nourishing diet is necessary aiming at high fat—moderate carbohydrate—low protein, avoiding red meat, meat extractives, and stimulating drinks such as coffee.

Drugs used during Pre-operative Period.

Sedatives, e.g., Potassium Bromide, gr. xx. O.N. Luminal gr. ½ B.D.

Digitalis for Auricular Fibrillation.

Lugol's Solution.—This reduces metabolism, and relieves symptoms, given ten days before operation ♏v. to ♏x. T.D.S.

Calcium Gluconate and Parathormone—if necessary: to prevent post-operative tetany.

Immediate Pre-operative Treatment.

Glucose and Barley Sugar for 48 hours previous to operation, so that the liver may have a reserve store of sugar, and thus minimise shock.

Aperient the previous day, 2 p.m., as ordered.

Sedative, e.g., Morphia gr. 1/6 at bedtime to ensure a good night's sleep.

Simple Enema early morning.

Light Breakfast, tea and toast, if operation is in the afternoon.

Glucose Lemonade three hours before operation.

Lugol's Solution ♏xxx. two hours before operation.

Local preparation is done just before the basal narcotic is given. Skin prepared according to surgeon's wishes. Patient dressed in usual way for operation.

Urine is passed—Stretcher placed under patient.

Basal Narcotic given half an hour before operation, usually Avertin .1 gram per kilogram body weight.

Hypodermic injection.—Atropin gr. 1/100 given half an hour before operation.

Patient is usually asleep before being taken to theatre, where anæsthesia is continued. Very careful watch is kept on the pulse and patient is not left after the basal narcotic is given.

If the patient is not to know the date of operation, a rectal saline is given daily for a week and on the day of operation the basal narcotic is given instead.

Post-operative Treatment.

Position recumbent until conscious, then the upright position, head being well supported with pillows.

Bedclothes must be light, with blanket next to patient, who may be very hot, when an electric fan would be useful. Shock must be prevented.

Rectal Saline usually ordered—ten ounces with 5 per cent. glucose—Lugol's Solution ♏xxx. and Potassium Bromide grs. lx.

Morphia grs. 1/6 S.O.S. to quiet the nervous system.

Patient encouraged to take fluids, this is very important.—There may be difficulty in swallowing and in speaking, patient must be encouraged to persevere until both can be accomplished with ease.

Ice cream is useful as it relieves the soreness.

Steam Inhalations T.D.S. are used to relieve trachieitis and œdema.

Pulse-rate is recorded half-hourly for 12 hours.

Oxygen and Carbon Dioxide given by nasal catheter, if respirations tend to become slow.

Lugol's Solution is continued in decreasing doses for ten days.

Later, light diet is given—fairly high carbohydrate and low protein with plenty of fluids.

Wound.—Neck is held straight, special bandage may be used, or dressing kept in position by strapping. Corrugated drainage tube removed after 48 hours. Michel's clips removed on third or fourth day. Patient up on couch sixth or seventh day.

Complications.

Reactionary Bleeding.—Superficial oozing through the dressing, which is changed, or deeper bleeding into the tissues, causing swelling. Sharp lookout kept for symptoms of hæmorrhage. Usually controlled by Morphia, but the vessel may have to be ligatured.

Tetany is avoided by pre-operative treatment.

Shock may be severe and is treated in the usual way.

Acute Thyroidism.—Due to leakage of Thyroxin into the tissue during operation. Occurs during first 24 hours. T. 103 or 104 deg. F. tachycardia, restlessness, dyspnœa. Large doses of Lugol's Solution are given per rectum, Morphia hypodermically, patient kept cool with fan and with ice.

Aphonia (i.e., loss of voice).—Due to injury of the laryngeal nerve causing paralysis of the vocal cords —stridor—and difficulty in swallowing.

Tracheotomy trolley should be kept ready in case it is required.

HONOURABLE MENTION.

An excellent paper has been received from Miss E. L. Thorpe, Royal Free Hospital, London, and the papers of Miss Winifred Moss, The Royal Infirmary, Leicester, and Miss Florence Ibbetson, Essex County Hospital, Colchester, are also deserving of honourable mention.

Miss E. L. Thorpe writes:—" Oxygen is given to lessen strain on the cardiac muscle. A patient does extraordinarily well if nursed in an oxygen tent for several hours following operation.

Great nursing skill is required when a tent is in use. The patient is never left unattended. The temperature within the tent is maintained at a comfortable level. The indicators on the cylinders are watched. Oxygen entering the tent is kept at a level of 4.6 litres per minute, being gradually lessened when the patient is about to be removed. The ice box is kept filled. Condensation on the windows of the tent indicates that something is wrong. The possibility of fire arising from some obscure electrical origin can be minimised by insulating the bed with mackintoshes and arranging bed-clothes so that there is no friction by blankets within the tent."

QUESTION FOR NEXT MONTH.

What is Ophthalmia Neonatorium? State how the infection is conveyed and give an account of the nursing treatment.

LUCKIEST NURSE IN HOLLAND.

It is reported that Miss Feith, the Senior Nurse at the principal Clinic at The Hague, has been appointed by the Court to be nurse to Princess Beatrix of the Netherlands, who is nearly three months old.

The little Princess is reported to be a bright and beautiful babe, to whom of course the Queen and her parents are devoted. We congratulate Miss Feith on her honourable and very responsible position.