

hair drain passes, the skin white, supple, and natural, without pain or even tenderness. The dressings are replaced, the horsehair having been removed, and in another week the whole covering is taken away, leaving a perfectly sound and firm scar, with no sign of irritation, inflammation, or discharge, our patient meanwhile rapidly improving in health, appetite, and beginning to increase in weight.

On the other hand, a similar operation may be done, and the result be vastly different. The patient is taken back to bed, but when she recovers from the anæsthetic she is violently sick, very restless, and in some pain. Her restlessness disarranges the dressings. *Not much notice is taken of this, and when she is given some morphia and ice she becomes more easy.* The temperature at night is similar to that in our first case, slightly subnormal. The next morning the dressings are looked at. Nothing shows through, but *it is evident that they are loose, and have slipped from their original position. The bandages are retightened; but nothing else is done.* The temperature is raised a little (99 deg.), and the patient is again restless. In the afternoon she is sick again, and the temperature has gone up to 99.5. She may or may not have complained of feeling chilly. The dressings are feeling damp, but there is nothing through. At night matters are much the same. Next morning the surface of the lowest part of the dressing is marked by discharge of serum more or less bloody. The temperature is normal, or only a few tenths higher; but the patient does not feel so well, has slept badly, and does not care for food. The dressings are changed, and the wound examined, *well open to light*, in order to see if any impediment exists to the escape of fluid from the wound. There have been other cases to dress in the Ward, and this is only one in, say, six others. The Surgeon washes his hands after dressing the last case, but *it would take too much time up for the Nurses to do so too, and one of them who has been helping in the last case has a little of the pus from it on her fingers. She dries them on a towel, and hands it to the Surgeon, who has just finished washing.* When they come to the case we are speaking of the Surgeon finds, on removing the dressing, that one of the tubes are plugged by fibrin, or congealed blood. He removes it, and hands it to the Nurse to clean. The Nurse rinses it in the bowl of carbolic acid solution, and as the Surgeon is not quite ready for it, *places it handy for him upon the bed.* The Surgeon suddenly asks for a syringe. He thinks that there is a little suspicious appearance of pus near the armpit, and that it will be advisable to wash the wound out with some perchloride solution. The Nurse remembers that the syringe used in that Ward is out of order that morning.

She runs off to the next Ward to borrow theirs. The other Nurse is not quite sure where it is; so they have a hunt for it, and find it after a little while in a drawer, or in her basket amongst the dressings. The first Nurse carries it back with her, and proceeds to fill it with the antiseptic, and hands it to the Surgeon. *It appears full to the Nurse, who neglects to invert it, and when used some bubbles of air escape from the wound, having been forced into it from the cavity of the syringe.* The wound has meanwhile, probably, been covered by a guard of lint, wet with perchloride or carbolic solution, or *may possibly have been left exposed* during the time, some three or four minutes, taken up in searching for the instrument. When the syringing is over, the tube, *which has been lying on the bed*, is again replaced, the wound covered by fresh dressings and rebandaged.

In the evening, the temperature has risen to 100 deg. Fahr.; the patient looks flushed and feels uncomfortable; she takes food, but not very willingly. Next morning the discharge has soaked through again, and this time smells sour. The temperature, however, has fallen a few tenths of a degree, probably to 99.5 Fahr., and the patient has had some sleep. The wound is again dressed. Whilst the Surgeon removes the old dressings, the Nurse takes out of her basket the gauze, wood wool, or whatever constitutes the dressing, *which has been loosely wrapped in brown paper, or lying open*, and, separating the amount required, *lays it conveniently near upon the patient's coverlet, open*, so that the Surgeon may have it on hand as soon as he is ready for it; this is then placed upon the wound, sometimes with the side which has been touching the bed downwards, and the bandages are readjusted.

The patient at night has a higher temperature than on the previous evening; it is now 101 deg. Fahr., or 102 deg. Fahr., and she is very flushed and hot; she has also some attacks of shivering. This night she spends badly, tossing about restlessly, and complaining more or less of pain; her mouth is dry, and she constantly asks for water; the urine is high-coloured, scanty, and deposits a reddish or fawn-coloured sediment on cooling.

Next morning the temperature is slightly lower, but not below 100 deg. Fahr., and when the wound is dressed, as the discharge has again reappeared, or the dressings smell, as they will, offensively, the edges of the cut surface are red, swollen or brawny-looking, or there is a dull sloughy look about its whole surface. There is evident formation of pus, either creamy, or thin, ichorous, and offensive, probably the latter. It is very plain that the wound is in a very different state to any that we can imagine as having been present in the case first described.

[previous page](#)

[next page](#)