

of effusion can be removed, and then the patient gradually recovers, the lung expands again, and his breathing powers are restored. But if these measures are ineffectual, it is necessary to proceed by more active means to remove the fluid because the longer the compression of the lung continues, the more difficult will it be for its activity to be completely restored. It is in such cases, therefore, that the operation of "tapping" is employed. The surface of the chest should be carefully washed with carbolic lotion, and the doctor then introduces a trocar having attached to it an India-rubber tube through which the fluid can pour into some receptacle conveniently placed. The Nurse should remember that as the fluid pours out, and the lung expands, there is a considerable re-action from the pressure to which the heart has been exposed, and it is, therefore, very common in such cases for the patient to feel, or even to become, faint. She should, therefore, have stimulants in readiness, and, as a rule, it is better to give these hot rather than cold, as the restorative effect is greater—a point which it is well, by-the-bye, always to remember. As soon as the doctor has removed as much fluid as he considers necessary—and it is not always needful to remove all the fluid, because the operation often has the effect of sufficiently exciting the membrane and thus causing the speedy absorption of whatever fluid may be left—the Nurse will be required to have ready a pledget of lint soaked either in oil or collodion, to place over the small wound made by the trocar, and so prevent the entrance of air to the chest cavity, and one or more strips of strapping to keep the lint firmly in place.

The relief and benefit which is caused by this simple operation is oftentimes most marked, and this is still more the case if the lymph has degenerated into pus. In such cases, in addition to the ordinary signs of fluid in the chest, there are the usual symptoms of deep-seated abscess—that is to say, the high evening-temperature, the wasting, the night sweats, and the general exhaustion. As a rule, when the fluid proves to be purulent, the doctor removes the trocar and makes a free incision with a scalpel into the pleural cavity, finally placing a piece of tubing into the wound to permit the free escape of the pus, and to prevent the closing of the opening until the cavity is completely emptied. Another operation, which is often performed now with the greatest benefit, although it was practically unknown only a few years ago, is what is known as incision into the lungs. In some cases of Phthisis, or consumption, or after the occurrence of pneumonia in unhealthy people, the part of the lung which is implicated breaks down and forms an abscess, which keeps up chronic irritation, increasing mischief, and gradual destruction of life. The treatment adopted is to localise very carefully the seat of this abscess, and if it appears to be at all

within easy reach, to open the chest and to cut through the lung tissue until the pus is reached. The cavity is emptied, then carefully washed out, and, if necessary, drained by the insertion of an indiarubber tube. In favourable cases, immense benefit is given by the operation, and the patient may completely recover.

(To be continued.)

## Royal British Nurses' Association.

(Incorporated by Royal Charter.)



A Special Meeting of the Executive Committee was held at the Offices on the 18th inst., at 4.30, to discuss with those interested the scheme for the formation of a Reserve of Nursing Sisters for use in time of war. Her Royal Highness the President presided.

The Monthly Meeting of the Registration Board took place on Friday, the 22nd inst.

A Special Meeting of the Executive Committee will be held on Tuesday, the 26th inst.

I should like to draw the attention of the members to the fact that the large Board-room at the Offices, which can seat 200 persons, is now available for Concerts, Lectures, Sales of Work or Public Meetings upon favourable terms.

I am requested to inform all Members of the R.B.N.A. that in spite of the efforts made to obtain votes for Miss Maria Van der Ben, she only polled 224 votes at the election on May 25 for the Royal Hospital for Incurables, whereas the successful candidates polled from 1180 up to 1491. The next election is in November, and I shall be most happy to supply cards stating the undoubted merits of the case, to any who will be energetic enough to interest themselves in canvassing for the November poll. It is earnestly hoped that all Members will make this known amongst their friends, in order that Miss Van der Ben may gain a home and the necessary care and alleviations she needs.

Many most interesting letters have lately reached the Office from Members in India, Australia, and the Cape, giving many valuable comments on the conditions and standards of Nursing in our Colonies, in addition to proving their lively interest in the progress of the Association at home. Though press of work prevents such letters frequently receiving the detailed replies it would be a pleasure to return, the writers must never for a moment imagine that their communications are the less welcome, valuable or interesting, and in the future it is hoped these foreign correspondents will steadily increase in number, serving as they do to knit together in one whole all the Members of this large Association for Nurses.

ALICE RAVENHILL,  
Secretary to the Corporation.

[previous page](#)

[next page](#)