The Work of the Nurse Anaesthetist

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The subject of the Nurse Anaesthetist is one which for a considerable period of time has passed unnoticed by the Nursing Profession, and, as far as the work done by her, has received practically no recognition except perhaps the more or less silent approval of the Surgeons or Hospitals employing her.

In spite of this seeming indifference and, in many cases, absurd opposition, the Nurse Anaesthetist has silently, without help from any organization, taken a place in many large and small clinics, which, if a consensus of opinions gathered from these clinics means anything, they would be loath to change.

It would seem that at this time when all work is at par value, and the grim necessity of war is forcing us to use every available trained worker, both here and abroad, and Hospitals are being depleted of their medical staff to meet the more urgent needs of the Army—that it would be a source of mental comfort to those concerned in Hospital work to know that the Graduate Nurse Anaesthetist has proven capable and efficient in this most important and responsible field of endeavor.

The factor that probably leads to the employment of the Graduate Nurse as an Anaesthetist was in the first place a desire for greater permanency in the Anaesthetic Staff of some of the larger clinics. The argument given was that, in order to secure this, the person selected must not be interested in anything but the business in hand, their one object being that of acquiring skill in this particular work.

The system of medical interns, who served 3-6 months at the anaesthetic sentence and were then released to pursue what many of them considered more important and interesting work, was not always conductive to the stability so necessary in this department.

If the system of interns had been universally satisfactory, there would have been no reason to change this routine.

The fact that many of the large and small clinics in U. S. have put nurses in charge of their anaesthetic would point, I think, to the fact that however excellent the work of the individual interns, the necessary changing of Anaesthetists involved in this system had failed to secure for this important work the efficiency so essential to the safety of the patient.

The increasing number of Hospitals employing Nurse Anaesthetists might also be interpreted by the unprejudiced mind to indicate that the Nurses had made good in the field.

The objection has been made that the Graduate Nurse has not sufficient medical knowledge to take up this work. A point here that is apparently overlooked is that Nurses originally trained in this work were
most of them selected and instructed by Doctors. I cannot personally imagine a Doctor not seeing that this instruction was sufficient to secure at least the safety of the patient. As a matter of fact, a nurse graduating from an Hospital of good standing is sufficiently instructed in the theory of physiology and anatomy to grasp, with further teaching, the phenomena of anaesthesia. In addition to this, her clinical experience of three years, including her O. R. training, is in itself a valuable educational factor for this work.

It occurs to one at this time that Dentists, who are legally entitled to give anaesthetics, have not had such opportunities for clinical study—their field being usually limited to people in good health, and only a proper sense of gratitude for the Dentists' efforts in their behalf, lacking.

The legality of the work. This bugaboo has been the dark shadow obscuring the vision of many in regard to the real value and important place the Graduate Nurse, properly trained to administer Anaesthetics, should occupy. Fortunately, we are not operating under the inexorable laws of the Medes and Persians; we are, on the contrary, living in a world where old methods, ideas, and even laws must be reconstructed to meet the appalling need of the times. Two of our greatest outstanding problems to-day are, the care of our wounded in the most efficient way and the conservation of our man-power for the work that cannot be done by our women. It is no longer a question as to whether or not a certain body of men object to the system of Graduate Nurse Anaesthetists—it is a question of what is the wisest and best solution of the anaesthetic problem in our Hospitals.

The proof of the pudding, as the old proverb says, is in the eating, and with this in view I wrote to many clinics, where I knew Nurses were in charge of the Anaesthetics, asking the opinion of the surgeons as regards the work done by these women. The opinions given were unanimously favorable, in many cases enthusiastic. There seemed to be no longing after the old days of the interns. The Mayo clinic has a record of 100,000 anaesthesics to the credit of their Nurse Anaesthetics.

I have a list of over sixty Surgeons and Hospitals—and am still gathering data—where the Graduate Nurse is in charge of the anaesthetic department. These are all Hospitals of the best standing.

There is a group of Doctors who believe, and I think sincerely, that anaesthetics should be given by “Specialist”—their definition being doctors who devote their time to anaesthetics alone. Anaesthetic specialists of the description are not very numerous considering the magnitude of the work to be done in the daily routine of a surgical clinic. Then, too, they are often at one Hospital when they are badly needed at another. Such men must necessarily be paid for their services in each individual case—although we all know the large amount of charitable work done by Doctors—even with this included, there remains a large number of cases which must be taken care of by the resident anaesthetist.
trained or untrained. These cases are often those requiring the skill of a specialist.

The question comes in here of what constitutes a specialist. It is not my intention or desire to detract from the work done in anaesthesia by the men who have devoted their time to it—on the contrary I am most profoundly grateful for and appreciative of the help I have received from some of them. I am only hoping that the Nurse anaesthetist in the future may, under the warm sun of appreciation, add her contribution. It would seem to my perhaps prejudiced mind that a Nurse in charge of the Anaesthetic work of a large surgical clinic, taking daily the responsibility of seeing that all cases are carried through safely and smoothly—endeavoring to meet the needs of the different surgeons, and usually doing it—because if she didn’t she would not long be there—bringing to that work the judgment and decision gained through years of hard work and study—might be considered a specialist with a large capital “S.”

There are those among us—and the idea had prevailed for too many years—who think that anyone can give anaesthetics. There are also a number of people who departed this world—usually rather hastily—because of this delusion of mind and careless attitude towards an important and serious work. It is obviously impossible that anaesthetics can be given either by instinct or natural ability, although we are always glad to have our students start in with this mental equipment. I am personally just as much afraid of a born anaesthetist, without training, as I am of a born nurse. In fact, if you don’t mind, I’ll take my chances of surviving under the care of the born nurse.

