

the positive by means of a small handle or sponge electrode to the seat of pain, and along the course of the nerve branches, giving special attention to their terminations. In doing this it is not well to use a stroking action, as the sensation is distinctly unpleasant under the circumstances. The electrode should be lifted and replaced on a fresh spot, *during which process the current should be switched off*; in fact, a series of small local and distinct applications should be made. Sometimes the negative pole may be advantageously placed over the sternum, or over the trunk line of the nerve just below and in front of the ear. In using coil currents in such cases, it is generally best to make the applications to the nerve branches by means of the operator's hand and fingers, especially if he or she have knowledge of the massage movements suitable to combine with the electric treatment. (To be continued.)

PRIZE ESSAY COMPETITION.—XVI.

Particulars and Notes of Four Cases, Surgical and Medical.

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THIRD CASE.—COLOTOMY.

A MAN suffering for some time with constipation and obstruction, and violent sickness for twenty-four hours, was obliged to undergo an operation. An incision was made in the abdomen, but examination proved that the obstruction was not *there*. It was then decided to perform *colotomy*. It is possible that some readers may not know, or have not seen, this operation; therefore I give a brief outline of it.

The operation is for opening the bowel in the left loin, where there is an obstruction in the lower part of the intestines. The opening forms an *artificial anus*, from where the bowels act quite naturally once or twice daily.

Experience enables me to state that this operation demands from the Nurse greater care and cleanliness than any other. There is for several hours afterwards great fœcal discharge, and to delay changing the dressing until the doctor's arrival is quite impossible. After the operation the patient suffered very much from sickness, but had very little pain. For

thirty-six hours no nourishment, beyond 10z. cold water, and occasionally a little ice, was taken. For several days the sickness continued, and at times the patient was very weak, with feeble pulse.

Third day.—Wound in abdomen dressed; looked very healthy, with little discharge. For abdomen, dressings of proctive and iodoform gauze with "Salicylic Wool" were used, and a many tail bandage, to enable the constant change of *side* dressings—the latter being dressed with carbolic oil 1 in 20, and carbolised tow. During the first two or three days the side (according to amount of discharge) required dressing four or five times daily.

Eighth day.—Stitches removed and wound in abdomen quite healed. Wound in loin healthy, bowels and flatulency passed freely. Patient suffered great pain with flatulence, and in passing urine, the quantity of which was sometimes small. After the first thirty-six hours, nourishment in small quantities was given every quarter of an hour, the principal diet being milk, eggs and beef tea. The third week fish and pressed chicken were taken. The patient having suffered much pain before the operation, and become very emaciated, only slowly regained strength; but at the end of a month was able to get up and walk a few yards. Six weeks after the operation he walked downstairs. Strength gradually returned, and though occasionally troubled with faintness and fatigue, he was able to undertake most of his customary duties.

Ten months later, the growth in the rectum which had caused the obstruction appeared to decrease in size, and the motion was enabled to pass; but as this did not occur every day, the aperture in the loin was kept open.

About eighteen months after the operation, the patient having completed his usual morning toilet, was suddenly seized with severe hæmorrhage, which lasted twenty-eight hours. His strength being insufficient to bear this new complication, he died thirty hours after hæmorrhage had commenced.

FOURTH CASE.—OVARION CYST.

In November, 1889, a woman having suffered much for eight or nine years, and being unable either to lie in bed or walk without great discomfort, was admitted into the Hospital on the 16th inst. The previous evening (having done a day's washing) she was attacked with severe vomiting and pain in the abdomen, both continuing through the night. The Hospital authorities judging an operation to be imperatively needful, a simple enema was given to relieve the bowels—abdomen *very* distended. At seven p.m.

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