

patient's bedstead should be thoroughly washed with carbolic lotion, 1 in 20, and the bedding should be absolutely clean. The bed should, if possible, be narrow, and should have a firm hair mattress. If the patient be very thin and emaciated, a water bed is a great additional advantage and protection. The special preparation for the operation will be directed by the operator himself, and the nurse has finally to see that the patient is warmly clothed for the operation, and especially that she has on thick stockings and a warm bed jacket.

The chief essential, after the operation has been performed, is absolute rest. The patient must on no account be permitted to make any movement herself, and probably for five or six days the operator will insist upon the complete exclusion of all friends—a rule which saves endless trouble and worries to the patient. Passing now to the various details of the nursing, it is an invariable rule amongst all the most successful operators to starve the patient completely for the first twenty-four or thirty-six hours. The reason for this is easy to understand. Not only does vomiting almost always occur after an anæsthetic, but after abdominal operation the tendency to this is greatly increased; and as such vomiting strains the wound and may even loosen the ligatures, every precaution is necessary to prevent it as far as possible. By withholding all food, the chance of stomach derangement is, of course greatly diminished. Then, the great danger of these operations is the occurrence of peritonitis, or inflammation of the membrane covering the abdominal cavity; and the great fact is now well-known that, if fluid be withheld from a patient, peritonitis is much less likely to occur. These patients suffer intensely from thirst, probably due to the fact that the peritoneum after an operation exudes a large amount of serous fluid into its cavity. The thirst then resembles that which occurs after any severe loss of blood, and is the cry of the blood-vessels for more fluid. If the patient is not permitted to have this, the peritoneum practically drains itself and absorbs again the fluid which it had exuded. On the other hand, if the patient is allowed fluids, the blood-vessels are satisfied, and the peritoneal fluid may remain unabsorbed and very possibly may degenerate into pus, and so the patient may die from a form of blood poisoning. Formerly, it was thought wise to allow

the patient to suck small pieces of ice; but it is known now that nothing is more delusive or useless. Ice never quenches thirst. It soothes the mouth for a moment, but by contracting the blood-vessels it dries up the mucous membranes, and increases the thirst directly afterwards. If the patient then suffers extremely from this condition, she is allowed, perhaps, to wash out her mouth with warm water, but not to swallow it; and very considerable relief is thus given.

The first golden rule, therefore, which must be observed in nursing a case of abdominal operation is, that the patient shall not be permitted to take anything by the mouth for twenty-four or thirty-six hours, according to the directions of the operator, for the reasons which have been given. But, as there are few rules, to which there are no exceptions, so in some cases, especially amongst very young or very old people, this rule of starvation has to be departed from, because the patient shows signs of dangerous exhaustion. In such cases, it may be possible to maintain the strength by the use of nutritious and stimulant enemata, but sometimes it is very necessary to give frequent nourishment by the mouth. It is in these cases that champagne and strong beef essences are usually resorted to; but it is a practical fact of great importance that such patients are greatly benefited by the administration of Koumiss instead of ordinary milk.

But in ordinary cases, as soon as the doctor considers it advisable, milk is usually given, with or without an equal quantity of lime water, first in teaspoonful doses, and then in gradually increasing quantities until half a tumblerful of milk is taken every four hours. As a rule, if the patient progresses well, on the third day she is given a little milk-tea and a small piece of dried toast; on the fourth day a basin of beef-tea and a little fish, the milk remaining the chief article of diet; on the fifth day, some boiled chicken can generally be allowed in addition to the fish and beef-tea; on the sixth day a little game or meat; and on the eighth day some vegetables also; after which the diet will become probably of an ordinary character. The nurse should note in the case-book, and immediately report, any nausea of which the patient may complain, and if there be any retching or vomiting, nothing should be given by the mouth until the doctor has given his instructions.

(To be continued).

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