

the first week, to perform these duties in the most skilled manner, and for the safety and comfort of the patient. It is best to attend to the back of the patient at the time at which the surgeon dresses the wound.

#### THE OPERATION OF COLOTOMY.

The patient is so placed on the table by some surgeons as to lie partly on his face and partly on the right side: a small hard pillow should be placed beneath the abdomen to press the intestines upwards and make the left flank prominent. Other surgeons prefer other positions, and do not use the hard roll. An incision is then made, and when the bowel is found it is drawn up and fastened by stout sutures to the margin of the outer skin. Later, the bowel is opened by a longitudinal incision with scissors, between the ligatures.

The skill, care and devotion of the Nurse greatly mitigates the terrible discomfort from which the patient suffers. It is not improbable that after the bowel has been opened faecal matter will constantly pass through the opening: it will be recognised, therefore, how necessary absolute cleanliness is to the comfort and health of the patient. The dressings in such cases have to be constantly removed, the wound cleansed and the dressing re-applied. Again, as this operation is usually performed to prolong life—malignant disease often being the cause of obstruction and stricture in the bowel—a constant discharge may also pass by the rectum—in which the pad of sterilised wool, as previously worn, will require constant renewal. Nurses know what a real and terrible trial these conditions become to the patient, and how much delicacy and devotion are necessary on the part of the Nurse, to minimise in his mind the offices which she is called upon to perform for him. I am of opinion that the nursing of a case of colotomy, and that of a case of excision of the rectum, are perhaps the most trying of all operations to the Nurse. She should, when attending such cases, be very careful to get as much fresh air as possible, otherwise it is very probable that she will lose her appetite and health. An open grate and fire in the room will greatly mitigate the offensive odour which is almost inevitable. And nothing but the most exquisite cleanliness on the part of the Nurse and sufficient ventilation, can keep the atmosphere even comparatively wholesome.

After abdominal section or colotomy, for the first few hours little can be done by the Nurse but to keep the patient warm and very quiet, physically and mentally, and under keen, though unobtrusive observation for any sign of hæmorrhage; allaying the excessive thirst as much as possible by rinsing out the mouth with water and moistening the lips from time to time. And here let me impress upon you the great importance of watching the pulse. I know trained Nurses who possess the faith of a fanatic in the record of a clinical thermometer and who are apt to be alarmed, or cheered, entirely by its vagaries. Let me tell you that Nature has placed the most unerring danger signal ready to your hand in the superficial throb of the pulse at the wrist, but it is not everyone who runs who can read, nor who can take the pulse accurately. I do not merely mean to count its beats per minute. It is necessary to distinguish its quality, which requires much patience, delicacy of touch and large practical experience. In your training schools you are taught to take the pulse, but very few Nurses take the trouble to perfect themselves in this duty.

(To be continued.)

### East London Nursing Society.

#### NOTES FROM THE ANNUAL REPORT OF 1895.

THE Annual Meeting of this Society was held, by kind permission of the Lord Mayor, in the Saloon at the Mansion House on Tuesday afternoon. The Lord Mayor took the Chair, and was supported by many influential persons interested in the excellent Charity.

That the work has been carried on with the old care and attention, the following statement will show.

	1894.	1895.
Number of persons nursed ...	4,291	5,438
Number of visits recorded ...	101,641	130,483

"We are thankful to know how much suffering we have been able to relieve, and that, including the patients who have recovered in hospital, we can count almost 4,000 who have regained health and strength through our ministrations.

Besides the Nurses' work, there is another which our Society has set before itself consistently for twenty-eight years, and which requires a distinct class of workers, namely, the provision of such diet as would be given in every hospital to the patient, and as far as possible the provision of warmth, by fuel and clothing, when needed, as it so sorely is by many of our people. For this purpose Lady Assistants are appointed in each district to enquire into the circumstances of each case and afford the needful relief. Several of our districts are very imperfectly supplied, and we shall welcome any lady who is able to give a day every week, or even every fortnight, to visiting the Nurse and her patients. The sub-committee will gladly communicate with any lady who will write to them through the Secretary or either of the Matrons.

It is with deep regret that your Committee again call attention to the seriously unfavourable state of the finances. At first sight this seems good, as the debt has been reduced from £185 to £120; but this has only been caused by the unusual receipt of £209 from legacies, which cannot be relied on in future. The income from ordinary sources during the year fell short of the necessary expenditure by £150, and it is only due to urgent appeals and the generous manner in which they were met by old friends that the deficit is not larger."

In the report a great many instances are given of the valuable assistance and advice given by the Nurses. "One of our Matrons called on the Vicar to ask about a case in his district, and he begged her to go and see a mother who was in great trouble over her child; two Doctors had given her up saying she would die before morning. She found the father and mother crying and in despair as they watched the child rolling and struggling for breath with violent membranous croup. She said 'Hope on while life lasts, let me take her to the London Hospital!' 'Yes, do as you think right.' The parents could not come, but an uncle came with the Matron and the poor child in a cab. The Doctor admitted her instantly, he asked, 'Have you told them what we can do?' 'Yes, and they are willing.' He called a second Doctor, and in a quarter of an hour they had the child in an isolation ward and were ready to operate; the father and mother had followed, and in half an hour were admitted to see the child, relieved and saved. Their joy and gratitude was great indeed. The Hospital kept her for five weeks and sent her home well. Shortly after, her little brother had diphtheria, and was nursed through it by our Nurse, so that we may thankfully feel we have been allowed to save two children in that family."

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