOR NEXT WEEK.

What complications would you watch for if nursing a patient suffering from an injury to the spine?

THE INFLUENZA GERM ISOLATED.

A Salamanca physician, Dr. Maldonado, has, says the special correspondent of the *Times*, after several weeks' research succeeded in isolating what he believes to be the specific microbe of the so-called Spanish influenza, which continues to spread through the country with devastating results.

Contrary to the usual belief, this germ is not the Pfeiffer bacillus, but one approximating in character to that of the bubonic plague. If this theory, which has been extensively examined by the epidemological section of the National Institute of Hygiene, is confirmed, it would explain the extremely severe and, in many cases, rapidly fatal symptoms of the epidemic. The morphology and colouration of the cultures of the new bacillus are almost identical with that of the bubonic plague, but its difference is proved, according to Dr. Mal-

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