

taverns as Fleet Street, and it was the very centre of that tavern life which was to the seventeenth and eighteenth centuries what club life is today.

Houndsditch.

Meaning "ditch," and it is referred to in connection with the Jews and their famous early synagogue in that Part. They leased a cemetery at Mile End which remained in use until 1775, when a contemporary list shows that thirty-five Jewish families were actually living in that part. It is said that booths were set up in private houses in Cromwell's time when the Jews kept the Feast of the Passover. The districts of Aldgate and Whitechapel are now pre-eminently the Jewish quarters and a jury at Whitechapel County Court has been known to consist solely of "Cohens."

Chancery Lane.

Derived its name from the fact that the first Lord Chancellor was resident in that part and Bishops. In the reign of Edward I, the lane was so foul and dirty by constant traffic, that it was barred up and kept so by the Bishop of Chichester, who resided there for many years. Later upon an inquisition made upon the annoyance of Londoners, the same Bishop was asked to remove the bar across the said Lane—whereby men with carts and other carriages could now pass.

Gray's Inn Lane.

Previously known as Port Pool, takes its present title from the Inn of Court named Gray's Inn—the establishment of which no history is actually set down, and the exact date of its foundation is not known, but the Inn can show an illustrious roll of great men who have studied within its walls—for example, Thomas Cromwell, Sir Nicholas Bacon and Francis Bacon.

Haymarket.

Derived its name from the fact that it was pure pasture land where the farmers of Kensington and Chelsea sold their hay there three times a week as far back as Charles II's time. The air was so pure that laundresses bleached their linen upon the hedges at the foot of the Haymarket. The theatre which was originally known as the "Queen's Theatre" until the ascension of George I was built and opened in 1705.

The shape of the City is now what it was then, but where it was once as a small oyster, it is now large, and London in the early days, as today, was a city of the world.

Whatever sort of people are at any given time parading the London streets, whatever clothes they are wearing, whatever speech they are using—they make in any century the same kind of crowd, for the real London has not changed since Chaucer's time. The holiday crowd, the ragging crowd and the gangsters—all are today with very small difference—what they were then. Sitting or walking, but always discussing this and that—just as they have always done, in this London, to whom we all belong.

M.B.M.

The British College of Nurses, Ltd.

THE PRESIDENT AND COUNCIL wish to announce that the offices at 19, Queen's Gate, London, S.W.7, will be closed for the Christmas holiday from Thursday, December 20th, until Monday, December 31st.

Annual General Meeting

The Annual General Meeting of the British College of Nurses, Ltd., will be held on Monday, January 30th, 1952, at 3 p.m., at which it is hoped that Fellows and Members will make a special effort to be present.

General Hints for Preparation of Patients for Operation.

THERE IS LITTLE DOUBT that when a person first learns that an operation becomes necessary in order to recover sound health and to resume a normal way of life once more, that some degree of fear is experienced. Most people have a dread of the unknown, and for many of us, an Operation is a journey into the unknown. Therefore a good Nurse will endeavour, by all means in her power, to put fear to flight, by divesting the operation of its unknown quantity and presenting it to her patient as any every-day occurrence for someone, which disturbs the even tenor of one's life as little as possible. By simple explanations and by avoiding the use of technical terms in conversation the Nurse has every prospect of sending a well-disposed, expectant and hopeful patient to the operation table. This is not so simple a task as it first appears, but it is a real adventure in tact and diplomacy and a very worthwhile piece of work.

For the person who can afford the luxury of an operation at home, performed by an eminent specialist, amidst familiar surroundings and with loved ones near, much of the anticipatory fear is removed and the Nurse's task is considerably easier. Much of the actual preparation will have been undertaken by the family Doctor who will no doubt be a personal friend. However, the Nurse can be very useful here just as if the patient were in a general ward of a hospital. She can underline by repetition the Doctor's assertions that the operation is really necessary and that with the rapid advance of surgery within recent years, there is very little—if any—risk. It is good to impress the patient with the fact that he (or she) will be better in health and much happier afterwards. One could also mention that with the advent of penicillin and such like drugs, any adverse after effects are righted almost immediately.

One meets in hospital many patients who have a real dread of the anaesthetic and here the Nurse's powers of persuasion will be helpful. She could tell her patient quite simply that in this field of medical science also, much progress has been made, and that the anaesthetic, far from being something to fear, is now a pleasurable experience. It could be explained to the patient that he can be put to sleep in his own bed, either by an injection into the arm or by a rectal infusion, and that is all the patient will know of it.

If the patient is to be confined to bed for some time afterwards, it is a good idea to accustom the patient to use a bedpan before the operation, so that there will be no accidents in the bed afterwards, and to minimise the amount of discomfort for the patient. If a commode chair is to be used, this greatly simplifies matters.

During conversations, the nurse could discover the favourite dishes of her patient, and find out any little fads and fancies; then during the early days after the operation, Nurse could pander to them if the Doctor was agreeable.

All the preparatory technical procedures should be explained quite simply and gently, before they are carried out, in order to dispel anxiety and produce willing co-operation. On the eve of the great day the physician will probably order a mild sedative in order to give the patient a good night's rest and to have him as fit as possible for his ordeal.

A nervous individual facing a similar ordeal in strange surroundings, will require a different approach in order to bring peace and serenity and a right frame of mind to the operation. Such a person may be an adult or a child; we will therefore deal with the adult first.

Some people appear to be terrified of the very words "Hospital," "Operation," "Nurse" and "Surgeon," in addition to the very natural fear of the unknown. Also they will dread being with strangers and they will be apprehensive of strange sights and smells, such as dressing trolleys, instruments, bed-pans, screens, and the all pervading smell of disinfectants. They will even be afraid of the bare unadorned

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