

to feel worried about their position because on the one hand they had the continual pressure for economy in all directions and on the other hand they had the pressure of the public who were waiting for attention. They were worried because they knew that some of the work they could do they were unable to do knowing there was not money at their disposal. If pressure became greater, the time must come when the Minister himself must take full responsibility for every decision that had to be made. Their waiting lists were long; nevertheless, it was only right, as far as they could, that they should save money in view of the economic circumstances of the nation.

Mr. Adam illustrated the amount of work done at Selly Oak by figures showing that last year in-patients numbered over 14,000, out-patients 26,000, with ultra-violet ray treatment given to 12,500 in-patients. There were only two hospitals in England where they had group light treatment. He was very anxious that rural areas should have at their service equally high consultant skill as that available in the Birmingham hospitals and hoped it might be possible to relieve consultants at Selly Oak to an extent which would enable them to help in that way.

General Hints for Preparation of Patients for Operation.

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Particular Preparation.

The preparation of the actual site of operation is a skilled, nursing technique and as such, should first be explained. It may also be necessary to give the reasons for the use of a highly coloured skin antiseptic, which may considerably alarm the patient. I have had personal experience of a middle-aged man whose abdomen was prepared with Picric acid, being so humiliated by the bright yellow colour that he refused a very necessary operation for hernia. He knew no peace of mind until the offending yellow colour was removed and he was safely home again. He told his wife quite sincerely that "a young woman of eighteen years had painted his tummy to look like a canary and he couldn't stand the indignity of it."

It may be that the patient will only need the assurance that the antiseptic will wash off again, for a young woman was once almost frantic because a bright pink skin preparation had been used on her neck and face. She would not be consoled until she had had visible proof that it could easily be removed.

If false teeth are removed—as they must be—the patient will rest content once she sees them placed in disinfectant in a container in her own locker. When the preparation is completed and the patient is warm and cosy in bed, she will welcome the news that all is well at home and that everyone is thinking of her and wishing her well again, and that her children send "Mummy" their love. She may be glad to know that the Nurse will be with her throughout the operation and will be with her again when she awakens.

Types of Operation.

A nervous patient entering hospital for the removal of cataract, or any other very specialised eye operation will require very experienced and gentle handling. It is absolutely essential for Nurse to have a light touch and deft fingers and also a quiet voice which is pitched fairly low with good, clear enunciation, for a loud and shrill voice could create restlessness in her patient and cause positive harm. Her whole person must radiate sympathy and tact and she must inspire confidence and trust and peace.

For some time after the operation, such a patient will be blind and almost entirely helpless and dependant on the Nurse for all his necessities and comfort. For this reason he may experience great fear and terrible anxiety which would be incomprehensible to a patient undergoing an abdominal operation.

Every little detail of preparatory procedure must be explained to the patient. If the recumbent or any other position is to be assumed after the operation, then the reason for this must be explained, as also must the need for implicit obedience.

It is not a bad idea to allow the patient to "practise" being fed with a spoon, with his eyes lightly bandaged whilst lying in the required position before the operation. This type of patient must definitely become familiar with the use of the bed-pan, for he must use it afterwards. Such a patient may also appreciate having a good book read to him, which will grip his interest and give him something "different" to think about; for after the operation it may be a few weeks before he is able to read for himself, and he would no doubt look forward with great anticipation and pleasure to the continuation of his reading sessions. In all other respects he would require similar handling to that for a nervous individual in strange surroundings.

Preparation for Children.

Many children, particularly the intelligent ones, will probably be more intrigued than frightened by the prospect of an operation. Children accept situations more easily than adults, and it is not so easy to deceive their innocence. For these reasons it is imperative to deal with them in a candid, straightforward and truthful manner.

Therefore if an operation becomes necessary, it is as well to tell the child that "something is wrong with his tummy (leg, etc.), and he will have to go to hospital to have it put right quickly."

The child will probably want to know "if it will hurt, or will it bleed much, and where will Mummy be all the time?" He could then be told quite truthfully that it won't hurt much, for he will have a little prick and go to sleep almost immediately and when he wakes up, it will all be over. He will not like the idea of a "little prick," but Nurse could promise him a present of something very dear to his heart if he is brave and good, and gain the consent of his parents in this matter.

The preliminary preparation should not prove to be difficult, for a Nurse should enter into a sort of "conspiracy" with the child and share all the adventures by the use of the royal "we." For, e.g., "Now we are going to have our tummy painted, for it must be made quite clean for the Doctor," and so on. A little imaginative co-operation goes a long way with children.

There are two schools of thought with reference to the child's parents remaining with the patient until he actually goes for his anaesthetic. This is a difficult point to be adamant about, for so much depends upon the type of parents—whether they will fret and upset the child or not—and also upon the patient. Personally—I think it might be wiser for the mother to be present when the child is recovering from the anaesthetic, and not to remain too long afterwards.

The chief task for the Nurse is to get the child to feel he is with friends who love him and will take care of him and not leave him by himself when he needs their help and sympathy most.

G.M.H.

Hospital Renamed.

AS FROM January 1st, the Sheffield Street Hospital, Kingsway, London, W.C.2., becomes part of the group of teaching hospitals known as St. Peter's and St. Paul's. To mark the changeover the hospital is being renamed St. Philip's.

St. Philip's, which has 57 beds, will treat chronic urological cases. As Sheffield Street Hospital, it was controlled by the Paddington Hospital Management Committee of the North West Metropolitan hospital region.

The transfer and change of name are provided for in Statutory Instrument No. 2220 made by the Minister of Health.

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