

thinking it would be my happy lot to have anything to do with the carrying out of it.

In 1892 the office of Matron of the Royal Infirmary of Glasgow was again vacant, and I had the honour of being asked to apply, which I did, and was appointed, and then began the happiest time of my life, everybody helpful and enthusiastic, and a home for the nurses was then in existence. The path of progress had been pointed out by the late Sir William MacEwen who, on the morning of 1st January 1891, in addressing the nursing staff, asked why should not nursing become a profession with its teachers, its examiners, and its diploma?

The record of that work was written in 1895, copies of which can still be had for the asking.

COMPLICATIONS AND NURSING IN ARTIFICIAL PNEUMOTHORAX TREATMENT IN CASES OF LUNG TUBERCULOSIS

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In Pulmonary Tuberculosis, Artificial Pneumothorax treatment is considered to be the most effective treatment showing a positive result in a majority of cases.

Generally, Artificial Pneumothorax treatment is given in cases of one-sided disease where it is more convenient and comfortable to the patient. But in bilateral cases also Artificial Pneumothorax is given in the side which shows comparatively more disease, and simultaneously gold preparations, such as Sanocrysin and Solgonol, may be given which will benefit both the sides. Artificial Pneumothorax is sometimes tried on both the diseased lungs with good results.

The object of Artificial Pneumothorax is to put the diseased lung or lungs at rest by collapsing the lung under gradual air pressure and thereby to squeeze out all the tuberculosis toxin.

What is Artificial Pneumothorax? Artificial Pneumothorax means putting (or injecting) ordinary air into the thorax between the chest wall and the pleura with the necessary apparatus.

The Procedure. Before Artificial Pneumothorax is given, the place which is selected by the doctor for giving the injection should be thoroughly cleansed with soap and other antiseptic lotions such as biniodide of mercury, and be painted with tincture of iodine. The patient is given a narcotic before the first injection to keep the respiratory system quiet. The patient should be asked to avoid coughing during the injection or to make any other movements as such actions may cause the needle, which is already in the thorax, to touch the lung and create serious troubles such as spontaneous pneumothorax or bleeding.

Position of the patient during injection. The patient should lie on the opposite side of the injection and should keep the position

for at least one hour after the injection is finished. During this time he should not be allowed to rise or do anything for himself. If any of the following symptoms are observed in the patient after Pneumothorax, they should immediately be reported to the doctor: (1) Breathlessness (Dyspnoea), (2) Cold Limbs, (3) Excessive Cough, (4) Thin Frequent Pulse, and (5) Giddiness. Mixture Camphor and similar other stimulating medicines should be ready at hand. If he is cold, he should be covered well with blankets and hot water bags applied to his feet to keep him warm. Generally a liquid diet should be given for the first Artificial Pneumothorax day.

Complications in Artificial Pneumothorax Treatment. Artificial Pneumothorax treatment may be followed by one or more of the following complications.

(1) Effusion, or fluid in the pleural cavity, (2) Pleural Shock, (3) Adhesions, (4) Air Embolism, (5) Spontaneous Pneumothorax, and (6) Breathlessness.

(1) *Effusion, or fluid in the pleural cavity*, is caused by irritation and inflammation of the pleura. The period of effusion varies usually from two to three weeks. Symptoms of effusion are rise in temperature, which may go up to 105°F., occasional chills with pain all over the body especially in the lower and upper limbs and chest, headache, and constipation.

If the temperature is high, attempts should be made to bring it down by proper medicines as prescribed by the doctor, by applying evaporating lotion, and by giving the patient a tepid water or cold water sponge bath. For relieving pain hot fomentations, turpentine or antiphlogistine may be applied. Respirations should be observed and any change should be reported. If the patient complains of difficult breathing, he should be put in a comfortable position (Fowler's) to make the breathing easier. As long as the temperature does not come down the patient must be kept in bed and given a liquid diet. If considerable fluid accumulates aspiration of fluid is done.

(2) *Pleural Shock*. It sometimes happens that as soon as the needle for the injection of air is inserted after the novocaine injection, the patient suddenly becomes breathless, his pulse becomes quick and thin, and his body becomes cold. In such a case the patient should be asked to lie down on the bed quietly. He should be covered with blankets and hot water bags should be placed around him.

(3) *Air Embolism*. The position of the patient while taking Artificial Pneumothorax is very important in the prevention of air embolism. He should be lying on the bed with the side which is to receive Artificial Pneumothorax uppermost. A pillow should be kept under his arm-pit on the opposite side and the head should be kept on a lower level. This will help the doctor to find the inter-costal space easily to inject air. The patient should maintain this position for at least an hour after the injection. He should not cough or make any movement while the injection is being given, to avoid breaking the needle and creating some other trouble.