

and the active help and support which we have received from our readers and contributors in every part of the world, together with our special thanks to those on our immediate Staff who collaborate with us in our weekly duties. It is a great pleasure to receive from our readers Nursing news of all kinds, and we would also ask them to remember that, by using our columns for this purpose, they are conveying information or instruction to their fellow-workers in every part of the civilised world.

We can look back upon the past year, therefore, with pleasure and satisfaction, and can look forward to the future with the full anticipation that increasing success may attend the efforts and usefulness of this Journal. Thanking our readers, then, for their assistance in the past, we wish them one and all a very Happy and Prosperous New Year.

Lectures on Gynæcological Nursing,

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LECTURE V.

(Continued from page 412.)

AS we have already said, the patient is kept entirely without food for a great many hours after the operation, the object of this being not only to prevent sickness, but also in order to give the abdominal viscera perfect rest after the exposure to which the peritoneal cavity has been subjected. It is, therefore, the rule with most operators to allow nothing by the mouth, in these cases, for at least 24 hours, and some prefer the patient to starve for even longer. If the thirst is very great, this may be relieved by moistening the lips from time to time with water, or, after a few hours, by allowing the patient to wash out her mouth with warm water. After this period of starvation is over, it is customary to begin feeding her very gradually, and to give at first only one teaspoonful of milk and water each half-hour, gradually increasing the amount or diminishing the interval. This, however, is modified very greatly in different cases, and depends entirely upon the progress of the patient. After the third day, if there be no signs of peritonitis, the diet is, as a rule, rapidly increased until the patient is taking an ordinary amount of liquid and solid nourishment. If all goes well, probably on the seventh day, the operator will remove the stitches in the abdominal wound, and a great many operators prefer not even to dress the case or uncover the wound until the seventh day. Then supposing that the patient's progress has been favourable, the abdominal wound is usually found firmly healed by

first intention, and quite dry and healthy-looking. But when the stitches are removed it has to be remembered that the abdominal wound remains somewhat weak and liable to be stretched by any exertion, and therefore it is usual to support the sides of the wound with long narrow strips of plaister placed across the wound, for ten days or a fortnight longer. Finally, when the patient is allowed to get up, it is necessary that she should be fitted with a firm elastic abdominal support in the shape of a well-made Belt which, by supporting the sides of the wound, will permit her to move about and take exercise without the danger of stretching the newly healed tissues. In cases of hysterectomy, by the ordinary extra-peritoneal method, the wire may not separate for some days after the stitches have been removed from the abdominal wound, and the process indeed may not be complete until the 10th or 11th day. Then when the wire is either cut off, or comes away with the pedicle of the tumour, it leaves a deep cavity at the lower part of the wound, which will gradually granulate up and so heal and contract. But it will be readily understood that in these cases there is all the greater need for the Nurse to exercise the most watchful care to prevent the patient straining herself by any precipitate movement, because, when such a movement occurs after this operation, it is very liable to be followed by either a tearing of the sides of the wound, thus opening up the peritoneal cavity; or by a protrusion of the intestines through the wound in the abdomen. The patient, after any abdominal operation, will probably be kept for nearly three weeks, even under the most favourable circumstances, entirely at rest in bed; but after the first week, as a rule, the Nursing is very simple. But during the first week, the patient may be constantly on the verge of danger, and may therefore require incessant and most careful attendance — a fact which it would almost appear is not entirely realised by some who advocate that one Nurse should always be placed in sole charge of such a patient both by day and by night. It is manifestly impossible for any woman to maintain constant vigilance and alertness of mind and body, day after day and night after night, without a proper amount of sleep, rest, and nourishment. It is quite impossible, on the other hand, for any Nurse to obtain such natural refreshment if, at the same time, her patient requires incessant care. Those who advocate the single Nurse system therefore expect, from a human being, the powers of an automatic cast-iron machine; and, whenever the experiment is tried, the result inevitably is either that the Nurse falls asleep from sheer exhaustion, and then the patient does not receive the attention she requires, or the Nurse struggles on against the ordinary laws of Nature, and therefore breaks

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