

long and not more than 2 ft. 6 ins. broad. Often two small tables may be placed together to make a whole of about this shape.

It is better that plain deal tables be chosen, which can be scrubbed with some antiseptic solution, such as carbolic acid 1—40, before use. On them should be laid folded blankets and a single pillow, and this may with advantage be covered with a square of mackintosh sheeting and a sterilised towel.

When a general anæsthetic is unnecessary, and where therefore it is immaterial whether the head be above the line of the patient's body or not, a table such as has been described is not required, and we may use a couch with a high head rest; the head of the patient may be supported in any position by pillows.

In such a case it is not absolutely necessary for the patient to be lifted back into bed. This is perhaps rather contrary to the ordinary opinion, but it has been forced upon me, by my experience at a hospital, where, owing to the exigencies of space, all operation cases had to walk from the table back to their ward down a considerable flight of steps. I am not aware that any evil resulted from this in any instance. There can be no doubt however, that the patient should be carried, to impress on him the seriousness of the operation, whatever the distance is to be travelled, if skilled and strong attendants can be obtained who will lift and bear him steadily and quietly. On the other hand, since any sudden misstep or unexpected jerk of the bearers may excite an injurious spasm of the orbicularis, it is better unless the assistants are trustworthy to allow the patient to walk.

A small but not unimportant point refers to the relative position of the operating table, and the patient's bed. In case the patient has to be lifted from one to the other, it is well to bear in mind the way in which this can be done most readily. The table and bed should be placed at right angles to each other, the head of the table to the foot of the bed, or vice versa, and the lifters should stand in the angle thus formed. It is rarely necessary to have more than two people to lift any patient. Both stand on the same side.

The assistant at the head passes one arm under the patient's shoulders, and grasps the further arm above the elbow. The patient's head rests on the supporter's biceps. The other arm is passed under the patient's back. The assistant at the foot supports the thighs and pelvis. In this way it is easy to bring the patient's body close to the supporters, and, therefore, much less effort is needed than if they place themselves at opposite sides. A wheel through a quarter circle brings them in a position to lay the patient in the bed from the table in the normal

position. Nothing can be more awkward than to attempt to place a patient in bed if the supporters are on the opposite sides, and one arrives at the bed before the patient. Nothing is more simple if the indications shown above are adhered to.

These rules were first formulated by Mr. Bellamy Gardner. In carrying an anæsthetised patient, or one recovering from an anæsthetic, Mr. Gardner points out that the feet should always be higher than the head to prevent vomited matter finding its way into the trachea, and to lessen the danger of cerebral anæmia.

(To be continued.)

Appointments.

LADY SUPERINTENDENT.

Miss Edith Cobb has been appointed Lady Superintendent of the Yorkshire Convalescent Home for Ladies, St. Martin's Lodge, Scarborough. She received her training at the London Hospital, and some years ago held the position of Lady Superintendent of the Children's Hospital, Pendlebury, Manchester.

Miss Helena A. Gomme has been appointed Lady Superintendent of the Prudhoe Memorial Convalescent Home, Whitley, Northumberland. She was trained at the Children's Hospital, Great Ormond Street, and at the Royal Infirmary, Glasgow, and afterwards held the positions of Night Sister and Ward Sister at the Children's Hospital, Glasgow. For seven years Miss Gomme worked as a supernumerary nurse in connection with the Nurses' Co-operation, 8, New Cavendish Street, W.

SISTER.

Miss E. E. Bell has been appointed Sister at the Royal Infirmary, Bradford. She was trained at the Royal United Hospital, Bath, and has held the position of Charge Nurse at the Grove Hospital, Tooting.

Miss M. H. Pidgeon has been appointed Sister at the Royal Infirmary, Bradford. She was trained at the Royal United Hospital, Bath, where she has also held the position of Sister. She has also had some experience of private nursing. For the last year Miss Pidgeon has been Charge Nurse at the Grove Hospital, Tooting. She holds the certificate of the London Obstetrical Society.

Miss Maud Abraham has been appointed Night Sister at the Royal London Ophthalmic Hospital, City Road. She received her training at the Infirmary, Cardiff, and has held the posts of Staff Nurse at the Royal London Ophthalmic Hospital, Charge Nurse at the Hertford British Hospital, Paris, and Charge Nurse at the Western Fever Hospital, Fulham.

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