

A BLOW TO NURSING PRESTIGE.

On page 99 will be found the Report of the meeting of the General Nursing Council for England and Wales, held on Friday, March 25th, at 23, Portland Place, London, W., at which the recommendation incorporated in the Report of *The Lancet* Commission to divide the Preliminary State Examination into two parts was for the third time presented in a Resolution (defeated on two previous occasions) and carried by fifteen votes to eight, a Resolution which if carried into effect may have disastrous results, not only on the basic efficiency of the teaching of student nurses, but on discipline in the Nurse Training Schools.

The Resolution of which the General Nursing Council has approved provides that Part I of the Preliminary State Examination to include anatomy, physiology and hygiene may be taken by a candidate before entry to a training school for nurses.

Presumably, therefore, lay teachers and not hospital matrons, will have the first selection of potential student nurses in the future, as the Matrons will be compelled to admit for training only such candidates as have been approved by members of the Teaching Profession, and although the Resolution provides that the General Nursing Council approve the course of instruction, there is no provision in it that the teachers of anatomy, physiology and hygiene shall be professional persons. The logical conclusion is demonstrated for the first time for half a century that the training schools for nurses are incapable of completely educating their own students; in our opinion a disastrous admission.

Unprofessional Control.

The voting for and against the Resolution is very significant. On a major question of professional importance the whole nine lay (including medical) nominated persons voted to divide the Examination—and supported by six elected Registered Nurses, it was carried against the judgment of eight professional colleagues including the Chair and Vice-Chair of the Council.

Here again is a serious blow to the prestige not only of the Council, but of the whole body of Registered Nurses.

This vote records the control of the Governing Body of the Statutory Profession of Nursing by the laity, a ruthless assumption of power upon the part of the nine nominated members of the Council, and a humiliating and demoralising position for the 80,000 Registered Nurses who compose the profession to accept, and against which we, in the names of thousands of Registered Nurses who have never been consulted by our Governing Body on these vital principles, protest. We claim:

1. The Heads of the Nurse Training Schools should select student nurses—not the lay teachers.
2. The education and examination of student nurses should be conducted by professional persons.
3. The Governing Body of the Nursing Profession should be composed of Registered Nurses who finance its work.

Alas! at the moment how humiliating is our position in the body politic.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE A PATIENT FOR THE OPERATION OF PARTIAL THYROIDECTOMY? DESCRIBE THE POST OPERATIVE NURSING TREATMENT AND MENTION ANY COMPLICATIONS THAT MAY OCCUR.

We have pleasure in awarding the Prize this month to Miss Agnes R. Scott, West Suffolk Hospital, Bury St. Edmunds.

PRIZE PAPER.

Partial thyroidectomy is performed in cases of Exophthalmic Goitre, where no permanent benefit has been derived from medical treatment.

Having in mind the symptoms of Hyperthyroidism, viz.:

Nervous symptoms.—Excitability, tremors, insomnia, sweating with moist clammy skin, diarrhoea. *Cardiac symptoms.*—Tachycardia, palpitation, auricular fibrillation, heart failure. *Interference with metabolism.*—Causing loss of weight and anæmia. *Exophthalmos and enlargement of the Thyroid gland.*—The pre-operative treatment will necessarily be directed towards reducing the symptoms to a minimum, therefore the patient will be admitted to hospital several weeks before operation.

TESTS MADE ARE:

1. *Basal Metabolic Rate.*—This is the minimum production of heat and energy required to keep the body alive when completely at rest, *i.e.*, to maintain muscle tone, warmth, and the vital activities, taking into consideration the patient's age, sex, height and weight.

It is measured by estimating the rate at which oxygen is taken into the body and carbon dioxide given off.

Preparation.—Complete rest essential. Explanation of procedure made to patient to avoid worry. Light supper previous evening. Good night's sleep essential.

2. *Patient's response to electrical stimulation is tested.*—If only a small electrical stimulus is required to contract the muscles, there is danger of post-operative tetany, therefore Calcium Gluconate is given by mouth for a few days and the test repeated.

3. *Blood test is done.*—(a) *To estimate the Calcium content*—if deficient, Calcium Gluconate and Parathormone are given, latter being the secretion of the Parathyroid glands and necessary for controlling calcium metabolism. (b) *Leucocyte count*—for the presence of septic foci. (c) *Estimation of Red Blood Cells*—to determine the degree of anæmia present. Both of which would be treated.

4. *Chest is X-Rayed.*—There may be deviation of the trachea due to pressure by the enlarged gland or evidence of Pulmonary Tuberculosis.

OBSERVATION OF THE FOLLOWING IS MOST IMPORTANT:

(a) *Temperature—Pulse—Respiration.*—Four-hourly chart kept, and if auricular fibrillation is present, an apex chart is kept. Condition of the pulse will be the criterion as to whether this is advisable.

(b) *Urine.*—Routine testing—Glycosuria may be present due to faulty metabolism and is treated with Insulin.

(c) *Weekly Weight of the Patient is important.*—Weight should increase during the period of rest in bed.

(d) *Appetite.*—Increased metabolism causes wasting—the toxæmia impairs the appetite, therefore light

[previous page](#)

[next page](#)