

SOME ANÆSTHETIC POINTS THAT NURSES SHOULD KNOW.

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In a professional life of over thirty years, it has been my pleasure to meet and recognise the very great value of the Nurse to a patient and practitioner, in fact I cannot pass too great a tribute to their work. In my specialised calling it has rather struck me, that though many study the needs and apparatus of the anæsthetist, with some it is rather the one blind spot to their scientific eye. This very short reference to a few scattered threads of personal experience may be a hint to those who train and are trained for the noble profession of nursing. Both think I believe nought a trifle, though it small appears.

To stumble on a level surface may be a matter of jest, but a false step on such a height as is reached in anæsthesia may thrust patient and administrator fatally to the ground. The motto of the anæsthetist should be taken from Terence:—

“I will rid you of all your fears, so that you may sleep sound and undisturbed.”

Personal reminiscences narrated by nurses to patients, may rather negative this, talking to patients after they have had the preliminary narcotic makes it of little value, so does walking to the operation theatre. The journey should be on a stretcher, and if possible the hypodermic should be given on that conveyance, so that after there is absolute quiet and no disturbance.

The energy expended on the cleaning of a Hewitt's Gas Oxygen apparatus is rather discounted; if the oxygen holes become blocked up with plate powder it brings undeserved discredit on what would otherwise be an ideal non-cyanotic anæsthesia.

It has, too, resulted in a burst oxygen bag, as well as a blue patient. An oxygen cylinder needed in a hurry rather provokes ire if the perhaps urgently required gas emerges from the connection fittings, instead of through the fine adjustment valve. The cylinder, too, is also of little value if it merely contains a fraction of a foot of oxygen. The use of a gauge would obviate the latter, a minute's instruction the former.

A blocked or glued up rubber tube in the water escape of a Geoffrey Marshall is another source of premature grey hairs.

A Yunker Chloroform apparatus, incorrectly coupled up, and thus pumping pure liquid chloroform in lieu of air containing that anæsthetic, has resulted in more than one coroner's inquest. Observation that the bellows are joined on to the tube marked B might have saved some lives, so would preliminary testing.

Among many other smaller matters may be mentioned the cleansing and not too tightly fitting of the air tube in Clover's Inhaler, the replacement of worn and useless rubber valves in the stopcocks of Nitrous Oxide Gas appliances, the correct cleaning and washing of mouth and nose airways and intratracheal tubes. Some makes of the latter will not stand prolonged boiling. Drawing through the steriliser, then soaking in an antiseptic solution before placing in a dish of sterile water on the anæsthetist's table, promotes their longevity.

If my remarks are candid, they are actual truths, and, I hope, impartially given.

COMING EVENTS CAST THEIR SHADOWS BEFORE.

Our readers will find a most important advertisement inserted this week from the Royal Infirmary, Glasgow. Probationers are required at this leading Scottish hospital, and Nurse Training School, which is provided with every advantage for studying the profession of nursing. What caught our eye was the first inducement offered by the management: “Preparation for the State Examination.” That is an inducement every training school must offer in the future if it hopes to secure the best class of woman for the work. We all know how thorough is the system of general education in Scotland—so we may rely upon the General Nursing Council for Scotland adopting a syllabus of professional training and education which will qualify nurses registered in Scotland to compete with success all over the world.

The Royal Infirmary, Glasgow, is evidently in the front rank of institutions which mean to prepare its probationers for a high standard State Examination, and with a great educationist like Miss Steuart Donaldson at the head of the Training School, all the available vacancies for probationers should be speedily filled. In estimating salaries, probationers must realise that the more systematic education provided for them—to qualify them in the future as highly efficient nurses—is a costly matter for the training schools, and they must not forget to reckon this as a valuable asset.

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