

## Lectures on Gynæcological Nursing,

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### LECTURE V.

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**W**HILST on the subject of washing the patient, attention may well be directed to the special preparation required for the skin of the abdomen before the operation. The whole of its surface should be most carefully washed, with the aid of a nail brush and plenty of soap, at least twice a day for two or three days before the operation. The night before this operation is performed, any hairs on the front of the abdomen should be carefully shaved off, the surface washed with warm water and soap, and then with carbolic acid lotion (1 in 20); then a fold of lint soaked in warm carbolic solution (1 in 60), and covered with a perfectly clean napkin, should be placed on the abdomen, and retained there for some hours by a turn of flannel bandage. By this means, the external abdominal wound will be rendered absolutely aseptic, and the importance of this to its subsequent healing cannot be over-estimated. An hour or two before the operation the carbolised lint is removed, and a dry pad of iodoform gauze placed on the surface, instead. A large soap and water enema is administered about two hours before the operation so as to completely clear the large intestine and rectum. Half-an-hour before the operation, the patient, if in a feeble state, is usually given a little brandy and hot water so as to prepare the heart as far as possible for the depressing effects of the anæsthetic.

It is, perhaps, hardly necessary to tell trained Nurses that it is essential that for some four or five hours before the operation the patient should have no solid food of any kind whatsoever; and even no nourishment such as milk, which will by its coagulation in the stomach form a more or less solid mass. To many Nurses, this appears rather a rule of thumb practice, and there are, apparently, not a few who do not understand the reason for this precaution, nor the grave dangers which may follow from its neglect. It is, therefore, worth while to digress for a moment, in order to explain that one effect of an anæsthetic, whether it be either chloroform, or any similiar vapour, is displayed upon the nervous system. The body not only loses the power of muscular action and the controlling influence of the will, but the various secretions of the body, which are ordinarily in subjection to the nervous system, are, for the time, freed from its action, with the result that, in some cases secretion stops, and in others it is greatly increased. For

example, in some patients, under an anæsthetic, especially if this be Ether, there will be a greatly increased flow of saliva, which is swallowed mechanically, and an equally great secretion of mucus in the stomach and in the bronchial tubes. The result is, that, after the operation is finished, some patients vomit an extraordinary quantity of frothy mucus, or wheeze and cough until they are able to expectorate a similar product, owing to the fact that the secretion being in unusual quantity, irritates the sensitive nerves of the stomach and lungs precisely as undigested food causes gastric irritation until the patient retches or is violently sick. It varies considerably in different patients, when this vomiting will begin, and it may—indeed it often does—take place during the operation itself, or, at any rate, before the patient recovers complete consciousness. Now, if the patient has any solid material in the stomach, this will, of course, be regurgitated by the vomiting; and, if the patient be not sufficiently conscious to expel this from the mouth, it will, most probably, lodge at the back of the throat, and, during the next inspiration, part of it will perhaps be sucked into the larynx. If it be a sufficiently solid piece of food, and if the patient be not sufficiently conscious to feel its irritation and so expel it at once by coughing, the next breath will draw the lump still further into the trachea, and so prevent the entrance of air into the lungs at all. Then, without any warning, the patient will turn blue, and in a few moments will die suffocated.

There are, unfortunately, too many cases on record in which this utterly unnecessary fatality has occurred, and in which death has been found, *post mortem*, to have been caused by the impaction in the trachea or larynx of a mass of undigested food, or even of one or two false teeth upon a plate.

This latter fact explains why experienced chloroformists always examine the mouth of the patient before they commence to administer gas, in order to see whether there be any false teeth, and whether these are likely to become dislodged, and therefore to be swallowed, during unconsciousness. It is a golden rule that Nurses should invariably take this precaution, themselves; and before their patient is placed upon the table, that they should take care that any false teeth are removed from the mouth.

Now this explanation of the cause and effect of what is known as Ether sickness not only teaches the absolute necessity of being very careful to prevent the patient having any solid food for some hours before an operation, but it will also explain the further practical fact, that for some hours after *prolonged* anæsthesia the patient should be allowed *nothing at all by the mouth.*

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