

### A WORLD-WIDE GIFT TO WOMEN.

Recently two ladies called at the British College of Nurses and presented a gift of world-wide interest to women. Nothing less than the Silver Medal of the Women's Social and Political Union, inscribed "Nurse to Mrs. Pankhurst," and the 11 dated Silver Bars awarded to Sister Catherine Emily Pine (trained at St. Bartholomew's Hospital) "For Duty," March 29th, 1913, to July, 1914; each bar bearing the date of Mrs. Pankhurst's release from prison, in an almost dying condition, when Sister Pine nursed her with absolute devotion back to comparative health.

Together, with the gift of these unique and priceless memorials of the martyrdom of the most dauntless leader women have ever followed in this country, is a letter from Sister Pine, and the Ribbons of the Union.

Sister Pine, who has recently passed to her rest, left this priceless gift by will to the History Section of the British College of Nurses. We intend, if possible, to present a picture of the Medal and Bars in our next issue.

### OUR PRIZE COMPETITION.

#### GIVE THE PREPARATION FOR OPERATION AND POST-OPERATIVE NURSING TREATMENT OF A PATIENT WHO HAS HAD COMPLETE EXCISION OF THE BREAST.

We have pleasure in awarding the Prize this month to Miss Mary M. Macphail, S.R.N., R.M.N., Royal Mental Hospital, Glasgow.

#### PRIZE PAPER.

*Pre-operative Treatment.*—It is desirable to have the patient in hospital a few days before the operation, so that she will get to know the nurse and have confidence in her, and also to make her familiar with her surroundings. It is well to accustom the patient to the use of bed-pans, etc., and the position that will have to be maintained after the operation. The nursing prior to the operation includes a daily blanket bath, careful regulation of the bowels; the last aperient to be given before the operation should be given at such a time as not to disturb the patient the night before her operation, for a good night's rest goes a long way towards the success of the operation. The patient's urine should be tested particularly for the presence of acetone, sugar and albumen. Light diet is given 24 hours previous to operation, also glucose water; barley sugar may be given to suck, to prevent post-operative acidosis. In addition rectal salines may be ordered. Temperature, pulse and respiration are charted four-hourly.

*Preparation of the Skin.*—Shave all the skin that will be exposed during the operation—the axilla, the area extending from the nipple on the sound side to behind the scapula, from the hair-line in the neck to the waist, the arm to below the elbow. Next wash the part thoroughly with ether soap, rinse off the soap with clean water, then dry with a towel. Remove grease from the skin by rubbing it with sterile wool soaked in methylated ether, then swab over with methylated spirit to dry the skin. When thoroughly dry apply iodine with a swab held in forceps and cover with a sterile towel bandaged in position. If the operation is to take place early in the morning the preparation takes place the evening before. Two

hours before the operation the prepared area is repainted and covered with another sterile towel. A sedative such as veronal gr.  $\bar{x}$  may be ordered the night before to ensure a good rest. The patient should be allowed to sleep as long as possible on the morning of the operation. Soap-and-water enema or bowel wash-out is given, if ordered, and an early breakfast—tea and half a slice of toast. The patient is clad in theatre gown and long woollen stockings and removed to theatre on a trolley covered with plenty warm blankets. The patient's bladder should be emptied immediately before going to theatre. Atropine Sulphate gr. 1/100 may be ordered and given half an hour before operation. This tends to dry up secretions, aids the administration of the inhalation anæsthesia (if given), and also counteracts to a certain extent the depressive action of morphia if this drug is ordered to be given.

*Post-operative Treatment.*—After the operation the patient is put back to bed, the bed having been prepared with blankets, hot-water bottles, etc. She is kept in the recumbent position with the head turned on the side till the effects of the anæsthetic have passed. A receiver is placed near the patient, as she may feel sick. The pulse is taken on return from the operation every half-hour for two hours. The temperature, pulse and respiration are then taken four-hourly. If the patient is suffering from shock she should be wrapped in warm blankets and an electric cradle or hot-water bottles applied. Rectal saline or stimulating enemata are commonly ordered, also stimulating hypodermic injections. The dressing should be inspected on return from theatre. Should there be discharge or hæmorrhage oozing through the dressing it should be reported. The patient should be kept quiet and encouraged to sleep after she has regained consciousness from the anæsthetic. No visitors should be allowed until the surgeon gives permission. When the nausea and vomiting have ceased, the patient should be encouraged to take small drinks. The surgeon will order morphia to relieve pain. Urine may not be passed for some hours after the operation; this need cause no anxiety up to 12 hours. If at the end of 12 hours the patient still has retention, the following treatment should be tried: (1) Douching the external genitals with hot water; (2) fomentations over the bladder; (3) allowing the patient to hear water running from a tap; (4) an injection of esmodil. If these means fail, the catheter must be passed.

*Position.*—The patient is placed in the semi-recumbent position when recovered from shock. The arm is either left down at the side, placed in a sling, or placed at right angles to the body, supported on a small pillow, and kept in position by an extension cloth passed around the upper arm, the ends being secured underneath a sandbag. After removal of the stitches the patient is encouraged to move the arm in the direction of the head, touching the back of her head, unless there is a wound with loss of skin. The patient is usually allowed up within ten days.

#### PRIZE COMPETITION QUESTION FOR NEXT MONTH.

What is meant by Peritonitis, and what is the commonest cause? Describe the Post-operative nursing treatment of a generalised Peritonitis.

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