Lectures on Gynæcological Nursing.

By Bedford Fenwick, M.D., M.R.C.P.,
Physician to The Hospital for Women.

Lecture V.

(Continued from page 396.)

This point has been enlarged upon here, because it is important for the Nurse to understand that the appearance of bile in vomited matters, unimportant as it appears, is really of the highest significance as indicating that this reversal of the physical action of the intestines must have commenced. And the possibility is, that this will continue and gradually extend down the gut unless means are taken to restore the healthy action of the intestine. Consequently, as soon as the bilious vomiting appears, the operator will probably lose no time in directing that the patient should be given one or more large tumblerfuls of hot water containing a large dose of bicarbonate of soda. The action of this alkali is to dissolve the thick ropy mucus which has covered the stomach walls, and thus to give the irritated mucous membrane the rest which it essentially requires for its recovery. The action of the hot water not only increases the solvent effect of the alkali, but also soothes the stomach and dilutes, while the soda neutralises, the bile, so that it ceases to irritate the stomach as this acrid fluid otherwise will do. The quantity of water thus imbibed also causes the return of the natural contraction of the stomach, and, therefore, the passage of, at any rate, some of the fluid into the intestines with the effect of restoring there also the forward action of their muscular walls, and, consequently, the passage of the bile downwards, and the cessation of its regurgitation into the stomach. At the same time, it often gives great relief and benefit if a large mustard leaf is placed over the pit of the stomach and kept there till the skin is deeply reddened. The withdrawal of blood to the skin from the congested stomach is a rational and speedy method of curing sickness in other cases than these. Very often, after this method of treatment, the patient is not sick again; or, if she is, only a large amount of mucus and bile will be rejected, which will greatly relieve her, and which will then very probably be followed by the cessation of the vomiting.

Stress is laid upon this matter of sickness after operation not only because it is a very exhausting process to the patient, and one which causes, moreover, a tendency to the stretching of the wound—even if it does not interfere with its proper healing—but also because this persistent vomiting is one of the earliest signs of the much dreaded onset of inflammation of the peritoneum, technically known as Peritonitis.

But to return to our patient. The next point to which experienced operators devote the greatest attention is the condition of the pulse, especially with regard to its frequency; and, therefore, we must devote some consideration to this matter. After the anæsthetic, and consequent upon the reaction from the shock of the operation, there is almost invariably a rise in the frequency of the pulse. Some patients, of course, are extremely nervous, and the influence of the nervous system upon the heart is so well known, of course, to Nurses, that it requires no explanation to show the reason for the increased rapidity of the pulse in many patients after they have passed through a critical operation. But it becomes of all the greater importance to know what is the patient's normal state, and what is the frequency of her pulse when she is in fairly ordinary health. This will explain why, in a previous lecture, such stress was laid upon the necessity of the Nurse carefully taking and charting the patient's pulse for several days before the operation was performed, because then we have something definite to guide us in our understanding of the change in the pulse-rate which has been produced by the operation.

After an abdominal section there are three great dangers. Firstly, Collapse — the patient dying within a few hours from the shock of the operation. This is comparatively rare now-a-days with skilled operators, as precautions are taken to prevent the intense nerve effect which the operation in former days used to cause. Secondly, Hæmorrhage. It is by no means infrequent for tumours to be removed which at the operation are found to be bound down by tight adhesions to the neighbouring organs or to the peritoneum, and when these adhesions are separated or cut through, there is always the chance of more or less considerable bleeding from the torn surfaces. Then, again, in rare cases the ligatures slip and the arteries which they control commence to bleed furiously. Consequently, it is not unusual for hæmorrhage, even to a considerable extent, to continue into the abdominal cavity after the wound is closed and the patient has been put back to bed. When the operator sees that there is a tendency to hæmorrhage, he frequently places a glass drainage tube in the wound, which extends downwards into the pelvis, and through which, therefore, blood can be withdrawn; or, as is more frequent abroad, a drainage line is formed by the insertion of a piece of gauze. In either event, the blood being able freely to escape, the operator is made aware whether the hæmorrhage is sufficiently great to endanger life, and by its free removal also the chances of its decomposition in the abdomen is prevented, and so undoubtedly one great cause of blood poisoning

previous page next page