

The patient is making a straightforward recovery. The case is one of double ectopic gestation with intraperitoneal rupture of the right, and intratubal rupture of the left Fallopian tubes. This is a rare and an exceedingly interesting case.

D. CHADWICK, S.R.N.

FRAGMENTS AND EXCHANGE

Artificial Pneumothorax

JOHN SANDERSON PACKARD, M.D.

(Devitt's Camp, Allenwood, Pennsylvania.)

The collapse treatment in pulmonary tuberculosis is now so widely and extensively used abroad and in this country that no one in the medical or nursing professions can afford to be without knowledge of its application. One who has seen the often spectacular results obtained or who is aware that from 30-75 per cent of the patients in many sanatoria throughout the country are receiving this type of treatment, cannot remain incredulous of its value and scope.

When the disease occupies more than a small part of one lung, where there is pleurisy with effusion, when cavities are present, when there is repeated haemorrhage, or prospect of recovery by bed rest is long, pneumothorax is indicated. At first restricted to those cases in which the disease is limited to one lung, it is being used more and more frequently when both lungs are involved. The principle involved is that of rest to the diseased area in far greater degree than is possible by merely putting the patient to bed. The lung is contracted to a solid, airless, non-functionary mass; and in so doing the spread of the disease is limited, cavities are closed, and healing is stimulated. When it is quite certain, after a varying period, that the diseased areas are healed, the lung is allowed to re-expand and it begins to function again. In the meantime the patient has been freed of cough, expectoration, and temperature, and is often back at his occupation, finding the breathing capacity of the other lung quite sufficient for ordinary activities.

It will be remembered that the lungs are separated from each other by a wall or partition called the mediastinum, and that each lung is enclosed in a double layer of membrane called the pleura. This partition between the lungs is important in pneumothorax because it means that one lung can be collapsed without affecting the other. When measured quantities of air are introduced between the layers of the pleura the lung underneath is collapsed in a degree corresponding to the amount of air introduced. The two pleural layers are widely separated and form a large space or cavity filled with air, underneath which the contracted lung lies like a sponge that is squeezed into the smallest possible space. Since the pleural membranes absorb this air rather rapidly, replacements must be made at intervals as long as it is desired to continue the treatment, or the lung otherwise would re-expand much too soon.

Early treatment recommended

It should be remembered in this connection that in cases where pneumothorax is indicated the procedure is to be attempted as early as possible. In cases of long standing, or in which effusion has been allowed to dry up, the pleural layers are likely to be stuck together, so that air cannot be introduced between them. All cases of tuberculous pleural effusion or of more than early tuberculosis should be placed where they can be considered from the standpoint of pneumothorax and its suitability as soon as diagnosed.

(From 'Trained Nurse and Hospital Review', September 1933.)

Twenty-three public health nurses, including one man, graduated this last Spring from the School of Public Health Nursing of the University of the Philippines. The gentleman, Mr. Eugenio Lucero, will work with the Philippine Bureau of Health. (Query—Why not more gentlemen public health nurses?)

Does one nurse deserve another?

'I don't see why you nurses don't nurse each other more than you do.' An eminent medical man was speaking to a surprised group of graduate nurses. 'When we doctors get sick we're all ready to offer our services gratis. We consider it a privilege. But you nurses!' His tone was scathing. 'Look at the case of Miss F. for instance, a member of your own alumnae, flat on her back for weeks, and you girls living all around her; some of you in the same block, and I'll wager that not one of you has given her an hour's nursing service.' A brief guilty silence followed and the doctor went on, 'To be sure, you as an alumnae sent her flowers, flowers she was too sick to look at or appreciate; you've telephoned to ask about her, some of you, to express your concern, and hope she'll be better soon; but not one of you has put on a uniform and gone over to see what you could do to make her more comfortable. It seems to me that one good nurse deserves another, and I don't see why you as members of an alumnae association don't decide upon some system of nursing each other when you need it.'

(From *The Open Forum*, of *The American Journal of Nursing*, September 1933.)

The gentian violet treatment of burns

Burns are usually found to be practically sterile during the first 12 to 18 hours. A few contaminants such as *Bacilli Coli*, *Staphylococcus Aureus* and *Albus* have been found but their growth was light. After 18 hours infection had set in whole-heartedly and a heavy mixed infection, then *Streptococci* of beta hemolytica or gamma strain. These rapidly increased up to the 72nd hour resulting in large open areas bathed in pure cultures of an extremely virulent type of *Streptococcus*. The temperature assumes a step-ladder type.

Treatment

If the burn is fresh and clean, spray with a 1 per cent. solution of gentian dye. Repeat twice at 4-hourly intervals but do not cover with dressings. The body clothes should be supported by a cradle in which a light bulb is burning, not as a means of dry heat treatment by simply to keep the patient warm.

The most comfortable temperature for the patient has been found to be 84°-88° F.

FATIGUE

Public Enemy Number One: What it is and How to fight it

DONALD A. LAIRD, Ph.D.

Fatigue is diminished capacity for doing work. It stamps the personality with pepleness and marks the face with lines and drooping muscles. Actual ability to work as well as the desire to work are cut down by fatigue. Irritability, bad temper, and what laymen usually call nervousness are often symptoms of fatigue.

The following *test of fatigue* shows how 'that tired feeling' affects ordinary persons. Each question answered 'Yes' is usually a sign of fatigue, although in some instances some of these fatigue symptoms may be due