

for the first twelve to twenty-four hours, the interval depending upon the case. Then give in small doses very hot water, with an interval of fifteen minutes; if agreeable to the stomach gradually increase the dose, with longer intervals. Sometimes cracked ice is more suited to the stomach, and the nurse must use proper judgment in regard to this if she is directed to use her own discretion by the medical practitioner in attendance. The pulse is closely watched and stimulants administered as needed.

If the patient suffers a great deal from thirst or has a low vitality, stimulating enemata, consisting of normal salt solution and whiskey in the proportion of $\text{oj} - \text{ʒi}$ are given about every three to six hours; the hypodermic clysis is also repeated as needed.

Rectal feeding is frequently adopted and seems very beneficial in the form of peptonised milk, bovine, liquid peptonoids, white of egg, whiskey, etc., singly or mixed.

Of most comfort to the patient, and especially if nausea prevails, are alcohol baths, given ice-cold if the temperature permits, and these can be repeated frequently. Inhalation of vinegar has proved beneficial in some cases of nausea after an anæsthetic, especially if it is administered early.

Some patients will suffer from continued nausea, especially in malarial districts, without there being any sign of infection, and in such cases lavage of the stomach is given, followed by purgatives in small doses, such as calomel and saturated solution of sulphate of magnesia. When the bowels are freely opened the nausea will disappear, the patient's appetite return, and the convalescence quickly continue.

The bed should be changed and smoothed frequently, the hair combed every day if possible, the nails kept clean, and special attention given to the toilet of the mouth, which is best kept clean with listerine, tinct. of myrrh, boric acid, etc. If the patient feels very thirsty and the mouth is very dry, frequent washing with lemon juice and seltzer water is excellent, providing the patient can be trusted not to swallow any of the liquid. After taking an anæsthetic, and especially if the organs of generation have been operated upon, the patient will have some difficulty in voiding the urine, and catheterisation has to be resorted to, the nurse being careful to use all aseptic precautions necessary.

All visitors should be excluded from the sick room, especially after major operations, for the first three days at least, depending upon the patient's condition.

The complications a nurse should be watchful for after a surgical operation are hæmorrhage, shock, exhaustion, sepsis, suppression of urine, obstruction of the bowels, local infection, tetanus, insanity, etc.

The signs of hæmorrhage are low temperature, weak, rapid pulse, anxious expression of the face, drowsiness, the appearance of blood, and pain, if the bleeding is directly under the skin and has no free outlet, difficult breathing if in the pleural cavity, distention of the abdomen if profuse in the abdominal cavity. A secondary hæmorrhage occurs from one to seventy-two hours after the operation.

The nurse's first duty is to notify the doctor, and while waiting for his arrival to try to check the hæmorrhage as follows: If below the heart, elevate foot of bed; if above, elevate head of bed. Apply pressure if possible to the bleeding surface either by means of tampons or ice. Very hot water is beneficial, but should be used in copious quantities. Keep the patient very quiet and avoid all excitement. Do not give any alcoholic or other heart stimulants until ordered by the surgeon. If the hæmorrhage is vaginal, copious hot douches of salt solution, vinegar and water, or 1 per cent. tannic acid solution are frequently used and the vagina tightly packed with gauze.

The symptoms of shock are similar to those of hæmorrhage, low temperature, fast, weak pulse, cold, clammy skin, unconsciousness, relaxation of the sphincter muscle, pinched nose, and in severe cases the absence of eye reflexes.

The treatments adopted are generally artificial heat to the body, alcoholic stimulants per rectum in Trendelenburg's position, and hypodermically injections of normal salt solution into the bowels or subcutaneously. Other heart stimulants are given hypodermically, such as ammonia, ether, strychnia atropia, etc. Inhalations of oxygen are also given.

Sepsis.—The symptoms of sepsis are rise of temperature, weak, fast pulse, haggard expression of the face, distension and pain extending over the entire abdomen, nausea and vomiting, and generally obstruction of the bowels. Death usually occurs within from forty eight to seventy-two hours. In rare cases an abscess is formed, evacuating through the vagina or through the incision. The treatment is increase of the heart stimulation, large quantities of stimulants are given either by mouth or as hypodermic clysis. Massage is often given to relieve the pain, especially if the operation has been per vaginam.

Local infection is characterised by a rise in the temperature and pulse, pain, swelling and redness; if it occurs in the abdominal cavity, colic, nausea, and vomiting are frequently present. After two or three days pus is usually visible, and the wound is generally opened up and treated as any abscess.

Tetanus is a very grave complication which we sometimes meet with in surgery, especially after accidents where soil, stable refuse, etc., have come

[previous page](#)

[next page](#)