

pit of the stomach, which reddened the skin considerably. She brought up a great deal of mucus and bilious-looking fluid, and expressed herself as feeling much relieved.

November 13.—Patient has slept for a few minutes at a time occasionally through the night, and has taken Brand's essence and brandy, half an ounce of each every two hours, and peptonised milk, two ounces, at the same intervals alternately. Seems much better. Complains of faintness, but has less pain. During the day the patient took the same amount of nourishment. Temperature fell to 99°; pulse to 68; respirations 20.

November 14.—Patient slept three hours and a-half during the night, and took an ounce and a-half of boiled milk, four drachms of brandy, about two ounces of coffee and milk, and a small piece of toast. Wound was dressed to-day, stump looking perfectly healthy, dry and hard. The wound in the abdomen has completely healed by first intention. A glycerine enema was administered, and acted effectually. After this the patient was much easier, took a cup of tea and some toast, beef essence, barley water and beef jelly at intervals in increasing quantities. Brandy, one ounce during the day. Temperature during the day 98°, pulse 72, respirations 24.

November 15.—Patient slept well during the night. Now takes tea, calves'-foot jelly, chicken broth, and boiled milk well; no feeling of sickness. Wound looking quite healthy; was dressed with sal-alembroth wool. No pain in the abdomen. Temperature normal throughout the day, pulse 72. Little irritability of bladder, and urine contained a little pus and mucus.

November 16.—Slept fairly well during the night. Took nourishment well. Simple enema given, which acted well. Slept off and on at intervals during the day. Pulse 72; temperature normal. It was necessary to use the catheter during the day, and the patient complained of considerable pain over the bladder. There was a considerable amount of mucus and pus passed in the urine, and Dr. Fenwick noted that she was "suffering from a slight attack of cystitis, probably from dragging of the wire, which was very close to the bladder wall." The bladder was therefore washed out twice during the day with a weak solution of Condy's fluid and warm water, which gave her much relief.

November 17.—Patient slept well during the night. Took food during the day with more appetite and in larger quantities. Had some fish, calves'-foot jelly, bread and butter. Is now ordered two ounces of brandy in the twenty-four hours. Bladder washed out twice with Condy's fluid; much less pus. Dr. Fenwick prescribed

a mixture containing borax, henbane, and buchu, which seemed to relieve her very much. The stitches were removed from the abdominal wound, which has perfectly healed. The stump of the uterus is becoming loose, and there is a little purulent discharge from the edges of the wound. Pulse 70; temperature normal.

November 18.—Bladder washed out three times to-day; hardly any pus, much less mucus. Very little pain now complained of. Appetite very good. Has taken a poached egg, some fish, chicken, tea and buttered toast, and lemon drink, one ounce of brandy. Pulse 72; temperature normal.

November 19.—Patient still improving. Eating well, sleeping well. No pus or mucus in urine. Bladder washed out once with Condy's solution. Pulse 72; temperature normal.

November 20.—Progress very good. Eating and sleeping well. Pulse 72; temperature normal.

November 21.—Dr. Fenwick cut away the stump this morning. The edges of the abdominal wound after its removal looked quite healthy and are healing well. Pulse 70; temperature normal.

From this time her progress was uneventful, though very slow, as she was so weak. She gradually grew stronger, and was allowed to get up with an elastic abdominal belt on the thirtieth day after the operation. She gained nearly two stones in weight, and left the Home to go to the seaside on December 18th.

REMARKS BY DR. BEDFORD FENWICK.

This case was perhaps almost unique. Pregnancy is unusual after the neck of the uterus has been removed by the operation adopted in this case; and when it happens the opening into the uterus remains patent, so that natural labour is possible. But in this case pregnancy having occurred, the opening through the site of the vaginal operation became subsequently closed. The patient nearly died from exhaustion from the excessive sickness and want of food, and there was no means of effecting delivery through the closed vaginal uterine opening. The removal of the entire uterus and its contents, therefore, seemed the only method likely to afford her a chance of life. I am glad of this opportunity to say that it was chiefly owing to the unremitting care and attention of Sister Cartwright and of the Nurse in charge of the patient at night, that she recovered at all. Because, even after the danger of the operation was over, her extreme weakness rendered the convalescence very prolonged and weary. This is a case of abdominal operation which exemplifies the importance, if not the sheer neces-

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