

pain. At 8 a.m. her temperature was 99°, pulse 124. At 10 a.m. the abdominal cavity was again washed out as before by Dr. B—; the water returned much clearer than before. The patient had a good deal of pain afterwards caused by flatulence, which was freely dispersed through the rectal tube. At 11.45 the pain was easier, and she remained comfortable until 3.20, when Dr. B— came and removed the pedicle forceps and tied the sutures. At 4 p.m. her temperature was 99.2°, pulse 130; she was feeling quite comfortable and dozed the greater part of the evening and seemed much better. At 8 p.m. her temperature was 100.4°, pulse 140; she was still very thirsty, and repeatedly held soda water in her mouth. Enemata all retained well. At 8.45 Dr. B— came and ordered the enemata to be given every two hours.

*July 19th, 8 a.m.*—The patient had a very comfortable night, and slept about four hours at intervals, is feeling better and brighter; her temperature 100°, pulse 128. At 12 p.m. she had been dozing all the morning and was quite free from pain; her temperature was 101.4°, pulse 134. At 3.45 she was feeling faint, her skin was hot and dry; her temperature was 101.4°, pulse 128; slight pinkish vaginal discharge. At 6.30 Dr. B— came, the dressing was changed, and she was ordered milk ℥ss. and soda water ℥ss. every half hour to be taken by the mouth; the enemata to be continued every two hours as before. At 8 p.m. her temperature was 101.4°, pulse 130; she was feeling very comfortable; ℥xiv. of urine were drawn off during the day. All the enemata have been well retained. At 10 p.m. she complained of severe pains in the abdomen, which soon passed off.

*July 20th.*—Had a fairly comfortable night, sleeping in snatches about three hours altogether; her temperature at 12 a.m. was 100.8°, pulse 128. At 4 a.m. 100.4°, pulse 124; ℥x. of urine drawn off; takes milk and soda water well and is still thirsty; temperature at 8 a.m. 102°, pulse 116. Dozing all the morning; her temperature at 12 p.m. was 99.8°, pulse 110. At 1.45 Dr. B— came and redressed the wound; enemata to be given only three times a day now. At 4 p.m. the temperature was 100.2°, pulse 112; patient very bright and cheerful, and is feeling better. At 4.15 the bowels acted slightly, pale loose stool. At 5.15 the bowels acted again. At 6.15 she passed ℥xii. of urine naturally. At 8 p.m. her temperature was 99.8°, pulse 108, and fairly strong. At 11.30 she complained of severe pain in the abdomen; she sleeps lightly and is awakened by pain.

*July 21st, 12 a.m.*—Pain very severe, relieved by sipping hot water. Bowels acted slightly, stool loose; temperature 99.8°, pulse 114. At 4 a.m. she was very restless and wakeful; temperature 99.4°, pulse 104. At 6 a.m. she was very drowsy and free from pain. Ten a.m. Dr. B— came and removed the glass drainage tube from wound. Enemata discontinued, and brandy ℥ii. to be given during the twenty-four hours, and milk ℥iiss. and hot water ℥ss. every half hour. At 12 p.m. her temperature was 99.8°, pulse 106. Four p.m. face flushed and head aching. At 4 p.m. the temperature 99.6°, pulse 102. At 8 p.m. she was very drowsy and comfortable; temperature 100°, pulse 104.

*July 22nd, 12 a.m.*—Had several sleeps of short duration. Temperature 99.8°, pulse 102. At 2.30 she was awake and very fretful; last sleep very troubled; moans and cries out in sleep; did not sleep again until 5 a.m. At 7.30 she had severe pains in the abdomen. At 8 a.m. her temperature was 102.2°, pulse 120. The

bowels have acted six times during the night, stools pale and watery, and passed involuntarily. Lips parched; skin hot and dry. At 10 a.m. Dr. B— came and redressed the wound; also ordered brandy ℥i. to be given every hour. At 12 p.m. she had a constant feeling as if the bowels wanted to act. Temperature 102.4°, pulse 122; complained of head aching. At 1.45 she was very light-headed, and kept trying to get out of bed. At 2.15 the bowels acted again, mostly pinkish mucus. At 2.45 she had griping pains in the abdomen, and was very restless. At 4 p.m. her temperature was 103°, pulse 130. At 9 p.m. she was very excitable, and wanted to get up; bowels acting continually, and stools mostly contain pink mucus. At 10.30 the patient was sponged all over; very drowsy afterwards. Temperature 102.8°, pulse 130. At 11 p.m. she was sleeping quietly.

*July 23rd, 12 a.m.*—Temperature 102°, pulse 120. Bowels acted again; stools not so loose as previous ones. At 1.15 the bowels acted again. At 4 a.m. her temperature was 101°, pulse 118. She has been very quiet since 2 a.m., sleeping at intervals and talking more rationally; skin moist, and is less thirsty. 4.15.—Bowels acted; had two or three spasms of pain, but not of long duration. 8 a.m.—The patient was perspiring profusely; free from pain. Temperature 99.8°. 10 a.m.—Feeling better, and was very bright and cheerful. 12 p.m.—She had been sleeping quietly for an hour. Temperature 101.4°, pulse 112. 3 p.m.—She had griping pains in the abdomen. At 4 p.m. her temperature was 101.4°, pulse 114. 5.45.—Fairly comfortable; dozing. At 8 p.m. her temperature was 101.4°; pulse 116. The bowels acted four times during the day; stools very watery and offensive; contain a good deal of mucus, and are still passed involuntarily.

*July 24th, 8 a.m.*—Patient had a very good night, slept altogether about seven hours; had very little pain. The bowels acted twice during the night; very bright and cheerful this morning. Temperature 99°, pulse 108. Perspiring profusely. 8 p.m.—Has had a fairly comfortable day. Bowels open once, and no mucus. Has a good deal of offensive vaginal discharge; had a warm douche of hydrarg. perchlor. 1 in 2,000. A good deal of pus came away. Temperature 100.8°, pulse 114.

*July 25th, 8 a.m.*—Temperature 99.8°, pulse 100. Patient had a rather restless night, had a good deal of pain in the abdomen between 11 and 3 a.m. Rather depressed this morning, but pain easier. Bowels acted twice, no mucus. Vaginal discharge less offensive. Takes three quarts of milk during the twenty-four hours. 8 p.m.—Had a comfortable day, no pain. Bowels acted once during the day. Vaginal discharge ceased. Temperature 102°, pulse 116. Very drowsy all the evening.

*July 26th, 8 a.m.*—Patient slept at intervals about five hours, cried out with pain in the abdomen immediately on waking and very light-headed. Bowels acted five times during the night, stools yellow, watery, and a good deal of pinkish mucus. Temperature 99.8°, pulse 100. 8 p.m.—Patient had a better day, no pain. Is very bright and cheerful. Bowels acted twice, mostly pink mucus; troubled a little with flatulence. Temperature 100.8°, pulse 112.

*August 4th.*—Going on very comfortably; no pain, very bright and cheerful; all the stitches were removed by Dr. B—, and the wound strapped with two wide bands of strapping and a strip of iodoform gauze over the incision; the umbilicus, from which there was still

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