

peritoneal cavity. Now if the hole is a large one the symptoms are usually sudden, and there is intense collapse, but what much more often happens in practice is that a minute perforation is first made and the peritoneum around becomes inflamed; lymph is thrown out, or a neighbouring coil of intestine or a piece of omentum may adhere temporarily to the aperture so that the intestinal contents leak out gradually. In enteric fever nature's attempt to block up the hole is seldom successful, and in the natural course of events peritonitis always results sooner or later, so that we do not rely on nature and wait for the formation of an abscess, as we often do, for instance, in appendicitis. Whether we can save the patient, therefore, depends on whether we can get into the abdomen before general peritonitis is well advanced or not, and this again depends, not so much on whether the surgeon can diagnose peritonitis, but on whether the nurse gives him the chance of doing it sufficiently early.

So we come back to the bedside. What are, or may be, the signs of perforation, and what are those of the subsequent peritonitis?

The signs of perforation are three—abdominal pain, which may or may not be severe, a quickening of the pulse, and a change in the aspect of the patient. The practical point is this—that the nurse must summon the surgeon at once, not only for pain accompanied with collapse, but for any pain which is followed by quickening of the pulse, especially if the patient looks worse. Additional signs, pointing to perforation, are loss of the liver dulness and rigidity of the abdomen, but these are matters which each surgeon will prefer to elicit for himself and place his own interpretation on.

When peritonitis supervenes the pain often abates, and the patient usually feels better. We then get distension of the abdomen, vomiting, and great rigidity, and at last free fluid can be detected in the abdominal cavity by palpation.

In practice the nurse should regard any abdominal pain which is not followed by the passage of blood per anum with great suspicion.

If blood appears, and the diagnosis of hæmorrhage is thus made clear, we give opium freely until the patient is fully under its influence. Nothing else is of any avail, but if we suspect perforation we do not give opium, as it would mask the signs of perforation, and we alleviate the pain by local applications either hot or cold. Directly perforation is diagnosed the abdomen should be opened and the hole

sewn up, for by this means only can we save our patient from certain death.

I remember well how, on one afternoon, I was lecturing in the wards on enteric fever and was demonstrating some spots and an enlarged spleen to the class. While this was in progress the patient in the next bed gave a little groan and said that he had some colic, but he felt better almost immediately. We came back to him about ten minutes later and found that his pulse rate had gone up by about twenty beats per minute. He had no collapse whatever, and the pain was little more than uneasiness. Half an hour later the liver dulness was markedly diminished, and I opened his abdomen as soon as he could be got ready, which, if I remember rightly, was in about half an hour's time. I found a perforation, and within an inch of the hole two more ulcers, which were on the point of perforating also, so that I had to resect a portion of his intestine and join the divided ends. That case certainly emphasised the importance of taking abdominal pain, however slight, in the course of enteric fever seriously.

### The Registration Reunion and Pageant.

With the hope of alienating sympathy from the Registration Reunion, the little clique of men who control the anti-registration movement have asserted that in the Nursing Pageant Miss Florence Nightingale will be personally represented. This assertion is as maliciously inaccurate as the majority of their statements when alluding to members of our profession, who decline to submit to their dictation.

Very little now remains to be done in the organisation of the Nursing Pageant, and we have to thank most heartily the 200 helpers composing the Committee and players for the generous support which has made this most interesting function possible. The continuance of the energy already evinced is sure to secure success.

Procession 4, Nursing and the Community, will give a peep at the nurses of the past, and both Sairey Gamp and Betsy Prig will figure in this group. These two nurses, who will recall for us the days of Dickens, will show us what a marvellous change has come over the spirit of our dream in the past seventy years, a change almost too wonderful to be true!

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