

Gastrostomy was successfully performed by Mr. C., who was helped by . . . The opening was about two inches in length, and was sutured all round. Then a small portion of the stomach was drawn into the artificial opening, and stitched to its lips. The dressing was a dusting of iodoform, iodoform gauze, and a covering of blue cotton wool, all held in place by a many-tailed bandage of domett. The patient was put to bed at 1.45. She soon recovered consciousness, and slept for a short time. There was no nausea, there being no food nor anæsthetic in the stomach.

At 2.30 Mrs. P. was rather restless. At 3 p.m. her temperature was 97.2°; pulse 104; respiration 23. At 3.30 she was somewhat restless and complained of pain in the stomach. At 4 p.m. she had the four hour-enema of $\text{z}iv$. of peptonised milk, egg, and brandy, and retained it. At 4.30 she was comfortable and dozed at intervals; and had a little ice occasionally. With brief intervals of restlessness, she continued fairly comfortable. At 6.45 the house surgeon said she was doing well. At 7 p.m. her temperature was 99.6°; pulse 109; respiration 24. During the evening she dozed comfortably and retained the nutriment, and slept once for an hour and a-half. At 11 p.m. her temperature was normal. During the night Mrs. P. was quiet and comfortable; she retained the enemata, and slept well until 3 a.m., when her temperature was 98°.

August 9th.—At 4 a.m., when the enema was given, the patient complained of pain in the abdomen; the catheter was passed and ten ounces of urine was drawn, and the patient became more comfortable. She did not sleep again, but she was quiet and comfortable, and at 7 a.m. her temperature was 97.6°. At 10 a.m. the opening was dressed by Mr. C., and a hypodermic syringe of the peptonised food was slowly injected through the wall of the stomach into the stomach. The patient slept, and at 11 a.m. her temperature was normal. She remained comfortable, and slept at intervals and retained the enemata, and from time to time she held ice and lemon drink, and a boracic acid wash in her mouth. At 1.15 p.m. the catheter was passed and eight ounces of urine was drawn. She slept and retained the enema, &c., as before till 6.15, when her face was flushed and she had a temperature of 100°. She was drowsy till 7 p.m., her temperature then was 99.4°; pulse 100; respiration 24. At 7.20 she was washed and made comfortable; five ounces of urine was drawn, and four ounces of food was given. At 9 p.m. she was not sleeping, but was comfortable. She had a good night, sleeping at intervals, and the enemata were retained.

August 10th.—At 5 a.m., Mrs. P. was drowsy, but complained of discomfort in the abdomen—of a sensation of needing the bowels opened. Probably a simple cleansing enema should then have been given. At 7 a.m. the patient's temperature was 97.6°. At 8 a.m. the usual four ounces of peptonised food was given; six ounces of urine was drawn and the patient was comfortable. At 9.30 bowels opened; the enema was returned. At 11 a.m. her temperature was 97.4°. Until 12.45 p.m. Mrs. P. slept and was comfortable, then she was restless till 1 p.m., when the nutriment was returned; at 2 p.m. she passed five ounces of urine. She continued to hold liquids for a short time in her mouth. At 3 p.m. her temperature was 98°. At 4 p.m. a four ounce enema was given; at 4.50 part of it was returned, and at 5.30 the remainder was ejected. At 5.45 the patient complained of feeling "sinking," but she slept sometimes, and sucked ice, &c., as before.

At 7 p.m. temperature 99°; pulse 99; respiration 23. She rested fairly well until 9 p.m., when she became restless and the enema was returned. Nutrient suppositories were ordered to be given instead of the enemata; they were retained. The patient had a good night.

August 11th.—At 2.30 a.m., she passed four ounces of urine; at 3 a.m., temperature 98.4°; pulse 92; respiration 23. The patient continued to be comfortable, sleeping and retaining nourishment until 11 a.m., when her temperature was, as at 7 a.m., still 98°. At 12.15 p.m. Mr. C. made a small opening through the protrudent part of the stomach, and inserted a small sized drainage tube, about three inches in length, nearly an inch and a half was left outside, a large safety pin was pushed transversely through it. Through the tube Mr. C. injected, with a glass syringe, $\text{z}iii$. of peptonised egg and milk, and he ordered $\text{z}iii$. to be thus injected every hour and a half, or thereabout; the patient was not to be roused when comfortably asleep. At 1.15 bowels opened slightly. At 1.30 the egg and milk was returned through the tube. At 2 p.m., a nutrient suppository was given and retained. At 3 p.m. $\text{z}ii$. of peptonised milk, egg and brandy was injected into the stomach. At 3.15 the temperature had risen to 100°; the pulse was 127; respiration 26. At 4 p.m. the temperature had fallen to 99.2°; the patient slept at intervals till 4.45, when she became restless; the catheter was passed and five ounces of urine drawn; the food and suppository were retained. The patient complained of feeling flatus in the stomach, and of inability to raise it. At 6.30 bowels opened; at 7.15 p.m. Mr. C. re-dressed the opening. The patient was washed and made comfortable; she retained the food and slept until 10.55, when she complained that her throat felt very full, and there was slight huskiness of voice.

August 12th.—At 2.30 a.m. the patient had a rigor, her temperature was 97.4°. Hot water bottles were applied. At 3 a.m. her temperature was normal and she was comfortable until 5 a.m., when she again said that her throat felt very full. After the first injection of food through the tube in the artificial opening, the glass syringe was not used. A glass funnel and a glass nozzle of a Higginson syringe were united by a piece of tubing; and each time that the patient was fed the glass nozzle was inserted into the short length of drainage tube; the food was poured into the funnel from a medicine glass. Throughout the morning of the 12th, $\text{z}ii$. of peptonised milk and egg was given hourly and retained; a nutrient suppository was given every four hours. At 11 a.m. the temperature was 99.2°; at 3 p.m. 99.8°. At 5 p.m. Mrs. P. complained of breathing with difficulty, and it was evident that the growth in the throat was larger, the voice more husky, and the breathing more difficult. The patient's strength was well maintained; the food was evidently nourishing her. At 7 p.m. her temperature was 100.4°; pulse 114; respiration 17. At 9 p.m. she breathed badly, but by 11 p.m. she was more comfortable, and her temperature had fallen to 99.8°.

The same methods of feeding and the same amounts of food were continued, and until 2.30 a.m. 13th August the patient slept fairly well, when she had another attack of difficult breathing, and her temperature at 3 a.m. had risen to 100.2°; but she again slept at intervals until 5.15 a.m., when her breathing was once more very bad. At 7 a.m. her temperature was 99°; pulse 118; respiration 23. The same feeding by the stomach and the rectum was continued. At 10.15

[previous page](#)

[next page](#)