

Now from this retrospect what do we infer? All can trace the parallel, which, so far, has existed between Medical and Nursing teaching. We know that many Hospitals have hitherto and even now take in women practically as "Medical apprentices" in the olden time were admitted, teaching them their practical work, doubtless, very well. We all know that in some few there is an organised system of theoretical instruction also given; but, as we and others have frequently pointed out, there is no order nor method in general use. It appears to us, therefore, that we shall soon witness the Institution of a certain definite number of Nursing Schools throughout the country, their course of tuition and residence being materially different, as a matter of course, from that pursued in the case of Medical Students, but the main principles upon which their work will be conducted being essentially similar, as we hope next week to show.

A GUIDE TO MEDICAL AND SURGICAL NURSING.*

CHAPTER XIV.

THE DIGESTIVE ORGANS (CONTINUED).

Gastric ulcer is a very common disease of the stomach, and, like all others affecting that organ, it is accompanied by vomiting—the vomit, in this case, consisting of mucus and blood, and a stuff like coffee grounds. Blood may not only be thrown off the stomach by the mouth, but be passed by the rectum. There is intense pain in the stomach, and a burning, gnawing sensation. The treatment of gastric ulcer depends so much on the particular opinion of the Physician, that any remark on my part would be uncalled for.

Cancer of the stomach presents all the painful features of the last mentioned disease, with the sad certainty that nothing but death can bring relief to sufferings which, towards the last, are generally only made endurable by keeping the patient more or less under the influence of morphia, or some other sedative.

Need I say that in all these diseases of the stomach, and, indeed, in all *medical* cases at any rate, it is the Nurse's business to preserve for the Physician's inspection a specimen of urine, and any unusual vomited matter or fæces which may be passed.

Little by little the semi-digested food passes

* These articles from the pen of the late Miss Alice Fische and Mrs. Norr. s, and w eventually be published in book form, being ev. sed by the latter.

through the valve of the *pyloric* end of the stomach, into the bowel or intestine, changing its name into *chyme*. Here, again, the food or chyme is chemically acted upon, and changes thereby its character and name.

Lining the membrane of the intestine are numberless small ducts or tubes thickly covering the interior of the bowel, which are said to have the appearance of the *pile* of velvet. These absorb and suck up the fluid now changed into *chyle*, and carry it into a number of minute vessels outside the bowel called *lacteals*, the duty of which is to empty the fluid into the *thoracic duct* (so called from its traversing the thorax), from whence it passes through the vena cava superior towards the heart. A large proportion also of the chyle is absorbed by the blood vessels of the intestines and stomach, and from thence passed through the portal vein into the liver. The undigested portion of the food passes along the large intestine or colon, where a further process of digestion takes place, the refuse is passed into the rectum, and from thence ejected.

It will be necessary here to describe the bowel or intestinal canal. In a grown up person the length of the canal is about twenty-five feet, the greater portion of which is small in size, and called the *small intestine*, and the remainder, about five feet in length, is called the *large intestine*. Scattered along the surface of the canal are numerous glands for the absorption of the chyle, and also a number of minute projections, spoken of elsewhere as *villi*. Between the small and large intestine is a valve; these valves, of which there are a great many in the human body, are all constructed on the same principle, and for the same purpose; being folding doors or traps opening only in one direction, in order to prevent the return of the contents of the canal or cavity, to which they are an entrance, which guards the communication between the two, and is usually a sufficient protection against the return of the contents of the latter into the former. Sometimes, however, this does occur, and a serious consequence occasionally ensues, which is called *intussusception*. This is one part of the intestine slipping inside the other in the way that you have probably seen the finger of a glove do. One of the symptoms of this accident is constant sickness, and another intense pain.

It may be well, whilst we are talking of the structure of the intestine, to name another accident to which it is extremely liable. You will not have been very long in a Surgical Ward (for an accident of this kind becomes a Surgical case), without having an opportunity of seeing a case of *hernia*.

A *hernia* is a protrusion of any of the viscera

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