

2-30 p.m. The first meeting of the Florence Nightingale Memorial National Committee for India was held at the Indian Red Cross Buildings.

3-15 p.m. There was an opportunity for delegates to view the Irwin Hospital and they were afterwards entertained to tea by Miss Riggs and her staff.

6 p.m. A most interesting paper on X-ray and light treatment was read by Dr. Sen.

(To be continued)

HEPATITIS AND LIVER ABSCESS COMPLICATING DYSENTERY

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Amoebae may be swept up the portal vein from the ulcers in the bowel to the liver, where they give rise to a generalised infection of the liver known as hepatitis. The liver becomes enlarged and there are symptoms such as pain over the liver area, a swinging temperature, profuse perspiration and occasionally rigors and anorexia. This condition may subside with treatment or it may progress to the stage of abscess formation.

Treatment for Hepatitis. The patient should be kept strictly in bed and nursed between blankets. It is best to let him lie towards whichever side he finds more comfortable. Calomel gr. 1, followed by mag. sulph. 3 ss is usually given at the outset. Dry heat in the form of hot bags or antiphlogistine may be used to ease the pain. Wet poultices should not be used as they render the skin unsuitable for possible surgical measures.

Emetine Injections. A course of emetine injections gr. 1 daily for ten or twelve days is usually started as soon as possible.

The mouth should be swabbed out with a solution of bicarbonate of soda and treated with glycerine and lemon four-hourly when the patient is on a fluid diet only. All stools which are not required for examination must be disinfected before disposal by soaking them in Jeyes Fluid (1 in 40) for 24 hours. The urine should be tested for bile and albumen.

The back and all pressure points should be treated frequently with soap and water, methylated spirit and dusting powder. The patient must be rubbed down and changed after the heavy sweats.

When the patient's temperature is high the diet should consist of fluids only, in the form of albumen water, barley water, fresh lemonade and clear soups. During the remissions light nourishing diet may be given, e.g., chicken, steamed or boiled white fish, eggs, the finer vegetables, custard, milk and fruit jellies, bananas or baked apples. Once the temperature has settled the diet is very gradually increased.

Tropical Liver Abscess. This condition may occur at any stage of an amoebic infection, either recent or long standing, and is a terminal stage of hepatitis. Usually the abscess is solitary and sub-acute (multiple abscesses being rare), or the condition may be acute or very chronic. Alcohol is a predisposing factor.

The symptoms are very similar to those of hepatitis with additional pressure symptoms often causing embarrassment of respiration and even basal congestive pneumonia. Jaundice is very rarely present, but the patient has a dull, toxic appearance. The abscess usually forms in the right lobe of the liver, and in the absence of treatment it may burst into the intestine or stomach, or more commonly it traverses the diaphragm and bursts into the right chest, resulting in empyema or lung abscess.

Treatment. The patient should be treated as for hepatitis. If there are chest symptoms Fowler's position is best. If the symptoms do not quickly subside under emetine treatment an operation will be necessary. The operation will either take the form of exploratory puncture and aspiration, or exploratory puncture and open drainage. Aspiration is sometimes done under local anaesthesia, but for the open operation a general anaesthetic is preferred.

Exploratory Puncture and Aspiration. *Preparatory treatment.*—The patient's skin over the whole liver area is prepared with spirit, or spirit and iodine, and covered with a sterile towel kept in place by a binder. The usual bowel preparation is given.

Instruments.—The following instruments will be needed:—Two record syringes of 20 to 30 c.c. capacity; two stout needles three and a half to four inches long to fit the syringes; one narrow bladed scalpel; one Potain's aspirator; sterile test tubes and slides for pus specimens. Instruments for the open operation should always be in readiness also, as aspiration may not be satisfactory.

Technique.—The surgeon usually tries to locate the abscess by means of the syringe and needle. When pus is detected the exploring needle is left in position, a small puncture is made with the scalpel nearby, and the Potain's trocar and cannula is introduced, aiming, to hit the point of the needle and so enter the abscess cavity. Once aspiration is under way the exploratory needle is withdrawn. If blockage occurs it may be due to the pus being so thick as to block the cannula, or more commonly to blood clotting in the rubber tube or tap connection. The former may be remedied by clearing the cannula with the trocar, the latter by forcing some sterile lotion through the tube by means of a record syringe. The nurse should always make quite certain that the aspirator is working properly before being used, so that, should aspiration suddenly fail, she can vouch for the apparatus being in order. It is wise to have spare parts in readiness, as much delay can be avoided by the use of these should, for example, blockage occur. When the aspiration is completed collodion and a dry dressing are applied to the puncture, which should not require further dressing. A firm binder is also applied.

