

little son. As soon as she heard this she made a determined struggle to get better, which the doctor and nurses thought was almost impossible. We little knew of the many difficulties which were still before us.

*First Week.*—On the third day 5 ss. castor-oil was given by mouth, and the bowels began to act, and continued to do so sixteen to twenty-two times in the twenty-four hours; watery stools at first, then they varied between typhoid and liquid-looking motions, with mucus and undigested milk curds. Temperature 100 to 102 deg., pulse 140, respiration 36. There was some abdominal pain and distension and a general feeling of discomfort. Patient slept very little on account of being constantly disturbed by the action of the bowels. Bismuth was given by mouth, and the lower bowel washed out, and the milk given was peptonised, all with no effect. There was a consultation, and it was thought that the bowel disturbance was due to the condition of the kidneys.

*Second Week.*—The stitches were taken out, wound healed, patient still complained of pain all over the abdomen, there was a good deal of distension, and the diarrhoea was no better, temperature 101 to 102.6 deg., pulse 130 to 146, respiration 38. I may here mention the urine was quite free from albumen, and some 4 to 6 pints were passed daily for two or three days; then 1 pint or less would be passed, the patient taking 2 to 3 pints of fluid by mouth. Suddenly one evening, the patient complained of pain in her right side. Friction was found over the lung, hot fomentations were applied, and the pain was gone by the morning. Then watery blisters began to appear on different parts of the body, on the arms, shoulders, buttocks, and legs. It can be imagined how difficult it was to prevent these blisters from becoming bed sores. As soon as they appeared we snipped and dressed them, and in some parts where there was much pressure, the tissues seemed to be quite sodden with water underneath. I am thankful to say we had no bed sores either in connection with this difficulty or with the diarrhoea. Owing to abdominal pain the patient could not be turned on her side. An abscess was suspected.

*Third Week.*—Temperature 101 to 102 deg., pulse 140, respiration 40, diarrhoea no better; an ounce of starch and 1x drops of opium were given by rectum, with the good result of six hours' sleep straight on, the longest since the operation; but the abdomen was very distended, and the patient had discomfort in the bowels; an injection of plain water was given and diarrhoea started again, much to the patient's relief. She said she would rather bear the discomfort of diarrhoea than the distension. The temperature was 100 deg. in the morning, and at 11.30 she complained of feeling chilly down the back; temperature rose to 103 deg., pulse 150, respiration 36. Dr. Z. decided to open up the

wound. No anaesthetic was given on account of the great weakness and exhaustion, so in a moment a pair of fine Sinus forceps were inserted and the wound stretched from the lower part, and out came pus and fluid; the cavity was washed out with 8 pints of saline fluid; a tube inserted and hot boracic fomentations ordered, three hourly. The patient seemed more comfortable, diarrhoea slightly less, but temperature and pulse remained the same. The next morning the wound did not seem to be draining well; so another opening was made in the upper part of the wound with the same result as the previous one, and it was treated in the same way.

*Fourth Week.*—Temperature 99.8 to 102 degs., pulse 130, respiration 36, diarrhoea better, four to eight motions a day. The abdominal wounds were syringed out daily with saline fluid and fomentations applied four hourly, there was very little discharge, and the upper tube was always working its way out, so that it was discontinued; the patient complained of severe aching in her back for four or five days. Pus was passed by the bowel, showing pelvic abscess, which was evacuated through the bowel. Temperature fell to 100 degs., pulse 130, respiration 40.

*Fifth Week.*—Patient had very little abdominal tenderness, and there was much less distension, the lower tube was left out and fomentations continued, till the wounds were healed, which was only a few days later. Temperature 99.6 to 100 degs., respiration 36.

*Sixth Week.*—The bowels gradually stopped acting, enemas afforded no relief, so ʒiii. of syrup of figs were given with a good result; two days after this, sudden abdominal pain and vomiting set in, when no food was vomited, but large quantities of grass-green fluid, no flatus was passed, and there was a good deal of distension; 5 to 6 pints of plain water were injected high up into the bowel, but only to be returned; great anxiety was felt that if another operation were done the patient was now too weak to recover after having passed through so much. However, something had to be done, so preparations were made, and if there was no improvement by the morning, which would be just twenty-four hours from the commencement of the symptoms of obstruction, the doctor decided to explore. In the early hours of the morning vomiting gradually stopped, flatus was passed naturally, and the patient felt much better, and no operation was necessary. It was found that several loops of intestine were adherent, but they gave the patient no trouble, the bowels acted every day with an enema, and from this day of great anxiety the patient began to get quite well. The swelling of feet and legs gradually subsided, the appetite, which had been very bad all through the illness, began to come back, the tongue, which had been thickly coated during the diarrhoea period, cleaned rapidly, and the temperature was

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