The making of an Anaesthetist involves the hardest kind of training. I am not familiar with the requirements of other Anaesthetic clinics, but in our clinic at Lakeside Hospital it is required that the student be a Graduate Nurse and an R. N. They must also have acquired their ether training before coming to us. The duration of the course in nitrous oxide oxygen is six months and covers the Anaesthetic work in all departments of a general surgical clinic, including the out-patient. This work is done under supervision and instruction, until the students give proof that they have acquired that careful judgment and appreciation of the phenomena of respiration and circulation under anaesthesia so necessary to good and safe work. They must also show ability and skill in recognizing and adjusting the major and minor anaesthetic complication, which may arise in a given case. In fact, they are promoted gradually from the easy to the hardest and most difficult cases our clinic affords.

This means on their part hard work, study and absolute concentration and a serious sense of responsibility. You can train an Anaesthetist on no other plan. Carelessness is with us the unpardonable sin.

The fact that nitrous oxide oxygen is the Anaesthetic of choice in our clinic means the use and care of the different gas machines, tanks and pressure gauges. You cannot work either satisfactorily or safely
with badly-taken-care-of equipment. We have an established routine which is carefully adhered to. We like to feel that students trained in our clinic can be sent to their destined work with the knowledge that, although they sometimes fall short—as we all do of our best endeavors—they will establish their work on a good and safe basis.

This is just exactly what they have done. We are hearing all the time splendid reports of the work done by our "Graduate Nurse Anaesthetists" that we cannot help feeling that they surely have made good.

We have in France now four Anaesthetists, three of whom are nurses, and all having been trained in Nitrous Oxide anaesthesia in the clinic at Lakeside. There is arranged for through Major Crile another group of ten, six of the number nurses trained by our clinic, who expect to go over to France very shortly, for the purpose of teaching gas anaesthesia abroad. I know the work of each one of the ten, and feel sure that they will establish the work and carry on the teaching in a way that will make us still prouder of our anaesthetic clinic.

The best argument I know for the case of the Nurse Anaesthetist, is the good work of those doing it. The subject, after all, resolves itself into its simplest and most convincing form by the quality of the work done by the individual.

To me it is not so much the question of man or woman, Doctor or Nurse, but a question of the willingness of the individual to give the years of endeavor necessary to acquire skill and judgment so essential to good work. There can be no question of divided allegiance—at least, not for the person in charge of an anaesthetic clinic. They must have their eye on the game all the time. Why, the study of gas machines now in use would keep a person occupied for some time. They are getting to be almost as numerous as automobiles, and, alas! many of them have just the same peculiarities. I know, because I've spent the last four months investigating them. However—although no one but the makers think they are perfect—still it is a hopeful thing that they are all improving. After a while we will get a real machine, perhaps one that will even talk the patient asleep.

People coming to our clinic are apt to say, "but you work under such ideal conditions;" I always agree, but feel much tempted to say "but we didn't start with ideal conditions," and back in my own mind I can see my first introduction to gas anaesthesia. An old machine, operated by one of our Dental experts, the moisture standing on his brow and every evidence of severe mental strain. The patient cyanosed to the point of blackness, and working for his life as only a human being can work when put to it under anaesthesia of this type. I, a small and anxious person looking on, supposed to be absorbing technique, but wondering if I ever could get up enough nerve to attempt any such formidable and dangerous task. I decided I couldn't—not that way—and told Major Crile so. I suppose Major Crile decided that it would be about as hard on his nervous system as it would be on mine, so the
problem was approached on a different angle; we started gas anaesthesia on dogs, and came back to humans. The happy day arrived when we could keep them asleep, pink and breathing, with the comfort of safe anaesthesia. Major Crile was a very patient, long-suffering mortal about it—but, believe me, I was a Christian martyr. No one ever suffered more for religious convictions than I did for gas anaesthesia.

The work has been progressing steadily, and we are now convinced that, although much remains to be done, we have our gas anaesthesia on a safe and workable basis.

We are at present putting through in the laboratory some work that will, we feel sure, put N₂Oxo. within the reach of all as regards expense—with resultant better anaesthesia. This was worked out by Dr. Pearce, our research man that brought it to the clinic for trying out. We were convinced of its feasibility, and it is now back in the hands of the laboratory men being perfected. It will then be tried out thoroughly—but, of course, no conclusions arrived at until we have tested it on a large series of cases.

It is possible that Canada may see the light, and give to the Nurse Anaesthetist the place we believe she should occupy. If this comes—I want to say to those among you who may organize this system in your Hospitals, see to it that the work is put in safe hands and the Nurse properly trained before starting in. The person put in charge—one having experience and judgment—and best of all vision. It is a big work and must be approached in a big way. As your reward you will have the smooth running and the assurance of good work that comes with a well-trained, permanent staff. The pride also of being able to send from your clinic those licensed to establish elsewhere good and satisfactory work.

To those taking up this work, I would say be very sure you want to do it before starting in. But, if you do start in, stick—and, while you are sticking to a hard game, think. There is rarely a problem that cannot be solved by thinking hard enough about it, and, when you know what you want, being big enough to ask help of others, prefer only those who know more than you do yourself. In this way I personally could command quite an army of advisers.

We can't promise you an easy time. It's hard work, most responsible and nerve straining, until you reach the calm waters of assurance—even then you have occasional squalls that keep you guessing; but it is the most necessary, most useful work in the world. You come bearing in your hands the greatest boon ever given to the suffering human family in the hour of their great necessity—that blessed oblivion to pain, which we call "Anaesthesia."—Read at the C.A.N.E. Convention, Toronto, June, 1918.

Purchase not friends by gifts; when you cease to give, such will cease to love.—THOMAS FULLER.