

so conducive to insomnia as coldness of the extremities.

Another point in the nursing of these cases on which stress is laid by the authority already referred to is the advisability of somewhat raising the patient's body, from the hips upwards, on a well-made incline of pillows. The argument for this is that this posture delays to a considerable extent the passage upwards through the lymphatics of the inflammatory products in the pelvis, and thus their rapid diffusion into the circulation; and that as a general rule the more one can limit inflammatory changes to the pelvis, the greater will be the chances of the patient's complete recovery.

So far as other nursing points are concerned, they may be naturally divided into medical and surgical, those in which the abdomen has been opened, and those cases of perityphlitis in which the patient recovers without any operative treatment. In both classes there are two points of essential importance. First, to keep the patient at perfect rest in bed; secondly, to regulate the diet in strict accordance with the medical directions. Sufficient has been said as to the local conditions to explain the importance of both these matters.

And there is no need to explain to trained nurses the precautions which are necessary when a patient is to be kept as absolutely quiet as possible in bed. With regard to the diet, it will be easily understood that the object to be attained is to nourish the patient without causing increased irritation in the inflamed area of the bowel. In other words, the diet which will be prescribed consists of those foods which are most easily and most completely digested in the stomach and small intestine, so that as small, and soft, a residue as possible shall pass into the colon. In extreme cases, therefore, some patients are fed entirely by rectal enemata, and in every case the nurse must exercise the most watchful care especially to prevent injudicious friends giving the patient anything which the doctor has not ordered. It is impossible to go into details on this point, because just as every case demands its special treatment, so each one requires its special diet. The principles above enunciated and the reasons shown for extreme caution will, if remembered, enable the nurse clearly to understand and intelligently carry out the special instructions given to her in any instance.

After an operation has been performed—for example, after the appendix has been removed

or an abscess cavity evacuated—the diet continues to be a most important part of the after-treatment. Many surgeons insist on the patient taking nothing by the mouth for twenty-four or thirty-six hours, for two reasons: first, in order to keep the digestive system at absolute rest; secondly, in order so to starve the blood, so to speak, that it shall be thirsty to suck up and absorb any blood or fluid left in the peritoneal cavity, and thus prevent any continued bleeding or effusion of inflammatory lymph. The patient is usually allowed to rinse out his mouth frequently with warm water, but not to swallow any of this. This alleviates or prevents dryness of the tongue and throat infinitely more than cold or iced water, which, indeed, causes a marked degree of thirst. At the end of the period mentioned, it is usual to give the patient water, or milk and water, in one teaspoonful doses every hour or every half-hour.

On the third day, milk or beef-jelly is generally given in larger quantities and at longer intervals, and, as a rule, this is when stimulants are required, if at all, during the treatment. On the fourth day a small piece of bread and butter, only the crumb being used, and perhaps a small piece of boiled sole is added to the diet, this being increased in quantity on the fifth day. By the sixth day the patient is generally able to take chicken, and thereafter the amount of the nourishment is quietly increased as convalescence increases its demands on the patient's strength. The dressing of the wound is in these antiseptic days usually carried out by the surgeon himself; but the trained nurse will be scrupulously careful not only that everything around the patient is clean, but also that all instruments and dressings are carefully sterilised before being arranged for the operator's use. It is almost needless to add that the pulse must be carefully taken and charted every four hours; because upon its rate and strength the surgeon of the present day relies infinitely more than upon the temperature chart for his judgment of the patient's progress, and of the occurrence of more or less dangerous complications.

The cardinal rules then in these cases are strictest care and cleanliness, and it is by scrupulous observance of these rules, and of the details above referred to, that at the present day in few departments of a trained nurse's work are better results observed than in the nursing of appendicitis.

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