

When the dressing table is fully equipped, wheel to the bedside and commence to prepare the patient. Compress the veins by fixing on a firm bandage above the elbow; place the mackintosh under the patient's arm; clean up the area (the inner side of the arm in front of the elbow joint) with iodine, and put on sterile towels.

Then fix on the funnel to the rod, and test the tubing and cannula with the saline solution, and make sure the whole is without defect, and place in readiness for the injection.

The surgeon will now dissect the vein; usually the "median basilic" is chosen. The aneurism needle is then passed under the vein and withdrawn, leaving a double catgut ligature; the lower one is tied. The vein is now opened and the cannula inserted. The upper ligature is now tied (temporarily) over the cannula until the injection is finished, when it is carefully withdrawn, and the ligature tied in the usual way.

About two or three superficial silkworm gut ligatures are put in, and a dressing applied. (The bandage which has been previously fixed above the elbow must be removed when the cannula is introduced into the vein.)

The surgeon will decide upon the amount of saline infused, which will largely depend upon the patient's condition; but about four pints of saline should be prepared before the injection is commenced.

Make the saline 110° F., but it should be given at a temperature of 105° F., and should not be allowed to run into the vein quicker than one pint in ten minutes.

Prepare the saline solution in the following way:—One drachm of sterilized salt (sodium chloride) to one pint of sterile water.

The saline is regulated by the height of the funnel, and by the use of the bulldog clip on the tubing.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Jean Mould, Miss O'Brien, Miss Maude Cullen, Miss E. Marshall, Miss B. James, Miss M. Macfarlane.

Miss Emily Marshall writes that the temperature of the room should be as near as possible 70° F. for the patient's sake. An antiseptic dressing should be applied at a site selected by the doctor as that of the most convenient vein. She adds: "See that the patient is thoroughly warm, and direct your attention to the best means of supplying heat by providing hot-water bottles (covered with flannel) and light-weight clothing."

Miss Cullen, after mentioning the instruments required, says: "It is also necessary to have

a narrow bandage about two or three inches wide, to tie on the arm just above the elbow, where the incision is always made.

#### QUESTION FOR NEXT WEEK.

State successful methods of treatment for constipation.

### SCHOOL NURSING IN TORONTO, CANADA.\*

By LINA L. ROGERS, R.N.,

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The Board of Education of Toronto, Canada, began Medical Inspection of its Public Schools in April, 1910, and asked the writer to organize a School Nursing Service. The first step taken was to locate the schools, beginning with those in the poorer localities; to visit all the hospitals, dispensaries, and relief societies; to find out where assistance could be obtained, at the same time to explain what the object of the work was. This interested many groups of people, and when the nurses started work they were cheerfully welcomed. A course of treatment was submitted which was adopted by the Board. In May two nurses were appointed, and twelve schools with an attendance of 6,457 children were visited regularly each day.

There being no Medical Inspectors at this time, the nurses made class-room inspections each week. This was done in the following manner:—The nurse, after knocking, entered the room and enquired if it were convenient to have the class inspected. She stood with her back to a window, having the children pass in front of her one row at a time. As each child came forward he was requested to hold out his hands, palms upwards, so that any desquamation might be seen, then to pull down the eyelids to note whether granulations or other form of conjunctivitis was present. At the same time the backs of the hands were inspected. The mouth was then opened for examination of teeth and throat; finally the head was turned to either side to see if the neck, ears and hair were in any way infected. All this was done quietly and quickly, the child unaware of any disease being discovered. Where any defect was found it was noted. A class card used for this purpose gives a record of the name of the teacher, the room and class, the name, age and address and disease in code of the child. A record is also kept on the back of the class card of the date of inspection and

\* Presented to the International Congress of Nurses, Cologne, August, 1912.

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