

they are to be included in a Roll. But surely if they are Registered they are on a Register whether it be called by that name or any other? Moreover, the words Roll and Register mean just the same thing. Further the Reservation goes on to say that the suggested title which is to give "a distinct status" to those on the Roll need not prevent the use of the word "nurse" as the normal form of address for them. Was ever confusion more confounded?

Another pious reservation we might refer to is that the "condition" covered by Paragraph 165 of the Report be implemented. What is implied by that? The highly qualified women in private practice, with one, or it may be two, or even three, special qualifications, are to be placed under the control of a lay authority composed of "the butcher, the baker, the candlestick maker," or any others who may constitute, in one district, or another, the local authority. Much criticism has been levelled at the questions set for the test examinations by the General Nursing Council. We would like to put one to our professional colleagues on the Council and especially to the nurses who sat on the Inter-Departmental Committee. Will they define what they mean by the local authority or say what section of it they propose to set in authority over registered nurses in private practice? Then we shall know a little better where we are, but to place professional women under such lay control is utterly wrong.

[ST. GEORGE FOR MERRIE ENGLAND.]

We make no apology, in this unusually long editorial, for having introduced a strong moral note into our discussions, for, in our view, a Profession should not merely be an entity in the world, with high educational aspirations and capable of ever new achievements, but it should be a *living spiritual organism*. We shall not cease to regard the action of the General Nursing Council as a betrayal of the Nursing Profession and its destiny; if they disagree, let the Council come out of *camera*, let those who are on it, and those who think with them, come into the gladiatorial circle, let them call a mass meeting of the Registered Nurses, and put, from a public platform, the arguments for the course they took as they put them when they were *in camera*.

The English people have had from time immemorial a great archetype placed before them, a really stupendous "Imagination," of how they should oppose with all their strength what is wrong, unjust, retrograde, and untrue. When we are fighting against a powerful enemy, what would prove a great wrong, a great betrayal, let us remember the archetype which our forefathers have handed down; when what is unjust and untrue lies in our path let us reflect that it was not with a bouquet of flowers that St. George came to meet the dragon, but with his sword drawn! Let us remember that, when a great ideal, a great achievement, has been won, as was the case in the Nurses' Registration Act, it should function as a powerfully beneficent force, but there is the other side of the picture—through lack of truthfulness, work done in the darkness or done in ignorance, what was calculated to be beneficent and progressive, may be turned into a really destructive thing. If we allow it to be so transformed then we are fighting against the very folk spirit of our race as portrayed in the figure of the Patron Saint of England.

NURSING CARE IN LAMINECTOMY.

This neurosurgical procedure has been used for many years in the removal of spinal tumours and for cord injuries. Recently it has been applied in treatment of hypertrophied ligamentum flavum and for a rupture nucleus pulposus.

For those that are not familiar with these conditions and the operation, here are a few brief notes.

The ligamentum flavum is a ligament composed of yellow elastic tissue running vertically between the lamina of one vertebra and the lamina of the adjoining vertebra. When this ligament is traumatised the elastic tissue swells and becomes disorganised so that pressure may be made against adjacent nerve roots.

The nucleus pulposus is a rubber-like substance that is extruded from the inter-vertebral disc when a rupture occurs. When this rupture occurs posteriorly the nucleus pulposus will cause pressure against the spinal cord or nerves.

The laminectomy is the removal of all or part of lamina of a vertebra so that the ruptured nucleus pulposus or hypertrophied ligamentum flavum that is causing pressure upon the nervous tissue may be removed.

For a good demonstration of a disc, as a ruptured nucleus pulposus is commonly termed, visit the X-ray department of one of the hospitals and ask to see films that show this condition.

Examine a skeleton and you will see that the vertebrae may be separated by pieces of felt which represent cartilage in a living person.

Usually the patients give a history of trauma either of a fall or twisting back injuries, followed by rapidly or gradually developing symptoms. These symptoms are of radiating pain from the back down the posterior or lateral surface of the thigh or leg with varying degrees of anaesthesia over the painful areas. Back motion is markedly limited. The tendon reflexes are diminished or absent on the affected side.

A spinal fusion may or may not be done when the laminectomy is performed. A fusion is usually done, however, when more than one lamina is removed. In such cases the graft for fusion is taken from the tibia of either or each leg. When a bone graft to strengthen the back has been done, the patient is placed in a half cast following surgery. Three or four days prior to operation a body cast is applied and immediately bivalved, removed and allowed to dry off the patient. The anterior portion of the cast is tied on when necessary to turn the patient to dress or rest the back. Most of the doctors prefer not to turn the patient for four or five days after operation. Then if a normal post-operative course ensues, the patient may be turned two or three times a day and allowed to remain on his abdomen for a half hour or more.

The most important thing for a nurse to watch immediately following surgery is shock. The blood pressure is usually taken every fifteen minutes for two to four hours and then every hour for 12 hours.

The essential factor in the care of these patients is to keep them flat in bed. Knees may be slightly flexed and one small pillow used under the head. At no

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