

patient nothing by mouth except sips of water or small pieces of ice. Inasmuch as he is almost always thirsty—sometimes intensely so—this method of treatment somewhat resembled a Chinese torture in the refinement of its cruelty. As regards the peritonitis itself, there is no reason why the patient should not be allowed to drink as much as he likes, and every reason why we should put as much fluid as possible into the cavity in order to wash out the poisonous products of the bacilli, and if the condition of the source of the peritonitis does not contraindicate it, this may be allowed: thus, in a puerperal case where the stomach and intestines are sound, I usually allow the patient to drink freely of hot or cold water—whichever she prefers—even if it does cause vomiting. If, however, the peritonitis is due to a perforated gastric ulcer it is obvious that it is best that the stomach should be kept completely empty, for a while at all events. On the second or third day, calomel is frequently given by mouth until the bowels are well moved.

I have shown how important it is for the nurse to be able to assist in the *diagnosis* by observing and reporting early symptoms.

After the operation has been performed, practically the whole of the *treatment* is in her hands: this is conducted on the usual lines, and consists in the saving of the patient's strength as far as possible, and the preservation of the most scrupulous surgical cleanliness in his surroundings.

On such essentials as the prevention of bed sores, the keeping of the patient warm and comfortable by means of hot bottles (it is best not to take off the skin with these latter) and the toilette of the mouth (a very important matter) I need not here enlarge. Great care must be exercised to prevent any sudden movement on the part of the patient, and to keep a careful watch on the pulse. In all operation cases it is important that the pulse rate shall be charted so that any variations may at once be visible. An increase in the rapidity of the pulse is a very bad sign indeed.

If anything more than simple drainage of the peritoneal cavity has been resorted to, the possibility of internal hæmorrhage must be borne in mind: this would be shown by an increased pulse rate accompanied by blanching of the face, pallor of the lips, and restlessness. If any of these occur it will probably be necessary to re-open the abdomen, so the surgeon must be sent for at once.

In the after-treatment, almost everything depends on what happens in the first 48 hours. It has been shown experimentally that it is impossible to drain the general peritoneal

cavity for more than 36 hours; that is to say, after this time the drainage tube or gauze becomes surrounded by adhesions, and only serves to drain a small portion of the abdomen. If, therefore, the bacilli and their products are not taken away in this time, the patient usually dies. I do not say that you can control this by nursing—it is difficult to know entirely how it can be controlled—but in the supporting of the patient's strength every little detail of nursing tells, and repays the nurse in a way which is fortunately very obvious.

The Royal Infirmary of Edinburgh.

At the close of the Board meeting held on Monday, the 10th inst., Miss Spencer, Lady Superintendent of Nurses, who retires at the 30th current, was made the recipient of a testimonial from the Managers of the Royal Infirmary of Edinburgh consisting of a silver tea service and tray, the latter bearing the following inscription:—

“Presented (with a Silver Tea Service), by the Members of the Board of Management of the Royal Infirmary, Edinburgh, to Miss F. E. Spencer, as a token of their high appreciation of her most efficient, valuable, and devoted services to the Institution during thirty years: first as Assistant Lady Superintendent, and then for the past twenty years as Lady Superintendent of Nurses. June, 1907.”

The Lord Provost, who was in the chair, made the presentation, and assured Miss Spencer that she carried with her into her retirement the Board's sincere good wishes. The gift was acknowledged by Miss Spencer in a few words.

It is, perhaps, but just to the Nursing and Serving Staffs to explain why there is no mention of the presentation of any token of their love and esteem for Miss Spencer at this time. Some twelve years ago the Board of Managers gave instructions that collections for testimonials or gifts should be forbidden, as they considered such collections undesirable for various reasons. That instruction met with the hearty approval of Miss Spencer, and has been loyally carried out by her ever since, and she has naturally expressed her desire that it should be strictly adhered to in her own case, although her Staff, in view of her approaching retirement, regard it as a somewhat irksome restriction at this time.

Although such a regulation may on occasions seem hard, we feel sure that from the general point of view the Board of Management of the Edinburgh Royal Infirmary have acted wisely.

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