

privileges which they have earned. But in our profession more particularly, it is an honour with us to give ourselves fully where humanity needs, and not to stint or grudge our time and strength in the service we have consecrated them to.

"I would not be a worker for mine own bread, or an hired
For mine own profit—Oh, I would be free
To work for others; love, so earned of them,
Should be my wages, and my diadem."

A band of women educated on these lines is bound to bring forth noble work and be a power for good. In this country where the atmosphere is charged with the effects of heathenism, indifference to human needs and suffering, and irresponsibility of highest duties to mankind in general, it behoves us to be more than specially careful to hold the highest traditions of our race and our creed more sacred and more secure. I am sure therein lies the secret of progress or retrogression of nursing in India. If each nurse has her mind awakened to the great responsibility each has to her generation and to her womanhood, there is no height which she cannot scale, be her disadvantages in this country what they may. The secret lies not in the practical details to be mastered but in the spiritual and mental to be attained and preserved.

L. E. MACKENZIE.

"PREPARATION FOR AN EMERGENCY MAJOR OPERATION IN A NATIVE HOUSE."

WE will suppose the district doctor is called to a case at a distance from her hospital. She finds a case for immediate operation; for instance, Cæsarian Section, or Ectopic-Gestation, where both speed and antisepsis are necessary. She sends for the doctor to come to help her. What should the nurse do to prepare most quickly, and yet ensure proper antisepsis?

The purpose of this paper is to show how one might prepare, with most rapidity for such an operation, both the room and the patient, utilizing the materials to be found in a native house.

On arrival, set to work every available person, 1st set one to boiling water; 2nd, send one to the bazaar, to buy coffee and salt, for stimulant enema, and saline infusion; 3rd, have one get clean cloths, soak these in sol. bichloride and hang out in the sun; 4th have another bring the household utensils, examine these and choose such bowls, brass and aluminium plates, etc., as would be useful,

Disinfect the *brass and aluminium* ware with sol. carbolic, and the enamel, with sol. carbolic or bichloride; 5th, hunt out also stools, chairs, benches, etc; have some one scrub and disinfect them with sol. carbolic or bichloride.

Preparation of the Room.—As the rooms in a native house are usually very small and dark, select either the front or back verandah where you would get the best light and most air. Have the floor sprinkled well with sol. carbolic before and after sweeping.

For the operating table, the nurse should look round, and if she discover nothing suitable, she might unhinge a door. Have it scrubbed and washed off with either bichloride or carbolic sol. As it would be impossible to disinfect the walls and ceiling in a short time, have for a protection over the operating table, a *pancha* (native cloth) wrung out in sol. bichloride, and fastened by the four corners to the roof. Now, bring in your table, benches, stools, bowls, brass and aluminium plates, bichloride cloths, etc., and arrange in the room. Place the table on four stools or pounding stones—easily obtained from neighbours—and cover with a bichloride cloth. Cover the stools or chairs with bichloride cloths, and arrange the bowls for lotions and sterile water, brass plates for instruments, etc.

Preparation of Patient.—During the superintending of these proceedings, the nurse has been preparing the patient, by giving her a simple enema and a douche; if necessary; if there is time give her a bath, if not, keep her dirty hair out of the way by tying a bichloride cloth about the head. If the field of operation be such as the abdomen, wash with soap and water, then with sol bichloride and apply a piece of gauze dipped in tinct iodine. This should be repeated until two or three coats have been applied.

Now the patient is ready.—As the nurse will have to give the chloroform, place the patient on the table, handcuff her wrists leaving about a foot of bandage between the wrists, and raise the hands over the head, so that the hand will be caught under the nape of the neck. This removes the necessity of holding her hands while she goes under the chloroform. (A similar arrangement can be utilized for the lithotomy position in the absence of assistants. Tie the bandage about one leg just above the knee, pass it behind the neck and draw the knees up against the abdomen, almost to the breasts, then tie to the other leg above the knee. This is useful in obstetric or gynæcological work.) Having tied the hands under the head, draw a wide cloth firmly across the knees and fasten securely under the table. Arrange the bichloride cloths about the field of operation, and lay over all one large cloth to

be removed after the patient is under the anæsthetic, then proceed with the anæsthetic. Unless shock was anticipated, the nurse would be satisfied with having materials ready for the quick preparation of stimulant enema and saline infusion, hot water bottles, etc., but in a case like Ectopic-Gestation, where one was almost certain to need such, all should be made ready beforehand.

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IS PRIVATE NURSING THE LOWEST BRANCH OF NURSING?

I HAVE been asked to contribute a paper on private nursing to be read at the Annual Conference of "The Nursing Associations."

I am of course distinctly against private nursing being called the lowest branch of nursing. I think so highly of our profession that I allow no "lowest branches" in it; and those who wish to climb in our profession must be prepared to reach the topmost limit.

There are, of course, distinctions between hospital and private nursing; but they are only distinctions, and that is all, not degrees of merit!

Perhaps by those who know nothing about private nursing, it may be considered an easier branch; but even here, I venture to say that there is no "easier branch." Nursing is a profession which calls for all our strength, all our devotion, and for all our courage, both moral and physical, and this, we all know, can have no easier nor lower branch. It is a life for a life, a principle for a principle, and a continual giving out, and no taking in, of moral and physical forces, where then can there be room for either an easier, or lower, branch to this life of noble and high profession, in this deadly strife against disease?

True, there are some advantages in private nursing, just as there are in that of a hospital. For one thing, having to face the position alone is good for us. It nerves us and gives us self-reliance, a form of independence which is very valuable. In hospital, cases are brought in, classed off into the different wards. Nurses, probationers, doctors, bandages, medicines, instruments, all set in motion like so much machinery. If the cases are successful, well, so much more knowledge gained, so much more experience to the good, and if the cases are a failure, well, the fault must be found, the human machines must be oiled up and then things hum on again. But in private nursing you have to face the position, as I say, alone, to face, not only the exigencies of the case, but that terrible realization which we nurses, and the