

great method of limiting such inflammatory diseases—walling off the disease from the healthy structures around it. In healthy people, the danger is thus restricted, and these are the cases which formerly were known and described as PERI-TYPHLITIS: The lymph gradually dried up, the wall, so to speak, around the diseased tissues became stronger and harder, the disease was arrested, and after a certain length of time—generally weeks, sometimes months—the patient completely recovered. But these cases were always in danger of a relapse if their health became seriously impaired, if a fresh concretion formed in the appendix, or if they were exposed to wet and cold. They were always, in fact, liable to a fresh attack; and with each recurrence the general health and strength would suffer more and more, the chances of complete recovery in each attack would become less and less, and so sooner or later most of these cases passed into a third class into which they may be divided, and which were formerly described as suffering from PERI-TYPHLITIC ABSCESS. In other words, Nature's efforts failed to prevent the extension of the disease. The wall of protection crumbled away and broke down, the lymph became converted into pus, and with all the irritating, softening, effects on the surrounding tissues which cause an abscess, once it is formed, constantly to increase and to extend until it can find a point through which it can burst, which again represents a natural attempt to repair the mischief done. Fortunately, even then Nature's efforts are not exhausted, because as the abscess spreads a new wall of lymph is thrown out around it, which in many cases prevents it from bursting into the peritoneal cavity, and which directs the course of the abscess until this finally bursts either forwards into the groin or backwards into the loin. But, at the present day, we rarely, or never see the cases which were comparatively common twenty years ago, when these abscesses sometimes burrowed up into the chest before they discharged or caused an immense amount of destruction of the tissues along the right flank. As soon as clear evidence is obtained, that an abscess is present, the surgeon nowadays cuts down upon it, evacuates the pus, antiseptifies the cavity of the abscess and places drainage tubes so as to prevent any further accumulation. Consequently the dangers of the condition are greatly lessened, and the consequent extension of the abscess altogether checked.

This brief description will be sufficient to explain the principles upon which the modern nursing of these cases is conducted. When an acute attack of appendicitis is diagnosed and the patient is sent to bed, the first object of course is to place the inflamed parts as completely at rest as possible. Consequently, the patient is kept upon his back, and in these cases it is advisable as soon as possible to place him upon an air or water bed, so as to diminish the pressure on the bones, and therefore the possibility of a bed-sore. The knees are raised and supported by a pillow beneath them, so as to relax the abdominal and pelvic muscles and prevent, therefore, the pressure upon the inflamed tissues which is the cause of the pain. For the same reason, a steel cradle is placed over the body so as to lift the bedclothes, and thus prevent their pressure on the body. In the first class of cases, those described as peri-typhlitis, this cradle may subserve a further useful function. The pelvic inflammation causes fever; fever is associated with increased rapidity of the heart's action—increased circulation, that is to say, through the inflamed area, and a greater tendency, therefore, to active changes in the tissues affected; in other words, a greater tendency to the conversion of lymph into pus. If the temperature can be reduced to normal, the possibility of the patient's rapid recovery is increased, because the doctor can assist Nature in her efforts to wall off the disease, as already described, with healthy lymph. Acting on this principle, a well-known abdominal surgeon always directs a large zinc tray filled with cracked ice to be hung upon the upper bar of the cradle. The tray is surrounded by a jacket of flannel, so as to prevent the deposition of moisture which occurs upon the outside of the metal from dropping upon the patient. When this is done and a blanket and sheet are drawn over the cradle and up to the patient's neck, he is lying, so to speak, in a bath of ice-cold air; and no other measure except a cold-water bath has the same rapid and salutary effect in reducing temperature and keeping it almost normal. The gain to the patient's comfort is great; the gain in preventing the extension of the inflammatory disease, not only in these particular cases but in that connected with other organs, is very marked. It often adds to the patient's comfort if a hot-water bottle be applied to his feet; and this has the further advantage also of helping him to sleep, because, as all trained nurses know, nothing is

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