

While the pain continued severe for two or three days, the faintness soon passed off, and the pulse did not become small and thready, but rather full and bounding, and, in fact, she presented the symptoms of some acute inflammation rather than of rapid and increasing loss of blood. When she was examined it was found that she had been suffering for some time from a cystic tumour of the ovary and of the Fallopian tube, and that some slight muscular strain had caused the tumour to turn over, so that the "pedicle," that is to say, the attachment of the tumour to the womb, became suddenly twisted. In this case the twist was not complete, because it was found that the tumour had not rotated completely round. As a general rule, the more twisted the pedicle is, the more acute will be the pain and the other symptoms, and the inflammation which subsequently follows. The first result of the twisting of the tissues is that the blood vessels running through the pedicle of course become twisted also, and so the circulation through those vessels is more or less completely stopped. The veins, therefore, in the ovarian tumour, being unable to

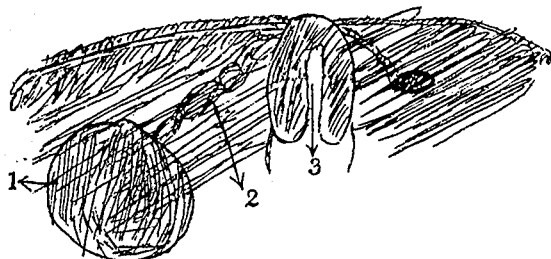


FIG. 2.—Rough diagram showing (3) uterine cavity, (1) right ovarian cyst, (2) twisted pedicle.

empty themselves, become enormously overloaded with blood, and then their thin walls break, and the blood they contain pours out as a rule into the ovarian cyst, but it may pass into the cavity of the abdomen. This kind of hæmorrhage, however, is speedily checked, but the result is to set up more or less acute inflammation around the tumour beyond the twisted pedicle; and, as a consequence of this, attachments form between the tumour and the surrounding parts, so that when an operation is performed it is often found that the bowel, the omentum, and the tumour are all glued together and all perhaps firmly attached to the back of the womb and the sides of the pelvis. This accounts, therefore, for the marked difference to which allusion has already been made in the progress of such patients as compared with those who are suffering from ruptured tubal pregnancy.

The only treatment which is of any use in these cases is to perform an abdominal operation and remove the twisted tumour, because, even at the best, these cases continue in more or less chronic pain and ill health until that is done. In many instances, when the twist is so complete as to completely shut off the blood supply from the tumour, the latter dies—or, as it is popularly termed, mortifies—and decomposition and blood poisoning follows. It is, therefore, the rule nowadays to operate upon these cases, and so prevent the chances of future danger, as soon as possible after the patient has rallied from the shock of the initial accident.

So far as the first aid and nursing of either of these cases is concerned, it is evident that the patient must be at once put to bed, and kept as absolutely quiet as possible, until she has been seen by the doctor and the exact condition has been ascertained. Nowadays, with early operations, under modern conditions of antiseptic and skilled nursing, one expects both the conditions to which reference has been made to be completely cured. Formerly, unhappily, it was very common for the former class to die after two or three attacks of rupture and bleeding; and for the latter class to continue in ill health and increasing weakness until they became chronic invalids.

Territorial Nursing.

Lieut.-Colonel Hyslop, Secretary to the City of London Territorial Force Association, in an admirable letter published in the *Daily Telegraph* of March 27th, discusses a criticism of the scheme for the individual enrolment of nurses for the Territorial Army, which recently appeared in that paper, and which, he says, may fairly be taken to be the pronouncement of the London Hospital. He shows that the Territorial Associations have received instructions from the Army Council to organise in a prescribed manner the Territorial Hospital Nursing Service, and points out that it is not usual in this country actively to oppose a rally to the standard because one differs from the Commander-in-Chief on a point of tactics, yet the London Hospital does this, and more, for if the article in question means anything it means that no enrolled Territorial nurse shall remain in the London Hospital, and that none such need apply there.

The London Hospital, Colonel Hyslop says, thinks one way; the Army Council, the Advisory Committee, and the majority of hospitals another. It would surely be a better thing to help in perfecting the organisation from within rather than assail it from without.

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