

induced with good results. These procedures must be carefully controlled by X-Ray, and it is of course essential that the diseased area and not merely good lung tissue, is collapsed. Frequently, as the result of an old inflammation, the two layers of the pleura are partially adherent, with the result that an inadequate collapse of the lung occurs. In such a case it is often possible to divide these adhesions by means of a thoracoscope. This consists of a narrow telescope carrying an electric bulb, and a cautery, which is introduced under local anaesthesia into the pleural cavity. The adhesion is viewed through the telescope, and divided with either the actual cautery or by diathermy.

"It may be that adhesions are so extensive that the lung cannot be collapsed by these methods. The patient may then be advised to have a thoracoplasty. This is a major operation carried out under gas and oxygen anaesthesia. Portions of ribs are removed over the affected area of lung and the chest wall is allowed to fall in and so relax the underlying lung. The operation may be confined to three or four ribs or it may be complete.

"Recently a new procedure has been introduced for relaxing diseased lung tissue, known as Extra pleural pneumothorax. In this operation a small portion of one rib is removed and the parietal pleura and underlying lung is stripped by hand from the chest wall and allowed to collapse. The wound is then closed and the extra-pleural space is filled with air in just the same way as in an ordinary artificial pneumothorax.

"In the operation of phrenic interruption, the phrenic nerve is exposed in the neck and either removed or crushed. This has the effect of paralysing the diaphragm and so limiting the movements of part of the damaged lung."

A hearty vote of thanks to Dr. Houghton for his kindness in giving this most instructive talk was passed with acclamation.

The Members, after a delectable tea served in the pleasant Recreation Hall, enjoyed a tour of the kitchens where the "Bonanza" Apple Corer, a gadget which automatically peels and cores apples, attracted keen attention.

In the Nurses' Home a new annexe of 18 bedrooms was much admired, the sunny aspect being reflected in cream colour decorations with gold coloured curtains.

In the theatre Dr. Houghton very kindly demonstrated some remarkable instruments employed in tuberculosis surgery.

The members much appreciated the graphic description of the uses of these ingenious inventions in modern surgery, i.e.,

Thoroscope (double puncture and single puncture sets).

Thoracic surgical instruments.

Artificial Pneumothorax equipment—Rotunda 3-way aspirating syringe.

Dr. Houghton's extra pleural refill needle.

In the Dental and Throat Department the Kromayer ultra-violet lamp and accessories all excited admiration.

In taking leave all expressed appreciation for valuable instruction and thanks to the President, Miss Solomon, for her kindness in arranging so enjoyable an afternoon for the Annual Meeting of 1938.

#### ROYAL GIFTS TO AID QUEEN CHARLOTTE'S HOSPITAL.

We are pleased to know that many Matrons and Nurses are interested in antiques and eagerly possess themselves of "pet bits" from time to time. May we therefore draw their attention to the sale of antiques in aid of Queen Charlotte's Maternity Hospital to be held at Sotheby's Rooms (Bond Street) on June 28th? The donors of gifts include the Queen, Queen Mary, and many well-known collectors, while members of the British Antique Dealers' Association have presented nearly 100 items. *We* feel we must be there.

## THE INFECTIOUS HOSPITALS MATRONS' ASSOCIATION.

### ANNUAL MEETING.

Saturday, May 14th brought the Annual Meeting of the Infectious Hospitals Matrons' Association for 1938, which by the kind invitation of the Matron, Miss F. M. Campbell, was held at the South Eastern Hospital, New Cross.

Miss Campbell warmly welcomed the members in the Staff Class Room, where the Medical Superintendent, Dr. G. Ronaldson, joined the party and by request gave a most instructive Address on "The more important recent advances in Fever Hospital Practice," published at the end of this report.

The talk was followed with the keenest interest, and the President, Miss H. McLoughlin, expressed the sincere gratitude on behalf of all present to Dr. Ronaldson for the trouble he had taken to convey to them valuable instruction on a subject which so closely concerned the Fever Hospital Matrons.

A very successful Meeting was well attended.

Various items peculiar to the work were discussed, among these the difficult problem of securing suitable staff, and it was the opinion of the meeting that probationers who joined at the age of 17 should be permitted to sit for their final Fever State Examination after having completed two years' training at the age of 19, and not be registered until they are 20, as otherwise having to wait until they have completed three years (until 20) is expecting too much when taking into consideration the General Training takes another three years. The Association awaits a reply from the General Nursing Council to this question on which it has been approached.

It was pointed out that the present system of adjusting salaries on the number of beds reacted unjustly upon the Matron and Staff of the smaller hospitals. In many of these the Matron's responsibility is not appreciated, her salary being often less than Sisters and Home Sisters received in the larger hospitals. Taking into consideration that in the smaller hospitals the Matron has no Assistant Matron, has to be her own Housekeeper, Secretary and, where there is no resident doctor, is responsible in emergency during the night as well as the day.

It was proposed by Miss Ruddy and agreed to approach the Minister of Health on this matter. Following further minor business the meeting then closed.

A tour of the wards, the Isolation Blocks, the walls of which are almost entirely of glass, were much admired, the children, many of them serious cases, could be seen at a glance, looking most contented and well cared for.

The visit to the Nurses' Home, the design of which, when erected, won for the architect, for the most beautiful home, a prize in a competition for all England. The entrance hall, stairs and corridors in the Jacobean style, wainscoted in oak, have the charm of that period.

Then came a refreshing dainty tea served in the Matron's quarters, which concluded with thanks to the management of the South Eastern Hospital and to Miss Campbell for the delightful arrangements made by her.

#### The more Important recent Advances in Fever Hospital Practice.

Dr. Ronaldson gave a short address on some of the more important recent advances in fever hospital practice. At the South-Eastern Hospital the routine treatment for malignant cases of diphtheria was an intensive intravenous therapy, the serum being given by "drip" infusion. The apparatus was demonstrated and its use briefly described. It consisted of a movable stand from which was suspended a glass container of 20-oz. capacity; a length of rubber tubing connected the container with a glass "drip" tube

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