

A SUPREME MOMENT.

Work was heavy and hands were few in a provincial hospital where I had gone to take temporary duty for three months; in a word, we were understaffed. I was at once the Night Nurse and Night Sister on the male side of the hospital. Accidents I also had to admit, there being no night porter, and, if necessary, prepare the theatre for operations.

There was the usual, busy, rapid routine of hospital work, only rather more so than usually falls to the lot of one nurse. I had no time to sit still and think enviously of those who were spending the night in the conventional way, and deplore the anomaly of night nursing. I was, at any rate, spared the insidious temptation of sleepiness, which, in spite of the sustaining cup of tea, will assail the tired Night Nurse if she has not much to do. "Nurse, will you get the isolation ward ready at once, please for a bad case of diphtheria—a boy, seven years old—tracheotomy will be performed in the ward directly he arrives, in about an hour's time, and—will you take the case?"

It was the house surgeon who spoke.

I replied in the affirmative, and then asked tentatively how my work was to be done. The best arrangement possible, under the circumstances, was made, and I was left free for my new and responsible duty. There is no such thing really as monotony in hospital life—that word should never find a place in a nurse's vocabulary, it savours of lack of imagination and sympathy on her part, who would do well to remember that what is an "interesting case" to her, spells something very different to the object of her interest.

Nevertheless, an emergency case is the trained nurse's opportunity and should not be discounted. But this in parenthesis.

To get the fire lit, bed made, tent erected, kettle half filled with boiling water and put in motion, and to make preparations necessary for the operation and for the nursing of such a case did not take very long.

One glance at the poor little sufferer convinced me that it was a very bad case; the child was *in extremis*, semi-suffocated by the cruel disease so often characterised by the appearance of membrane of a more or less glutinous nature which attacks, and adheres to, the throat and nasal passages.

The Surgeon arrived almost simultaneously, and the operation was performed at once. The immediate result of the incision into the trachea was a rush of confined air, and with it a splutter of mucus. The relief was instantaneous, and the look of strain and suffering on the little face was replaced by one of comparative comfort and ease. Johnny, however, was in a critical condition, and I watched him anxiously for eighteen hours, keeping the tube clear and giving constant nourishment, disinfecting and cleansing the throat, &c.

For that and the two following nights he did fairly well, and so I believed and hoped he would weather the storm. On the third night, or fourth—I cannot clearly remember—all went well for the first few hours, his breathing and his strength well maintained. Suddenly, without any warning at all, there appeared to be an interruption in the breathing of a very serious nature, and poor little Johnny was threatened with suffocation, due to the fact that a piece of membranous matter had become dislodged, and was blocking the trachea below the tube. As long as I live I shall never forget that poor child's face; it was transfigured; his eyes, big with terror, were turned to me in agonised mute appeal, while he clenched his fists and kicked out his legs with the force of impotent frenzy. It was obvious that removing the tube would be of no avail, the tube was clear.

For a moment my own helplessness was borne upon my mind with sickening dread. Must I watch the poor little fellow die! There was only one thing to be done, and if that failed nothing could save him—artificial respiration. I took the arms and brought them above the head; in bringing them down to the sides, I pressed against the ribs to force the obstruction upwards if possible. Hearing a nurse pass the door, I asked her to call up the house surgeon at once; he appeared immediately.

"I can do nothing more than you are doing yourself," he said, and—unwilling, I suppose, to watch what seemed to be inevitable—he, half-reluctantly, left the ward. Time cannot be measured in such supreme moments of life; it materialises to the overwrought brain and merges into tangible torture. Obviously, no length of time can elapse in a case like this. After the house surgeon had left the ward, the child became slightly easier soon he began to cough and I caught sight of something appearing at the mouth of the tube and was just about to seize it with the forceps, holding my own breath in the extremity of my suspense, when, with inspiration, it disappeared down the tube again. However the worst was over and the child could draw his breath. I waited anxiously with forceps in hand, watching the tube as a cat watches a mouse-hole, with a wildly-beating heart. Another cough and I had caught the thing, the cruel thing that had nearly cost my little patient his life. A large thick glutinous piece of deadly membrane. No sooner had the obstruction been removed than the child closed his eyes, breathed easily and slept with all the anguish that had distorted his face gone. I looked at the sleeping boy and then at the thing I held in the forceps, and my eyes filled with tears—tears of joy—as the tension of my brain was relaxed and I realized that my efforts to save the child's life had, under God, not been in vain. I put it into a bottle containing methylated spirit, I held it up to the light and looked at it again with—oh! what different feelings. It was in the right place now, not in the wrong—that made all the difference. Now it was a bacteriological specimen! I looked at it

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