

Other symptoms associated with pulmonary tuberculosis, were relieved by air and food and rest, with occasional doses of cathartic medicine. In the absence of chronic gastric catarrh, requiring lavage, thoroughly cleaning the teeth at the dental clinic usually relieved the nausea, the vomiting was lessened, and finally ceased altogether. Life in the open air day and night, rest when the temperature and pulse are above 100, graduated exercises, beginning with a few minutes each day, attention to the teeth, nose, and throat, and the administration of cathartics, are the things that produce results in the treatment of pulmonary tuberculosis.

The treatment of pulmonary tuberculosis to-day is the treatment that I have outlined, together with that discipline which enforces the strict habits of life. Such treatment has for its object the increase of defensive organisms within the body. Some day, very soon, these natural defences may be aided by an antitoxin, but when the antitoxin comes the results obtained from its use will be secondary to such treatment as I have herein described.

The treatment of tuberculosis can never degenerate into, nor can it ever be successful through, merely squirting a serum underneath the skin, without that regard for general and personal hygienic conditions which pulmonary tuberculosis demands.

THE TOBACCO HABIT.

Concerning the tobacco habit, the *British Medical Journal* asks: "How is the chain of slavery to be broken? The spirit is willing but the flesh is weak. We throw away the pipe and tobacco—and buy a fresh supply the first time we pass a shop where the instruments of evil are temptingly displayed. Those who seriously wish for deliverance may try the method recommended by a Russian practitioner, Dr. Kolomeitzeff, Assistant Physician to the Military Hospital, Kasan. It consists in rinsing out the mouth with 25 per cent. solution of silver nitrate after each indulgence in tobacco. He says the taste thus produced will create a disgust that will effectually cure the habit. A fellow countryman of his, Dr. Skoulsky, had previously recommended brushing the throat with a similar solution, but this, we are told, is not so effective. The method, at any rate, is easy. The fierce struggles of the smoker striving for deliverance may, if Dr. Kolomeitzeff's plan answers, be calmed as easily as a battle among bees is suppressed."

The "tobacco habit" is one which has a fierce hold on many persons, and the evils of over-indulgence are so obvious that a "cure" is worth noting.

The Preparation of Patients for Operations.

I am afraid a good many nurses do not sufficiently realise that this preparation should be mental as well as physical; try to think for a few minutes how you, a Senior Probationer, a Staff Nurse, or, perhaps, a busy District Nurse, would feel if you suddenly discovered that you must retire from the bustle and rush of your daily work and face a serious operation; and even if the operation is not a very serious one, you must still remember that there is always a certain amount of risk where an anæsthetic is administered, so you cannot be surprised if patients are sometimes very nervous, and you must do all in your power to cheer and reassure them. Let them understand that the preparations you have to make are to insure the safety at the operation and the rapid recovery afterwards, and they will submit much more willingly if they understand the reason.

If your patient's friends are far away, they are generally grateful if you offer to write to them when the operation is safely over.

When you know beforehand that a patient is going to have an operation he should (if possible) be given a bath the night before; if he is not well enough to take a bath, he must be well washed all over in bed; for dirty feet, hair, or nails to be seen in a theatre is an inexcusable fault, except when it has been necessary to take the patient straight to the theatre on admission.

Having attended to the general wash over, you must next pay particular attention to the part that is to be operated upon, and to the surrounding area; I think many people fail to prepare a sufficiently large surface; you must remember that in the course of an abdominal section it may be necessary to feel quite a different part of the abdomen to that upon which the surgeon intended to operate, and so the whole surface should be clean enough for him to touch with safety; again, in the course of an operation for tumour of the breast, even when the glands in the axilla are not known to be infected beforehand, they may be found to be so in the course of the operation, so the axilla should always be shaved and compressed on the side of the tumour.

Different surgeons have different ways in which they like their patients prepared, and, of course, you will be careful to find out exactly their wishes on this important subject, but the main principles of aseptic preparation vary very little. In the absence of any special directions, first thoroughly scrub your hands for at least three minutes with soap

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