

## Lectures on Elementary Physiology in relation to Medical Nursing.

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### LECTURE III.—THE DIGESTIVE ORGANS.

*(Continued from page 268.)*

SO far as the bowel trouble is concerned, the consequences of the ulceration, that is to say, diarrhoea, hæmorrhage and pain, are the same as in the cases of typhoid or of dysentery; but these cases, as a rule, are much more chronic and exhausting than either of the former, and events usually progress from bad to worse. The nursing, as a rule, is based rather upon attention to the concurrent disease of the lungs or kidneys from which the patient probably suffers. But, so far as the intestinal disease is concerned, the same precautions of disinfection, of cleanliness, and of diet are necessary as in the case of the other forms of bowel ulceration already considered.

The last form of ulceration of the intestines to which attention need be directed in these Lectures, is that which is caused by CANCER. This very commonly affects the Rectum or the Sigmoid Flexure, and often shows itself not only in the destruction of tissue, such as is found in true ulceration, but also in the formation of a new growth or tumour. By the pressure, or by the enlargement, of such a growth, the canal of the intestine is narrowed, and thus obstruction to the passage of the fæces is caused. As a general rule, therefore, in these cases, there is first of all more or less watery or blood-stained diarrhoea, due to the irritation of the intestines; then, as the growth increases, the difficulty of defæcation becomes greater and greater, until at last there is an absolute stoppage of the canal, and the patient suffers from complete obstruction. To obviate the dangers of this, as long as possible, appropriate medicines and diets are prescribed by the doctor; but in giving enemata, the Nurse must remember that the wall of the intestine is softened and ulcerated by the cancerous growth, and that, therefore, it is most important that extreme care and gentleness should be used, for fear the point of the enema tube should be forced into and tear the softened wall of the intestine; even if the fluid be injected with too great force, the same destruction may occur; and in either instance, there will be

more or less violent hæmorrhage. In these cases, again, hæmorrhage must be carefully watched for, because it is always a serious, and sometimes the fatal, result of the disease. If the obstruction of the bowel becomes complete, it is usual to perform the operation of Colotomy, that is to say, to open the bowel above the sigmoid flexure, and to stitch the opening to the abdominal walls and the outside skin, thus forming an artificial anus in the side. These cases, of course, require most careful and devoted Nursing, because the patient's misery and discomfort are often extreme, and constant care and cleanliness are needed to prevent the conditions of his existence from becoming unbearable.

Through the opening there is always a more or less constant discharge; and therefore, on the one hand, this discomfort has to be mitigated as far as possible and, on the other, measures must be taken to prevent the severe excoriation of the skin which such an irritating and continued discharge may easily cause. Cleanliness, therefore, and the use of some form of antiseptic to overcome the more or less offensive odour, are essential. The use of Southall's sanitary towels is in many cases very valuable; but in some it is better to employ medicated wool. To prevent the irritation of the skin, nothing is more efficacious than the application of some oily material; and among the preparations which are chiefly employed for this purpose, eucalyptus ointment, or failing that, the best vaseline is very valuable. They act, of course, by forming an oily surface over which the irritating discharge may pass without injuring the skin underneath. If the ointment be removed twice or three times a day, and the surface thoroughly cleansed, dried and powdered before ointment is again applied, it is possible to keep the skin comfortable and healthy. These patients require to be most carefully dieted in order to prevent constipation, but unfortunately, as a rule, the malignant disease for which the colotomy is performed, soon invades the deeper glands of the abdomen and so spreads into other organs; so that the patient dies from some intercurrent disease.

*(To be continued.)*

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