

away, which is usually about the ninth day. A tube is inserted into the bowel in case of hæmorrhage, and is removed, if all is well, some twenty-four hours later.

The nursing is much the same as is needed in a case of fistula, but most careful watch for hæmorrhage should be insisted upon. The surgeon, in placing the dressing, will use firm and even pressure over the wound by means of the dressing and bandage.

Eucalyptus ointment is often applied, and should be made up fresh constantly by the chemist.

The patient is usually kept in the recumbent position in bed for about twelve days; when he is ordered up a couch should be used, as it is inadvisable for him to sit in a chair—for whilst he is recumbent a certain amount of mechanical pressure from the column of blood is removed, the engorgement and distension being diminished.

Excision of Rectum.—In this operation the whole or part of the circumference of the bowel is removed. After operation the patient is placed in bed on his side, and kept in that position for thirty-six hours. The dressings consist of lint plugging and wool, which restrain the oozing, but permits of free discharge from the wound. After the third day this discharge becomes considerable, and great care is necessary to keep the patient's dressings constantly clean.

Southall's sheets are of the utmost value in these cases, as these receive and soak up discharges, and can be burnt when used.

The patient should lie on his back part of the day, his knees bent and supported by a pillow to allow of free draining from the wound.

The after dressing of rectal wounds consists of a thorough wash night and morning with soap and water, a good bathe with 1 in 40 carbolic lotion and hot water, and re-dressing with the ointment and lint and wool pads.

After excision, the wound should be well syringed out twice a day. The utmost care must be taken to exclude septic infection from without, as all fluids and secretions are prone very quickly to decompose in this region, and the proximity of the peritoneum, and the free supply of vessels in this part of the body, render the absorption of putrid material particularly dangerous. After excision, contraction of the outlet of the bowel sometimes occurs; the bougie is then resorted to, the patient having it inserted daily for a specified time, according to the orders of the surgeon.

These operations often make a good recovery, leaving the bed in about a month; after which, however, they must still retain the recumbent position on a couch for some time.

DIET.

In the medical treatment of diseases and operations of the intestines and rectum, one of the first and most important questions is the diet of the patient, and I would here say that I do not consider that dietetics as an important part of medical treatment have been at present sufficiently studied by Nurses in this country. It should be borne in mind that the food of an invalid should be light, farinaceous, and easily digested; and after the patients have passed the hot water, and milk and water stage, nourishing liquids and jellies are usually ordered—milk tea, and usually toast, after which come a few days in which light solids, such as oysters, boiled fish, rice, tapioca, sago, arrowroot, custard, junket, panada, and a little later, sweetbread, chicken, fresh game, stewed fruit and green vegetables, and cream. In dieting rectal cases, unless specially ordered, eggs, potatoes, beef-tea, beef, and too much meat should be avoided.

After the following operations the dieting of the patient is usually as follows:—

Abdominal Section (after removal of vermiform appendix.—Nothing whatever by the mouth for the first twelve or even twenty-four hours after operation, then small quantities of milk and water, which is gradually increased and continued, with the addition of broth, up to the fifth or sixth day, when an aperient is given, and light diet of fish, &c., commenced.

Gastro-duodenotomy.—Hot water \bar{s} i. to \bar{s} ss. per hour for forty-eight hours, then whey, sterilized milk and water, broth, or chicken jelly for a week or more.

Colotomy.—Milk and water in small quantities, commencing with \bar{s} ss. at a time about four hours after operation; this is gradually increased to as much as the patient cares to take, and continued until the intestine is opened, which is usually about the third or fourth day, when light diet—fish, chicken, &c.—is given.

Excision of Rectum.—Milk and water or broth on the day of operation. Tea, toast, broth, or bread and milk and arrowroot on the second day and following days up to the ninth or tenth, when, an aperient having been given, a light diet is commenced.

Minor Rectal Operations.—Broth, tea, and arrowroot on the first day; tea, toast broth and arrowroot on the second day and up to the sixth, when an aperient is given, after which light solids are generally ordered. Barley-water is also given, and is very efficacious where there is retention of urine.

DRESSINGS FOR AND AFTER OPERATION.

In preparing the after dressing for abdominal and rectal cases, everything—such as towels, pans, bowls, wool—which comes in contact with the patient should be previously warmed. A glass or plated kidney-shaped bowl is required for the douching of rectal operations.

On View.—The sanitary wool sheets made by Southall Bros. and Barclay, of Birmingham; they are made of absorbent wool, encased in gauze, and are absorbent, antiseptic, and very soft. For cases where there is discharge from the rectum, bladder, &c., they are invaluable, as they can be immediately burnt when soiled, and thus is saved the necessity for much washing of bed linen, or the retention of malodorous linen in the house.

Cut Dressings on View.—Hæmorrhoids.—Tube first inserted; round of lint spread with hole in centre for tube, which is packed round with wool, and then the outer pad of wool and lint. T bandage, made of flannel.

Fistula requires strips of lint spread on either side with ointment, otherwise cut the same dressings as for hæmorrhoids, and use the same bandage.

Abdominal Sections and Hernia.—Carbolic gauze strips, or sterilized white gauze, iodoform wool, absorbent wool, and many tailed bandage; for hernia, the same dressings, only roller bandage.

Colotomy.—A piece of brown tissue, carbolic gauze cut in strips seven inches long and three inches broad, layers of iodoform wool and absorbent wool, and two flannel bandages (rollers.)

After the bowel is opened strips of lint spread with eucalyptus ointment or zinc ointment, piece of lint with aperture and layers of absorbent wool, many-tailed flannel bandage.

Excision of Rectum.—Tube first inserted; several yards dry lint about one yard long and two inches wide. Round of lint spread with eucalyptus ointment, well packed with dry wool and covered with wool pad and lint. T bandage, made of flannel.

After-dressings, strips of lint spread on both sides with eucalyptus ointment, and wool pad outside.

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