

probably much lower, and in quality much better, than they now give, and receive. The scheme is in every way an excellent one. It does not interfere with vested rights, or existing Institutions, and we doubt not many Nurses will hasten to avail themselves of it. It will, of course, require the closest attention to business details, and considerable power of organisation, to work successfully; but of that, we presume, it is assured. We can only, therefore, advise those of our readers who are living alone, and nursing on their own account, at once to write to Miss Wood upon the matter, and, if possible, secure for themselves the many and great advantages which this scheme offers to them.

### A GUIDE TO MEDICAL AND SURGICAL NURSING.\*

#### CHAPTER IX.—OPERATIONS.

IT greatly depends on the Hospital in which a Probationer is serving her apprenticeship, whether or not it is her duty to attend in the Theatre during operations.

In some, it is only customary for the Nurse of the Ward to which the patient belongs, to provide the necessary utensils, strapping, lint, oil, &c., for the Theatre; in others, this is not even required, the requisites for the Theatre being always kept there. When they are provided by the Ward, it is generally the duty of a Probationer to collect them. The articles in use vary so much with the practice of the Hospital, that I can only attempt to give you a general idea of what will be required for use during an operation, which is not to be conducted on antiseptic principles. The following things used, are generally placed in a large basket kept for the purpose, and carried down to the Theatre a short time previously to the operation: basins, sand-bowl, bleeding cups (or "porringers," as they are called), strapping can, syringes, a bit of elastic tubing, stethoscope, feeder, teaspoon, plenty of towels, a clean shirt in case the patient should require it, and a clean sheet and blanket, mackintosh sheets, pillows, cotton wool, lint, and dressings (according to the particular kind used by the Surgeon who is going to operate), tow, not forgetting thimble, scissors and needle, thread, and safety pins. Besides these things, there is always soap for the use of the surgeon, bandages of various sizes, lint, strapping, or sticking-plaister cut into a fringe of proper widths, a bottle of collodion, olive and carbolic oils, and some ice and an ice-breaker.

\* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

It is customary for the patient to be removed to the Theatre on a stretcher, on which bed-clothes are arranged in the following manner: first a rug or quilt, then pillows and a sheet, which should be protected by mackintoshes, on which the patient is placed, and covered by a blanket and another rug.

The duty of a Probationer in the Theatre is generally confined to waiting on the Head Nurse or Sister, and in executing her wishes as deftly and with as little noise as possible. It is impossible to lay down rules for her guidance in circumstances which are perpetually varying, and the utmost that can be done is to advise her to make the best use of all her senses, and to try and attain the difficult mean between usefulness and officiousness.

In operations which are performed under chloroform or ether, sickness is a very constant accompaniment, both before and after the patient recovers consciousness, and a Nurse should always have at hand some utensil, which may save the sheet, mackintosh, &c., from being soiled.

I may remark that the Nurse must carefully remove all dirty dressings, poultices, &c., before the patient is taken to the Theatre; and a wound, after being thoroughly cleansed, should be covered with a bit of wet lint. While the patient is in the Theatre, the Nurse left in charge of the Ward should see that the bed is prepared ready for her patient's return. If for an important operation, after which the patient is likely to remain long in bed, see that the mattress and pillows are fresh ones, and that the linen and blankets are clean. In making the bed up, place a sheet over the mattress, no blanket, mackintosh under draw sheet, and if for an amputation case, have ready a small pillow for stump, with mackintosh and cloth over. Within easy reach (in case of extreme shock to the patient), see that the hypodermic needle and ether are ready, enema syringe, strong essence of beef-tea and brandy, thus to avoid hurry if they are required.

On returning from the Theatre the patient, if still insensible, should be laid so that he can breathe freely, and attention must be paid to any chilliness he may experience; in many cases the application of hot-water bottles may be desirable. Occasionally a little brandy is given, if there is a tendency to faintness. I must not forget to tell you that, before any serious operation takes place, it is usual to administer an aperient to the patient the evening before, followed, if necessary, by an enema in the morning. An interval of not less than four hours should intervene between the last meal and an operation, but a little wine or brandy is often given a short time previously, especially

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