

considerable, it causes more or less paralysis of the intestinal walls, and, therefore, delays the clearance of the bowels; and by pressing on the diaphragm it more or less seriously interferes with the action of the lungs and heart, sometimes causing distressing breathlessness, cardiac pains, palpitation and mental anxiety; while, in extreme cases, it has even happened that it has prevented the proper healing of the abdominal wound.

In any case, after an abdominal operation, the exposure of the intestines to the air causes more or less temporary paralysis of their walls, and, consequently, more or less flatulent distension. The less the exposure of the intestines, therefore, the less will usually be this difficulty—which furnishes another explanation of the usefulness of dieting the patient before the operation is performed. The condition can be more or less quickly relieved by the passage of a rectal tube, which permits the escape of flatus and, as a rule, greatly relieves the patient, while also enabling the intestines more rapidly to recover their normal tone.

The severe thirst from which such patients suffer can be materially relieved by allowing them to wash out their mouths with warm water, at more or less frequent intervals. If, despite the starvation, the sickness continues, and becomes bile-stained, nothing relieves the patient so rapidly as a teaspoonful of bicarbonate of soda in an ounce of warm water, repeated if there be any return of the sickness.

After 24 or 36 hours, it is generally possible to give a teaspoonful of milk with a teaspoonful of lime water, and, if no sickness follows, the same quantity can be repeated and gradually increased every hour, until by the middle of the third day it is possible to allow a tumblerful of milk. That evening a little dry toast may be given, and the next morning a little bread and butter. During the fourth day some beef-tea or chicken-broth, and some fish, is usually allowed; and on the fifth day some chicken is added to the diet; after which, if the patient's progress is normal, the ordinary diet can be resumed.

As soon as the wound has healed, the patient should be measured for an abdominal Belt, which should be light, although strong, and elastic; and this should be worn continuously for some months, until the scar has become firm and hard, and the probability of any ventral protrusion is past.

## The Treatment of Wounded in Naval Actions.\*

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This subject may be conveniently dealt with under the three following heads:—

1. The surgeon's station or the place where the wounded are treated.
2. The time of treatment.
3. The conveyance of the wounded.

1. *The Surgeon's Station.*—It has always been the custom to select some well-protected and easily-accessible part of the ship for the reception and treatment of the wounded, and to convert it, before action, into a surgical station. In the old wooden battleships the "cockpit," or afterpart of the orlop deck—a place below the waterline, and approached by a wide hatchway—was universally selected as the surgeon's station, and many of the scenes which have occurred there have found their way into history and art.

When the iron battleship displaced the wooden one, the orlop deck and cockpit disappeared, and naval surgeons lost their prescriptive station in action. Then, on board each ship, the captain and medical officer selected the place they considered most suitable, and adapted to the chosen station the details of the necessary arrangements. It is in this way that the location of the surgeon's station is still settled; and, owing to the variations in ship construction, it must be so settled until the time comes when ships will be fitted with an operation room below the waterline—a modern cockpit—which can be used both in peace and war.

This suggested operation room, it appears to me, should be included in the internal arrangements of every modern battleship and cruiser. It need not be large, but it should be fitted up to meet the requirements of aseptic surgery. Neither need it be particularly easy of access, for with my "ambulance sleigh" injured men can be easily and safely taken down and along all ordinary hatchways and passages. During peace important surgical operations would be done in it instead of in the overcrowded sick bay, and in it also the valuable surgical instruments and necessaries would be kept in readiness for use. In time of war the surgeons, surgical instruments, and dressings would be protected in this place during action, and after action surgical operations could be done in it with more chance of success than in constantly-used bathrooms or greasy mess places. The preservation of the lives of the surgeons and the surgical appliances during action must receive adequate attention, if such disasters as that which

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