

are very liable to chill and infection. No nurse who has a cold or a sore throat must come near the patient. The personality of the nurse is important. Patience and cheerfulness are virtues of especial value in those who undertake the treatment by somnifaine narcosis.

Emergency Outfit.—The following should be kept in the patient's room or in a room adjacent to it :—

1. A cylinder of 5 per cent. carbogen and tent.
2. Hypodermic syringe and needles, sterile water, spirit or tincture of iodine.
3. Tourniquet.

COMPLICATIONS AND DANGERS.

Here are listed the signs and symptoms which may sound a note of warning or call for the immediate termination of treatment and the administration of restoratives :—

1. Shallow and laboured breathing, especially if the respirations are over 25 per minute.
2. Pyrexia above 99.6 F.
3. Nausea and vomiting, if the latter takes place more than twice a day.
4. Tachycardia, especially if persistently above 100 per minute.
5. Bradycardia with soft, easily compressible pulse.
6. Fall in systolic blood pressure below 100 m.m.Hg. Immediate termination if systolic pressure falls below 90 m.m.Hg.
7. Cyanosis.
8. Oliguria amounting to less than 30 per cent. of fluid intake.
9. Presence of albumen or ketonuria.
10. Any cardiovascular impairment.
11. Any evidence of hypostasis or pulmonary distress.
12. Extreme restlessness.

Among the rarer complications and dangers are :—

1. Epileptiform convulsions.
2. Anuria or marked retention.
3. Barbituric dermatitis.
4. Oedema.

Indications for Caution.—Should any of the above complications arise, the nurse must cease treatment immediately and communicate with the doctor. In some cases it will only be necessary to suspend one or two injections and thereafter to proceed with caution. In other cases, depending upon circumstances, it may be advisable to terminate treatment entirely, while symptoms of overdose and threatened collapse will call for the administration of restoratives.

Treatment of Overdose.—In the treatment of overdose, up to 5 c.c. of coramine or cardiazol may be given (slowly) intravenously and one ampoule of coramine with 1/60 gr. of strychnine hypodermically every hour until the patient is revived. In severe cases of collapse, hot-water bottles must be applied, the end of the bed raised and a tray prepared for lumbar puncture. Carbogen should also be administered.

Ephedrin.—Individual variations in the technique and treatment will be made by the doctor to suit the needs of the patient. The doctor should visit at least once or preferably twice a day. Ephedrin, on account of its peripheral vaso-constrictive action, is useful for routine administration in cases presenting a persistently low blood pressure. Chloral and bromide or "Somnos" may be used in place of paraldehyde if desired. Some workers have preferred small injections of scopolamine and morphine.

Glucose and Insulin.—On account of some derangement of carbohydrate metabolism due to somnifaine, some doctors advocate the routine administration of insulin and glucose with the somnifaine. This I have not found necessary, particularly as with the taking of adequate nourishment and fluids the state of the cardiovascular

system gives an earlier warning of danger than the presence of ketone bodies in the urine.

Safety First.—In conclusion it should be remembered that *Somnifaine is a dangerous drug*. The effective dose is very close to the toxic dose. It should at all times be administered with caution. Enthusiasm for somnifaine narcosis may be misplaced if the drug is continued in the presence of any toxic symptoms; and it may be stated definitely that safety must always take precedence over the desire to carry on the treatment in the hope of benefiting the mental state if the physical state is unsatisfactory. Never proceed if you are in doubt. Never place a narcotised patient in jeopardy.

THE INCORPORATED ASSOCIATION OF HOSPITAL OFFICERS.

THE PLACE OF THE NURSE IN THE VOLUNTARY HOSPITAL.

The Annual Conference of the Incorporated Association of Hospital Officers was recently held at Westminster Hospital School of Medicine. It was announced that Sir Arthur Stanley would become patron of the Association in succession to the late Prince Arthur of Connaught.

Sir Arthur Stanley stated that the Association had of late made rapid strides, almost all the higher officers had joined, and chairmen of hospital committees were increasingly in the habit of consulting the Association on the appointment of officers.

Members of the nursing profession had been invited to attend the Conference and a discussion took place on "The place of the nurse in the voluntary hospital."

To quote *The Times* :—

"Miss M. G. Milne, Superintendent of the Nurses and Matron, Leeds General Infirmary, said that to a considerable extent the success of the medical profession depended on an adequate supply of trained nurses. The so-called scarcity caused consternation, but the number had been doubled since 1926. The heavy call on the profession had been caused by the tremendous increase in public health services, by fresh departments appointed in connection with hospitals, and by changes in the organisation of municipal hospitals.

Two Grades Suggested.

Dr. Robert Hutchison, President of the Royal College of Physicians, said he disliked the specialised knowledge that nurses were expected to have to-day. They were being taught far too much preliminary stuff. It was a delusion to suppose that nursing was merely a scientific profession; two-thirds of nursing was an art—a craft and not a profession.

"The medical staff did not want an amateur doctor as a nurse, but a person possessing kindness, gentleness, and quietness. If it was necessary to have a highly qualified nurse then he suggested two grades, corresponding to the general practitioner and the specialist. Loyalty to the doctor and institution was expected of a nurse. For nurses to go on strike was like a soldier deserting on the field of battle. If this kind of trade unionism were to creep into the hospitals they would indeed be undone."

"Hewers of Wood and Drawers of Water."

Dr. Robert Hutchison's views on nursing are held by many doctors; it is the old question of "Hewers of wood and drawers of water." The fact remains that "preliminary stuff" must be taught to qualify nurses to carry out the medical orders of a scientific profession.

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