

the pulse 90 and the respirations 20. At 8 p.m. the temperature remained the same, but the pulse was 100, and the respirations 20. She slept at intervals until 12.30 when she awoke and complained of pain; the pulse was 120, the temperature 100° F. The pain increased steadily, and at 1.30 the doctor was sent for. She was then rather restless and was retching; the temperature had risen to 100.5° F., the pulse was 124, her skin was hot and dry. The doctor diagnosed commencing peritonitis, and immediately gave her one ounce of sulphate of soda with a drachm of bicarbonate of soda and some drops of essence of peppermint in half a tumblerful of hot water. The retching ceased almost at once, and she had flatulent eructations which relieved her greatly. She dozed a little off and on between 2.30 and 5 when she had a glycerine suppository given, shortly after which there was a very complete evacuation with great and immediate relief to her symptoms. At 6 o'clock the pulse was 100 and the temperature 99° F. She had about an ounce of beef-tea and half an ounce of brandy, and then slept until 10 o'clock.

October 19th.—The difference in the patient this morning is very striking as compared with last night, her tongue is moist and clean, the temperature is 98.6° F., the pulse is 90; the abdominal bandages are quite loose, whereas last night they were becoming very tight. She has lost her anxious expression and is quite cheerful. She is to take an ounce of milk or an ounce of beef tea every hour. There were two more evacuations during the morning, and the pain in the abdomen quite disappeared. The temperature in the evening was 98.4° F., the pulse 84, and the respirations 18.

October 20th.—The patient has slept for six hours during the night. Temperature this morning is normal; pulse 80. She seems, and says she feels, very well. She had a small cup of tea and milk, and a piece of toast for breakfast, and during the day had a fair amount of fluid nourishment. From this time she rapidly gained strength. The dressings were removed on October 24th, and the wound was found firmly healed by first intention. The stitches were, therefore, all removed, and a flannel bandage and a few thin strips of strapping to support the wound were applied.

On October 27th, the temperature began to rise without any evident cause. It was 102° F. on the evening of the 28th, falling to 99.2° F. on the evening of the 29th, and rising to 102.4° F. that evening. A little blush was observed at one spot near the line of the abdominal incision, and a little hardness around it. A small poultice was applied. On the 30th the spot had softened, and the abscess was incised, the temperature at once falling to 98.4° F. After this she steadily progressed,

and had no other drawback. She was measured for, and fitted with, an elastic abdominal belt on November 7th, and left the Home on the 10th in excellent health.

REMARKS BY THE OPERATOR.—This is emphatically a case in which the patient's life was saved by good Nursing. It required a thoroughly trained and experienced Nurse to realise that the change which took place in the patient's condition during the night of October 18th was one of the gravest character. It was the pulse alone which sounded the danger signal. An inexperienced Nurse might easily have been misled by the patient's appearance and temperature, and might have waited until the morning without sending for the doctor. A careless or ignorant attendant would certainly have thus allowed invaluable time to be lost. In these cases it is essential that treatment shall be active and immediate if it is to be effectual, and the patient, therefore, probably owes her life to her Nurse's speedy recognition of the gravity of her symptoms. The treatment adopted is comparatively a modern one, and is more successful in these cases than the old-fashioned treatment by opium and calomel. It is practically based on the belief that the patient is being locally poisoned, and that therefore the intestines must be immediately cleared and a large amount of serum drained away from the blood-vessels of the peritoneum.

PROGRESS.

It is with sincere pleasure that we announce that owing to the increasing popularity and success of the NURSING RECORD, from to-day it will be permanently enlarged to twenty pages in each issue, so that we shall have more space to deal with matters of importance. We hope to extend that portion of the paper which deals with the practical care of the sick and the domestic management of hospitals. We shall still continue to deal with the Nursing politics of the hour, as in the present chaotic condition of Nursing matters it is of importance that every Nurse should understand the questions which affect her work, and thus interest herself in the many reforms which must be accomplished before any strong professional organisation can be secured.

PRACTICAL NURSING.

It is the first aim of every true Nurse to perfect herself in the performance of her practical duties, so that she may attend upon the sick with skill, and in the most efficient manner. This art is only to be acquired by diligent clinical practice, and therefore we have little faith in knowledge of practical Nursing which is acquired by any other method. We intend, therefore, to try and help our Nurse readers, especially those who are doing private Nursing, by the organisation of a complete course of lectures and demonstrations on the Nursing of operation cases, and hope to bring to their notice all new methods of preparing for, and the after Nursing of, various operations.

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