

purgatives after the operation. In the afternoon of day before the operation a purgative should be given, which may be the one usually preferred by patient, or castor oil (6 drachms to adults) given in whisky, brandy, or lemon juice, followed on morning of operation by salts and a soap and water enema.

Food.—An ordinary meal may be taken on the day before if of a very light nature, and moderate in amount; the last meal should be given not later than 7 or 7.30 p.m. on the night before the operation, and no food should be given for at least four to five hours previously. If the operation is at 11 a.m. clear soup, coffee, or tea may be given; if at a later hour a little fish might be given with the soup. When the patient is very feeble a nutrient enema should be given in which is included a little alcohol.

The nurse must see that the bladder is empty, and that false teeth are removed. The mouth and teeth must be thoroughly cleansed several days before, and on day of the operation, as secretions in the mouth frequently cause pneumonia. Phenol sodique (1 drachm to a tumblerful of water) is an excellent mouth wash for private patients; a weak solution of permanganate of potassium is good also. The patient must be warmly clad and the bed to which he returns be warmed with carefully covered hot-water bottles.

Many surgeons give hydro scopolamine $\frac{1}{10}$ gr. and morphine $\frac{1}{4}$ gr. three times before an operation; it dulls the senses, diminishes vomiting, and a less quantity of the anæsthetic is required at the operation. Morphine is always given before all jaw, head, or brain operations.

The patient should be kept cheerful if possible, and not allowed to dwell upon what is to happen. When ready for the anæsthetic there must be absolute quietness. Sometimes it is a comfort to a woman or child to hold a nurse's hand. Great care must be taken in the method of holding and restraining restless and struggling patients. A good plan is to cross the arms across the chest, resting in a bandage from the shoulders (if not in the way of the surgeon). To control the legs, put pressure between the hips and knees.

Chloroform is a favourite anæsthetic, but not so safe as ether, one danger being chloroform poisoning. Junker's apparatus is a good method of giving chloroform for mouth and jaw operations.

Ether may be administered on a mask covered with eight to ten layers of gauze. Clover's apparatus is good. The advantage of ether is its safety, which is five to ten times that of chloroform; its disadvantages are that it is very expensive, a larger quantity being necessary, it cannot be used near a fire or heat,

and therefore is unsuitable for hot climates, and it may predispose to bronchitis. A mixture of chloroform and ether is given, which is safer and easier to use than ether alone—chloroform 1 to ether 2, or chloroform 2 to ether 3.

When administering an anæsthetic, if breathing ceases the mouth must be forced open and swabbed out, as secretions may have blocked the air passages. The tongue may have fallen back, it should be brought forward with forceps, and artificial respiration (Sylvester's method) must be employed. If the patient becomes pale the table should be lowered so as to get the head down, hot towels must be placed over the heart, and a hypodermic of strychnine or ether administered. If the patient becomes dusky or cyanosed the head of the table should be raised.

When the patient is removed to bed warmth is essential. A position on the side is the best, as then secretions can be expelled more readily. Sips of water may be given soon; later, milk and water. If there is no vomiting toast and tea, under medical directions, may be given next morning. Persistent vomiting may be relieved by one teaspoonful of sodabarbonate in water, a mustard poultice over the stomach, or lavage of the stomach may be useful.

Chloride-ethyl is given from a closed bag, no air being allowed to enter. It acts quickly (in 50 to 60 seconds), its effect only lasts about 60 seconds, it is suitable for minor ear and throat operations. Its advantages are—it can be given in any position, and previous preparation is not so necessary for it as for chloroform. Chloride-ethyl sprays are used for surface anæsthetic.

Cocaine, locally applied by means of a hypodermic injection, paralyses the nerves of sensation. When injected into the nerves between the third and fourth vertebrae, as a spinal anæsthetic, operations on the lower limbs can be performed. The safest anæsthetic is nitrous-oxide gas.

Mr. Stuart showed several interesting diagrams at his much appreciated lecture.

A School of Massage, combined with Swedish Medical Gymnastics and Electricity, is being started at the Children's Infirmary, Carshalton, and a well qualified teacher has entered into residence who will prepare the probationers in training for the examination of the Incorporated Society of Trained Masseuses. The Staff Nurses are also to be allowed to take advantage of the classes by the payment of a small fee. The scheme is on trial for six months.

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