After treatment.—It is essential that the patient should be kept quiet after the aspiration, and he should not be moved unnecessarily. The pulse should be watched carefully for 24 hours in case of hæmorrhage. Morphia is usually ordered before or after the treatment. The emetine injections must be continued without interruption, as without them surgical treatment will fail to cure. The diet may only be increased after the temperature has settled. A second aspiration may be necessary.

Exploratory Operation and Open Drainage. *Instruments.*—The following instruments will be needed:—Two record syringes and needles as for aspiration; general instruments for opening any deep abscess; periosteal elevator and rib shears; retractors and long sinus forceps; curved, cutting and smooth needles; catgut and silk worm gut; rubber drainage tubes, assorted; safety pins; suction apparatus if available. Laparotomy instruments may be required; also apparatus for giving intravenous saline.

Technique.—When pus has been located the surgeon cuts down on the abscess, if necessary removing part of one or two ribs, as for an empyema. The abscess is drained by means of the suction apparatus, a drainage tube inserted and transfixed by a safety pin. If the tube is short it will be noticed that the surgeon arranges the gauze dressings around it in such a manner as to leave it uncovered except for one layer of gauze so that the pus can easily escape on to the surrounding dressings. Thick layers of wool are then applied and a tight binder.

Care of the Tube. *Post-operative treatment.*—The post-operative treatment is similar to that of aspiration. Once the patient has recovered from the anaesthetic he should be nursed in Fowler's position. After this operation the patient may show signs of collapse and suffer from respiratory distress, so oxygen and stimulants should be in readiness. If a long drainage or syphonage tube has been inserted it should lead into a vessel containing antiseptic solution (e.g., carbolic 1 in 20) at the side of the bed. The great danger of using a long tube is that it may suck out blood. Very careful watch must be kept, and in the event of hæmorrhage occurring the tube should be clamped at once. The dressing should be renewed as often as necessary and if the tube be short the gauze should be arranged in the manner previously noted. If there is a secondary infection the surgeon may order irrigation through the tube once or twice a day. This is done by syringing through the tube normal saline or a solution of eusol and saline (2 parts eusol to 10 parts saline) by means of a 20 c.c. record syringe. Continuous irrigation by the Carrel-Dakin method is sometimes employed. It is very important that all treatment should be done with strict aseptic precautions, as the liver is in no condition to cope with any additional germs. The tube is usually removed gradually as pushed out by the healing wound. When the discharge has ceased a plain gauze dressing is applied.

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ADVICE TO SENIOR NURSES

When a nurse enters her third or fourth year of training she discovers that in addition to being proficient in her own work, she is expected to take command of, and shoulder the responsibility for, the running of the ward as a whole. As a junior nurse her chief concern was for the careful execution of her allotted tasks and, although conscious of those around her, she was not expected to be responsible for others. When appointed senior nurse, however, this is exactly what she must be, and as a rule it is this side of her new work which causes her most anxiety. Carlyle wrote '... like a very young person, I imagined that it was with work alone and not with the folly and sin in myself and others, that I had been appointed to struggle.' The longer one lives the more apparent does this become, and yet, if the importance of this fact is realised, the nurse can set about acquiring the qualities which will enable her to make herself capable of helping in this grand struggle.

She must understand and be able to influence people—that is, be a leader, and this is not always easy. Some girls, through lack of self-confidence, diffidence, or shyness, shrink from responsibility and dislike the task of making decisions, giving orders, and supervising others, while others appear to take command with the greatest of ease from the beginning. Perhaps it might be helpful if we look at some of the qualities which a sister expects to find in her senior nurse as they are present in most of us and may only be waiting activation by an appreciation of the need for them.

First of all, it is imperative that the senior nurse should realise that there must be complete co-operation between all members of the staff. As the ward sister's lieutenant she should uphold authority, see that all orders are carried out carefully, and that rules are observed strictly. She should make her juniors realise that those in authority have experience and foresight which enable them to decide what procedure is best, and that any criticism or disobedience will upset the routine which has been so carefully thought