

irritated by the presence of partly solid bits of food, continually brought in contact with it by the churning movements that accompany gastric digestion.

Obviously, then, if the vomiting is to be stopped, only fluid and partly-digested food must be given in very small quantities, such as albumen water, or peptonised milk, and as these cases are usually long, they call for the exercise of great patience in their treatment.

Vomiting that occurs from two to five or six hours after the taking of food points rather to dyspepsia than gastric ulcer, and its outlook is not so serious. In these cases, too, diet is of the utmost importance.

Where there are intervals of three or four days between the attacks of sickness, and the quantity vomited is very large, amounting to two or three quarts, it is symptomatic of dilatation of the stomach due to obstruction from whatever cause at the pyloric end, so that the food cannot pass onwards to the small intestine. The quantity vomited will be roughly in proportion to the amount of food taken, and will be frothy owing to certain chemical changes having taken place in it, and perhaps slightly streaked with blood.

Blood in the vomit (*hæmatemesis*) should always be reported to the physician at once, and may be distinguished from bleeding from the lungs (*hæmoptysis*) by being dark in colour, larger in quantity, being mixed with food instead of sputum, and unaccompanied by cough or other pulmonary symptoms. Afterwards, too, the stools will be "tarry" or "pitchy," caused by blood flowing from the stomach into the intestine.

In such vomiting the observant nurse will notice that it is preceded by the usual signs of hæmorrhage, viz., pallor, faintness or giddiness, and sometimes dimness of vision, and the blood will pour from the mouth without effort. To the inexperienced there is always something alarming about an attack of this sort, but the nurse must be careful not to communicate her fears to the patient who is generally in a state of great alarm. She should at once make the patient lie quite flat in bed, removing all pillows and on no account allow her to sit up to vomit. An ice-bag may be placed over the epigastrium, and perfect quiet and stillness maintained, nothing whatever being given by mouth except by the doctor's orders.

The vomiting of appendicitis, peritonitis, or intestinal obstruction is grave, and when it becomes fecal in character, immediate operation is the only way to relieve the distressing condition.

Cerebral vomit is very different in appear-

ance. It is usually greenish in colour, ejected without effort or nausea, and bears no relation to the taking of food.

Vomiting after concussion is often the prelude to recovery.

A sudden attack in a child without apparent cause is a frequent precursor of scarlet fever.

In whooping-cough, the sickness following the spasmodic attacks of coughing is serious in that it interferes with the nutrition of the child, who cannot keep his food down long enough to digest it. Feeding, in such cases, should be carried out after the sickness has passed off.

"Chloroform-sickness" may occur after any operation involving the use of an anæsthetic, and is often a most troublesome symptom. Sometimes it is cured by forty-eight hours' total abstinence from all food, and sometimes, when the case is not abdominal, by the administration of a little solid food such as a dry biscuit.

All vomiting needs real kindly nursing and attention.

The Nurses' Registration Bill.

Members of the Society for the State Registration of Nurses will learn with sincere pleasure and gratitude that Mr. R. C. Munro-Ferguson, M.P., has again consented to ballot for and introduce their Bill for the State Registration of Trained Nurses into the House of Commons. Let us hope that luck is on our side.

The General Election has made a great difference in the names of those who will back the Bill this Session. First of all let us congratulate those of our friends who have "gone up higher," Sir James Joicey to the "Lords" and Mr. R. B. Haldane, K.C., to a seat in the Cabinet, whose names are, therefore, lost to us, although we are assured that their interest in our cause is active. Our kind friends Sir Thomas Wrightson, Dr. Farquharson, Dr. Thompson, and Mr. H. C. Smith are no longer Members of Parliament, although we hope they will still use their influence on our behalf. Mr. Black, W.S., and Mr. Eve, K.C., will again back our Bill, and several new friends have consented to extend to the measure the same valuable support.

We desire to thank those Hon. Secretaries of the Society for the State Registration of Trained Nurses who have helped on the cause by approaching Members of Parliament in regard to the Registration Bill of the Society, thus bringing the question prominently before them. This is most useful work, and we hope all members of the Society will follow this example whenever possible.

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