

alleviating thirst after abdominal operations, when fluids are forbidden."

Miss E. H. Gibert is of opinion:—"It is difficult, except for those who have actually experienced it, to realise the discomfort to the patient caused by the doctor's order, 'Nothing by mouth.' The nurse should therefore be well acquainted with various means to relieve this. Some of these may be used at her own discretion, and according to the suitability for each particular patient, while for others she must consult the surgeon. Amongst the former may be mentioned frequent attention to the mouth, for which several methods may be employed. Penholders, or the nurse's finger, round which a piece of wool or lint has been rolled (sufficiently tight enough to prevent it being left in the patient's mouth, and not too tight for easy removal after use), should be dipped into a mixture of boracic lotion, lemon and glycerine, and passed all round the teeth and over the tongue, to keep them clean and moist. . . . The nurse should endeavour to do everything to add to the general comfort of her patient."

Miss E. Schermbeck suggests that the patient may be advised to make the movement of sucking in order to stimulate the salivary glands to stronger action.

Miss E. C. Evans writes:—"The first feeling of thirst after the operation I should relieve by wetting the tongue, teeth, roof of the mouth, and inner sides of lips with a piece of wool dipped in warm water. Later, if the mouth were very dry, and the patient not vomiting, I should use lemon, glycerine and lemon, or glycerine and borax. . . . I should also bathe the patient's face and hands with hot water, apply eau de Cologne (if liked by the patient) to the forehead, brush the hair, dry the sides and legs with a hot towel, etc., not that doing so would directly relieve thirst, but would indirectly decrease the discomfort of it, by making him comfortable in other ways. . . . One must bear in mind all the time that the patient is very weak in mind as well as in body, and a little cheerful encouragement goes a long way. One can remind him that the thirst is one of the disadvantages of the ether, far exceeded by its advantages—the painless operation; also that he is just at his most uncomfortable condition, and if he can manage to endure during the next few hours he will feel the comfort of returning strength.

## Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Annie E. Waterman, Islington Workhouse, St. John's Road, Upper Holloway, for her article printed below on the subject—

### WHAT DANGER ATTENDS NASAL DOUCHING?

Great gentleness is required in douching the nose, as too much force may cause the discharge or mucus in the nasal cavities to be carried into the passages leading to the ears, and set up septic trouble, also into the frontal air sinuses, causing disease; fragments of diseased bone may also be carried along and cause an abscess. Roughness may also cause laceration, which may set up erysipelas. A case of this kind has recently come under my own observation. A nurse cannot be too careful when using a nasal douche.

The douching of the nasal cavities is unpleasant from the patient's point of view, and often provokes much resistance. It is best, if the patient is a child, to wrap him up in a blanket, and to carefully pin this round neck and chest with stout safety pins, so that the arms are controlled. If the patient is forbidden to sit up he must lie with his head over the side of the bed, but, if a sitting position is permissible, the nurse should fix the head under her left armpit while she holds a bowl below the chin with her left hand. In her right hand should be the barrel of a glass syringe with tubing attached, by means of which the lotion to be used is gently injected up one nostril. If the patient will be still, and breathe quietly with the mouth open, the lotion will return by the other nostril, but at first, at all events, it is apt to run into the mouth and cause the patient to choke and splutter. By bending the head down over the basin, however, it will run out of the mouth.

An essential point in giving a nasal douche has not been mentioned by any competitor, namely, that the nurse must remember that the direction of the nasal passages is horizontally backwards. A novice, unless specially warned on this point, is apt to hold the nozzle of the syringe at too vertical an angle, with the result that the nose is syringed in an upward direction and the fluid strikes the roof, causing pain and headache without accomplishing its cleansing object.

Mr. Macleod Yearsley, F.R.C.S., surgeon to the Royal Ear Hospital, Dean Street, Soho, W.C., in a paper contributed to this journal,

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