

walls, and the impersonal approaches of the Doctor and Nurse, and a great deal of gentleness, sympathy, tact and understanding will be required in order to assure the patient that all is going to be well.

#### Admission of the Patient.

The first duty of the Nurse is to welcome the patient in the kindest possible manner, free from a superior or patronising air, but naturally and sincerely. The relatives are courteously given chairs in the waiting room for the time being, definitely understanding that they will shortly receive attention. The patient is made aware of the fact that she was expected by being allowed to see everything in readiness for her. She is then admitted into a warmed bed in privacy, with the screens left around her. If the operation is not an "emergency" so much the better, for time is a grand ally for the Nurse. After all the preliminaries, such as obtaining the name, age, address, nearest relative, telephone number, name of family Doctor, religion and the history of the illness, etc., have been accomplished, the patient is left to rest quietly and given a cup of tea.

Nurse then interviews the relatives and friends, and assures them that all that is humanely possible will be done for the patient in order to get the best results. They should be invited to ring and make enquiries regarding progress and they should be made to feel that their enquiries will be welcomed by the Nurses and much appreciated by the patient. Special arrangements are made regarding visiting and for the reception of special telephone calls on the actual day of operation. Before the relatives depart they should be allowed a final chat with the patient in bed, so that they can assure her that all will be well at home in her absence and that her children (if any) will be well cared for and that there is really no need for her to worry about home affairs. A few of her personal possessions are left in the locker by her bedside.

#### General and Special Preparation.

Later the same evening Nurse should find time to have a friendly chat with the patient. If her condition permits, she should be shown around the ward and introduced to the bathrooms, lavatories and sluice-room. The general working of the ward should be explained to her, and the hours when the Nurses change duties. She should be introduced to the nurses by name, and be assured quite definitely that she may obtain attention at any hour of the day or night, and that she must not be afraid or too diffident to ask for attention. Many nervous patients suffer agonies simply because "they do not like to bother Nurse," but this is a mischievous state of affairs which must not be allowed.

During the friendly and unhurried talk, the patient should be encouraged to discuss her illness and to mention whether she is particularly anxious about any aspect of it. As in the case of the more normal type of individual, the necessity for the operation is explained, stressing the almost total absence of risk and how much better in health and happier the patient will feel afterwards.

No doubt the patient will welcome any little details about the surgeon who is to perform the operation and the physician who will be responsible for the anaesthetic. Every sick person feels flattered and happy if eminent Doctors are interested in them, and so Nurse could bring a little subtle flattery to bear, and congratulate the patient on securing the services of such capable and well-known specialists. If she confesses to a fear of the anaesthetic, this could be dealt with as before, and the patient assured of a really pleasant experience in store for her.

A word of warning about happenings and noises during the night would not come amiss. It could be explained that Night Nurses are very busy young people and they are to be forgiven if they bang things about a little, especially if they are admitting another patient; but that new patients do quickly settle down and get quite used to noises, lights, and

doctors' rounds and are comforted by the feeling that they are not alone.

In all her dealings with the patient, Nurse must be kind, courteous and truthful, and impart a feeling of security and well-being. She should be willing to listen to all her patient has to say, providing it is relevant to her illness and be ready with sympathetic advice.

All technical nursing procedures should be quietly explained in order to get the willing co-operation she requires, and she should try to remember that the sight of screens and a covered dressing trolley can be really terrifying to the uninitiated. It is only familiarity which breeds contempt of such things.

A nervous patient will shrink in horror from the ordeal of an enema or of catheterisation, but if the necessity for such uncomfortable procedures are explained, with the information that such things are normal routine for anyone undergoing an operation, much of the shrinking can be overcome.

Practice in the use of a bed-pan will be good, if it is necessary, for it certainly increases the patient's confidence and comfort afterwards.

A few patients have confessed to a fear "that their stitches will break if they cough or sneeze." It is simple to reassure the patient on this account, and will provide an opportunity to instruct her to support her wound in such events by placing both hands over the dressing, which will reduce the amount of pain.

If the patient wishes to see a minister of religion before the operation, it is Nurse's duty to carry out these wishes at the earliest possible moment.

G.M.H.

(To be concluded)

## Laughs with the Medicos.\*

By E. D. P. Davies.

WE HAVE RECEIVED A MOST amusing collection of anecdotes mostly at the expense of members of the Medical Profession. The cost is most reasonable and the book is liberally illustrated; it would make an excellent Christmas gift.

To quote just a few:—

#### Presence—of Mind ?

A Chinaman was asked if there were good doctors in China.

"Good doctors!" he exclaimed. "China have best doctors in world. Hang Chang one good doctor; he great; save life to me."

"You don't say so! How was that?"

"Me velly bad," he said. "Me callee Dr. Han Kon. Give some medicine. Get velly, velly ill. Me callee Dr. Sam Sing. Give more medicine. Me glow worse—go die. Blime by callee Dr. Hang Chang. He got no time; no come. Save life to me."

\* \* \*

#### Relatively Speaking.

The small girl asked for a box of pills.

"Antibilious?" enquired the chemist.

"No; uncle is," she lipsed.

\* \* \*

#### Good for Inflammation.

Little Boy: "Please doctor, can mother have some more of that stuff like she 'ad last week for her leg?"

Doctor: "How is her leg, little man?"

Little Boy: "It's better, doctor, but (*whispering confidentially*) mum says the stuff ain't arf good for lighting the fire."

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#### What's in a Name ?

"You are suffering from nasal catarrh," said the young doctor earnestly.

"Hoots mon!" said the patient. "I sent for you to cure ma cold—not to christen it!"

\* S. Evelyn Thomas, 23, Montagu Square, London, W.1. Price 1s. 6d. net.

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