

vaccine is simply a corresponding remedy against smallpox. That is the whole story.

After dealing with the way in which the vaccine is produced, Dr. Wanklyn went on to describe the method of vaccination, and said that when the whole process of vaccination is carried out with scrupulous care, no inconvenience follows.

Most of the controversy about vaccination really turns on the question, which will last as long as human life, whether any given remedy is worse or better than the disease for which it is presented. Anyone who has seen a case of smallpox will realise that vaccination involves infinitely less suffering and inconvenience to the patient. He gave very striking proof of the efficacy of vaccination. A working mother who had left her baby at home caught the infection of smallpox when out of doors; in due time she developed it and was sent to hospital, herself covered with the disease but the baby in arms perfectly well. If, then, the baby was vaccinated within three days, 72 hours of the time when the mother's rash came out, the vaccination took and was established before the smallpox had time to develop, with the result that the child completely escaped the disease.

The real way to set to work is not to wait to be attacked, but for us to attack smallpox. That is the spirit to work in.

OUR PRIZE COMPETITION.

DESCRIBE THE PREPARATION OF A PATIENT FOR RECEIVING AN ANÆSTHETIC. WHAT PRECAUTIONS WOULD YOU TAKE, BEFORE AND AFTER?

We have pleasure in awarding the prize this week to Miss Sarah Ann Cross, Woolwich Home for Ailing Babies, 123, Eglinton Road, Plumstead.

PRIZE PAPER.

There are three grades of anæsthesia—local, spinal, and general.

The preparation of a patient to receive an anæsthetic will greatly depend upon which method is to be used, and whether given for—

1. Examination.
2. Surgical operation.

1. *Examination.*—An efficient aperient is given the previous day, and an enema the following morning, if necessary. A hot bath given, and clean clothing. No food should be given for four hours before the anæsthetic.

2. *Surgical Operation.*—If the operation is a severe one or of long duration, the patient should rest in bed for two or three days; this aims at raising the resisting powers. Light diet, such as fish, given for about two days, unless otherwise ordered.

A strict observation must be kept on the patient's general condition; note temperature, pulse, respirations, and colour of patient. Test urine two days before operation; report to surgeon any abnormal condition.

The destruction of bacteria is most important; a purgative should be given to clear the alimentary canal of bacteria and their toxins. Castor oil $\frac{z}{i}$, to which $\frac{3}{i}$ of glycerine has been added (the latter tends to prevent constipation), should be given twenty-four hours before operation, so that the patient may have a good night's sleep, which will greatly alleviate the nervous condition.

The patient's hair must be well washed, and sponged with antiseptic lotion, and a bath taken the previous day, clean clothing put on patient and bed.

The mouth and teeth must have special attention, and all carious teeth, if possible, should be extracted.

Site of operation must be shaved, and a good area around same well washed with soap and water and antiseptic lotion, and prepared according to surgeon's wishes.

A nurse must do her utmost to reassure her patient, as success depends largely upon the state of the mind.

A cup of hot water or tea may be given the morning of operation.

An enema may or may not be necessary, or a rectal washout may be given about five hours before anæsthetic.

A sponge bath given, taking care to guard patient against chills.

A cup of tea or beef-tea and a piece of toast given at least three hours previous to operation, unless otherwise ordered by surgeon.

Put on clean warm flannel garments, which can be easily removed, and long woollen stockings.

Braid the hair in two braids and tie at the ends. Give special attention to the care of the mouth. Remove artificial teeth, eyes, limbs, and jewellery, with the exception of a wedding ring.

The anæsthetist's and surgeon's wishes as regards injections must be ascertained, as they require to be given at stated intervals before the administration of anæsthetic.

Urine must be passed immediately before operation, making sure that the bladder is empty, and, if not, the surgeon must be informed, and he will usually decide as to advisability of catheterisation.

After anæsthetic an anæsthetised patient should be moved as little as possible, and, with the greatest of care, quickly returned to a

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