

and gynæcology. A course of lectures is given by the surgeons. Notes are taken by the nurses and afterwards written out and handed in for correction. A course in massage is also given by a competent masseuse, and in the diet kitchen they are taught the preparation of foods by a trained teacher. The course is nine months. The nurses spend a fixed time in each ward, in the treatment rooms, the operating room, and on night duty. Each surgeon has his own wards, as well as his own methods, consequently the nurse has a wide experience, and is able to gain much valuable information. For instance, each surgeon has a different way of preparing his patients for operation. Each ward has as head nurse a graduate from some larger general hospital. The operating room is also in charge of a graduate nurse. The operating room training is, I think, one of the best to be had in any hospital. The nurse gets thorough practice in aseptic preparations for operations, both major and minor; in the care and sterilisation of instruments, the preparation of solutions, ligatures, dressings, and operating room linen.

The principal feature of the training is the "cottage" training, by which is meant the care of patients after abdominal section. The cottages are in the hospital grounds apart from the hospital. There are four, each accommodating two patients. They adjoin each other, and connected with them is the operating room. The latter is one of the finest in the country, credit for which is entirely due to a John Hopkins graduate, who worked faithfully to make it as near perfect as possible. There is, as a rule, here, one nurse to every two patients, day and night, except in serious cases, when the patient has a special nurse. There is a head nurse for the four cottages, who superintends and trains the nurses in their work. The nurses receive \$15 per month, and their board and laundry. At the end of the nine months they must pass a satisfactory examination before the medical board before receiving diplomas.

It was most interesting to note what this training would do for some nurses. It would develop them most surprisingly. I feel sure that a post-graduate course in a hospital like the Woman's is an excellent training for any graduate, no matter where she may have been trained. We all grow rusty and need to be continually learning something new. I feel, as a graduate of the Illinois Training School, that I could not anywhere have had a better or more thorough training, yet during the time I spent at the Woman's Hospital as head nurse I gleaned much valuable information. It broadens one, too, and I look upon the months given to post-graduate study as time well spent.

Notes on Practical Nursing.

THE PREPARATION AND AFTER-CARE OF PATIENTS FOR SURGICAL OPERATIONS.

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THE AFTER-CARE OF OPERATION CASES.

The after-care of an operation case may begin while the patient is still in the operating room by the administration of the necessary stimulations if the patient has lost a great deal of blood, if the shock is severe, or if the anæsthetic has been badly taken.

Stimulation is administered in the form of enemas, most successfully given in Trendelenburg's position, hypodermic clyses of normal salt solution, hypodermic injections of strychnine, atropia, digitalis, brandy, ether, etc., or by the administration of oxygen, electricity, and applications of heat to the surface of the body.

When the patient is removed from the operating room, she should be placed in a warm bed, made to suit the case. In abdominal sections, especially if the patient's vitality is low, she should be placed between woollen blankets on her back, with the head low, the knees being flexed and supported by pillows, so as to relax the abdominal muscles.

If the case is one of amputation of a limb, the stump should be supported with a pillow and allowed to remain uncovered, so that the nurse can better observe any sign of hæmorrhage.

In cases of cranial operations, the room should be darkened and kept very quiet.

In cases of plastic operations on the organs of generation, the knees should be tied together, flexed, and supported by a pillow.

The primary duty of a nurse after an operation is the care of the patient while under the influence of the anæsthetic, unless the patient suffers a great deal from shock or hæmorrhage.

Perfect quiet should be maintained, as any noise will increase the nervous condition, producing nausea and vomiting, rise of temperature and pulse rate, and consequently give rise to pain.

Keep the head and face cool by means of ice cold water applications, moisten the hands and lips frequently, as this will not only help to decrease the nausea, but also to relieve the thirst we especially find after the administration of chloroform. Fanning the face is very pleasant and soothing. Keep the body warm, but do not continue hot applications if the patient is perspiring profusely or complains of the heat. Avoid draught, but keep the room well ventilated.

A patient should not have anything per mouth

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