

the General Council met it was—in defiance of the Charter, in defiance of the Bye-laws, in defiance of all legality and of the most ordinary justice—prevented by this “small clique” and their friends from even discussing the matter. Well may Sir Dyce Duckworth say that they have attempted to “wrest the management of the Association from the general body.”

These facts are becoming well and widely recognised, and upon the “small clique of persons” the entire blame for the present failure of the Association is being cast both by the public and by the Nursing profession. To Sir Dyce Duckworth’s further remarks, we must refer next week.

Lectures on Elementary Physiology in relation to Medical Nursing.

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LECTURE III.—DIGESTION AND INDIGESTION.

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TWO clinical symptoms are usually well marked in cases of jaundice; both, of course, being directly due to the absence of bile from the intestines, and to the consequent presence of bile colouring matter in the tissues of the body. The stools become quite white or clay coloured. The urine becomes a deep dark colour, almost like porter, and when a little of this is placed on a porcelain plate, and one or two drops of nitric acid are dropped upon it, a play of colours is formed around the acid—brown, green, violet, red and yellow—showing the presence of the colouring matter of the bile.

The nursing of a patient suffering from jaundice depends, of course, to a large extent, upon the cause of the complaint. If the obstruction is due merely to catarrh of the gall-duct, three or four days’ rest in bed, with appropriate treatment and diet, will probably effect a cure. If it is due to the presence of a gall-stone, the treatment naturally divides itself into that which is necessary during an attack of colic, and that needed subsequent to the attack. When the patient is in extreme pain from the fixation of the stone in the gall-duct, or from its forcible passage along the course of the duct into the duodenum, two principles have to be borne in mind. In the first place, pain has to be relieved, because sometimes this is excruciat-

ing; and that end the doctor will attain by suitable drugs. In the second place, the tissues of the abdomen have to be relaxed as much as possible, and nothing assists so greatly towards this, as the application of very hot poultices or fomentations. We want the gall-duct, in fact, to be relaxed to its utmost extent, so as to permit the stone to slip down it, into the duodenum. Hot fomentations will not only relax the muscles of the abdominal wall, but will have the same effect upon the deeper muscles and tissues. The heat of the poultice will also dilate the blood vessels of the skin, and thus draw blood to the surface from the deeper parts, thereby relieving the congestion, and therefore the pain, set up by the irritating stone in the narrow gall-duct. It is evident, therefore, that if these poultices are to be of any use at all, they must not only be hot, but they must also be kept hot. A badly applied poultice, which becomes cold and clammy, and slips about from place to place, not only does no good, but may cause actual harm, by chilling and contracting the tissues which it is our object to keep warm and relaxed. As a general rule, hot flannels or spongio-piline thoroughly heated, sprinkled with a teaspoonful or two of turpentine, and covered over with a thick layer of flannel, is more useful than an ordinary linseed meal or bread poultice. And when no other appliances can be obtained, the same principle can be carried out by a small handkerchief wrung out of hot water, placed over the area of the liver, covered with gutta-percha tissue or a piece of waterproof, and secured by several turns of flannel bandage. This will keep hot and wet for hours, and will give as great relief as many, more pretentious, applications. For the same reason, hot demulcent drinks are usually given, the patient being encouraged to imbibe considerable quantities of hot barley water, and, by this means, the tissues around the gall-duct will be still further relaxed.

When the spasm, or attack of colic, has passed off, it becomes of much importance to discover whether the gall-stone has passed into the intestines or not, and for this purpose, therefore, the fæces have to be most carefully examined, and any stones which are found must be carefully preserved. If, for example, a small irregular, rough, gall-stone is found, it is fairly good proof that there are no other stones left in the gall-bladder; but, if it is smooth and rounded, with almost polished

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