

begins to take fright as the hour of operation approaches, and confirms what the surgeon has already said. One-half to three-quarters of an hour before the operation, sufficient narcotic is administered to prevent undue psychic stimulation.

During the operation the nurse again has a big part to play. She sits at the head of the operating table and converses with the patient in a low tone. To distract him from the procedures in the operating room, to comfort him and to hide the scene from him, iced wet towels are applied to his forehead and over his eyes. The operation is alluded to as little as possible. An occasional drink may be given. The conversation of the doctors and the other nurses and attendants in the room is subdued, and guarded as to subject.

Meanwhile the nurse observes carefully the depth of the respirations, whether they are laboured or not, the rate and quality of the pulse, the patient's colour, whether he perspires freely or not. Collapse, in the rare instances when it occurs, is preceded by definite symptoms. The patient's replies to conversation or queries become short, laboured; respirations are slow and show effort; the pulse rate slows markedly, its volume diminishes; he breaks out in profuse perspiration, his skin feels clammy. These changes occur rapidly. The nurse must always be on the lookout for them. They are easily combated by increasing the Trendelenberg position and, if necessary, starting an intravenous infusion. The nurse's responsibility is, therefore, heavy.

When the operation is completed the patient is carefully transferred to a stretcher, transported to his room, put into a bed the foot of which is raised on shock blocks. During transportation he must be observed as carefully as a patient who has had a general anesthetic. If the operation has been of short duration the anesthesia will still be at its height and there is considerable danger of the patient being thrown into shock. This is also true if the operation has been particularly severe. Sudden changes of position increase this danger. The patient should, therefore, be lifted from table to stretcher and stretcher to bed as gently as possible and the stretcher raised to the Trendelenberg position on the slightest symptoms of shock.

If the operation itself does not contra indicate it, the patient may have fluids by mouth immediately on return to the room. A stimulating drink, such as coffee or whisky, is particularly good. Soft diet may ordinarily be given the day of the operation and soft and regular diet the next day. Shock position is maintained at least twelve hours as prophylaxis against the post-operative headache which occurs in about one out of fifteen patients.

#### A DISCOVERY OF FAR-REACHING IMPORTANCE.

It was reported at the last quarterly court of the Governors of the London Hospital that Dr. S. P. Bedson and Dr. G. T. Western, who are working on unfilterable viruses, in connection with the Freedom Research Fund, have definitely established the fact that Psittacosis, or parrot disease, is due to such a virus. It is a discovery of far-reaching importance. The cause of this deadly disease having been discovered it now remains to find a cure.

## NURSING ECHOES.

The London County Council, which is now responsible for the hospitals formerly under the direction of the Metropolitan Asylums Board, under the Local Government Act which came into force in April of this year, as well as for those poor law institutions and mental hospitals which it formerly controlled, is finding considerable difficulty in recruiting a sufficient number of suitable nurses, and has adopted the novel plan of appointing a recruiting officer who will visit schools and other places in order to acquaint girls of school-leaving age, and their parents, with the advantages of Nursing as a career.

The lady appointed is Miss Margaret Edith Green, S.R.N., who was trained at the Middlesex Hospital, and whose work in this connection will be watched with much interest.

The annual report of the Metropolitan District Nursing Association, founded by Miss Florence Nightingale and others in 1875, to provide trained nurses for the sick poor of Central London, states that the association took over the Central St. Pancras district, which includes about 90,000 people, in June. A suitable house has been found in Oakley Square. The expenditure involved was about £1,270, and a generous lady has lent the Association £1,000 without interest. The Central Home in Bedford Place dealt with 2,823 cases last year. These involved 51,517 visits by the district nurses and superintendents, and 804 by school centre nurses. In addition, 7,324 patients were seen at various clinics and dispensaries. At the new branch home in Oakley Square 345 cases, involving 6,651 visits, were attended to, in addition to 2,558 cases, mostly in Pentonville, requiring 29,507 attendances and 804 home visits.

The report of the Nightingale Fund for 1929 records that there were remaining in the Home on December 25th, 1929 (of whom 17 were paying probationers, and 11 free specials) 68 probationer nurses, and that 51 completed their term of service and were awarded certificates.

The Committee in presenting their Report for the year annex extracts from the Report made to the Council by Miss Lloyd Still, Matron of St. Thomas's Hospital, and Superintendent of the Nightingale Training School, which include the following information.

The statistics attached to the Report show that 37 nurses trained in the Nightingale Training School were holding positions of Matrons at the end of the year while the extracts which are given show that several nurses who have only recently passed through the School have already been appointed to important positions, all of which affords very satisfactory evidence that the School continues to hold the high position which it has always occupied in the past.

The Matron received 1,159 applications for the Regulations of the School during the year, and in addition interviewed 236 applicants most of whom had previously applied in writing. Of these 163 were accepted. From the opening of the School in June,

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