

above the wire mattress—and on these the fracture boards rest. If the boards are found to be unnecessary, or no longer needed, they can be slipped out without moving the patient, the side pieces removed, and the mattress then rests on the wire mattress.

Next, the castors of the bedstead should not be overlooked, or their importance undervalued. The ideal castors are formed entirely of solid rubber, and are of fairly large size; they run beautifully smoothly and lightly—and of course noiselessly—but are expensive, and as a rule beyond the means of Hospital committees; for special wards or private cases they are very good.

Ordinary castors may be rubber tyred or not, but should always be thoroughly good and strong, otherwise they cause continual irritation by breaking or "coming off." All castors, especially where the floors are waxed, should be kept carefully clean, as they are liable to become clogged with fluff and dust.

A cheaper kind of bedstead than the iron with the wire wove mattress, is the stump iron bedstead, fitted with sacking laced to its sides, still often used in Hospitals and Infirmaries; such a bedstead is generally low, though there is no reason why it should be, and are generally unprovided with castors, though again there is no reason why they should not have castors, but they certainly stand very fair and square. If the sacking is well and evenly laced they can be made very comfortable for the patients, but care must be taken to see that the sackings are regularly washed, as, whilst sheets and blankets receive proper attention—they are apt to be forgotten, and become very dirty.

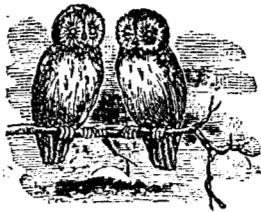
M. MOLLETT.

## The Matrons' Council.

### A PRACTICAL DEMONSTRATION CONCERNING THE NURSING OF OPERATIONS ON THE INTESTINAL CANAL.

(Continued from page 212.)

#### AFTER DRESSING.



THE surgeon will probably visit the patient, after an abdominal operation, at least twice a day; morning and evening, and if the pulse and general condition is satisfactory he may not look at the wound for some days. But it is the Nurse's duty to have a completely cut sterilised change of dressings and bandage ready at hand, and also a kettle of boiling water, in case it may be necessary to dress the wound. A surgeon usually applies very much the same dressing for all abdominal sections, varying slightly for a colotomy. In the latter

case, after the bowel has been stitched to the margin of the skin, the bowel itself is opened at once, or in a day or two, according to the distension of the intestine, and consequent danger to the patient.

#### RECTAL OPERATIONS.

The rectum seems to be subject to a great variety of diseases, many of which can either be much relieved, or altogether cured, by operations. The principal of those requiring treatment are, according to Mr. Harrison Cripps, as follows—the most serious operation, of course, being excision, or removal of the rectum:—

Malformation of the rectum and anus; hæmorrhoids, internal and external; prolapse of rectum; rectal abscess; fistula in ano; anal ulcer or fissure: ulceration of anus and rectum; fibrous (non-malignant) stricture of the rectum; pruritus ani; impaction of fæces and foreign bodies in the rectum; polypus of the rectum; villous tumour of the rectum; cancer; congenital coccygeal tumour; tumour of sacrum; nævus of rectum; papilloma of anus.

It is unnecessary and impossible for us to attempt to consider all these operations in detail—hæmorrhoids—internal and external—fistula, and growths of the rectum being, perhaps, the most common.

*Fistula* is caused by an abscess forming near the rectum, and opening both externally on the skin close to the anus, and internally into the bowel; this tract is kept open by the discharge of pus, and thus the patient's health is steadily undermined.

The operation performed consists of opening the tract right into the rectum, and then allowing this to heal from the base.

After rectal operations, retention of urine is usual, and if the hot sponge fails, the urine should be drawn off in the evening by the catheter.

The after treatment consists of scrupulous cleanliness and rest, the patient being instructed to lie on the side, and kept as quiet as possible for twenty-four hours. The wound is washed night and morning with soap and water, and afterwards well bathed with carbolic lotion 1 in 40. It is desirable to give the wound entire rest, so that an opium draught is often ordered for three nights to keep the bowel quiet, so that, if possible, no action takes place for six days, when half an ounce of castor oil is usually ordered in the morning, three ounces of warm olive oil being injected into the bowel shortly before the aperient is expected to act; this is a comfort to the patient. For these six days only liquid food—milk, mutton and chicken broth, &c., jellies—tea and toast are given, light solids being permissible after the first action of the bowel.

*Hæmorrhoids* are small swellings composed of dilated veins at the verge of the rectum; they may arise within the bowel (internal) or just outside (external). They are caused by constipation, congestion of the liver, and various other causes, and are very painful. They can be removed by operation in various ways—by crushing, puncture by hot needles, nitric acid, injections of carbolic acid, the clamps and cautery, and by ligature,—the usual method.

The patient is placed on the table as for fistula, kept in the lithotomy position, by means of a Clover's crutch, a narrow rolled pillow being placed to raise the buttocks—a draw sheet tightly rolled will answer the purpose; with a few slight snips the hæmorrhoid is dissected off the sub-mucous coat for a short distance and a strong silk ligature, previously soaked in carbolic lotion, is tied firmly round the undetached root of the pile, which is kept clean, but left until the slough comes

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