

an incision was made in the abdomen, and a large *ovarian cyst*, containing four and a-half gallons of fluid, was removed. After operation the patient, though rather low, suffered very little pain. Temperature at ten p.m., ninety-eight degrees; slept for short intervals during the night; in consequence of pain at three a.m. morph. suppos. was given, which gained relief.

First day.—Sickness ceased until eleven a.m. Small quantities of milk and soda or lime-water taken, great thirst and feeling of faintness, very restless and but little sleep.

Third day.—Continued feeling of faintness and sickness; great pain, apparently flatulency. 1oz. brandy every hour, very little sleep. Temperature taken every four hours, and catheter passed every six hours. Wound dressed and found to be nearly healed. No distention of abdomen.

Fourth and fifth days.—Fairly comfortable; more sleep; enema given, but failed to relieve bowels, though flatulency passed freely.

Seventh day.—Considerable pain, rectal tube passed, and 15 m. opii given; patient slept three-quarters of an hour, and awoke refreshed, with less pain; wound redressed.

Eighth day.—Great pain during the whole night, and at three a.m. hypod. of morph. $\frac{1}{4}$ gr. given; patient slept one and a-quarter hours. In spite of intensity of pain nourishment was taken fairly well.

Tenth to twelfth days.—Pain over bladder; very little sleep.

Thirteenth day.—Patient passed urine naturally for first and only time with very great pain; hot fomentations over bladder were applied and urine drawn every four hours.

Sixteenth day.—Continued trouble from urine, reaction very acid; intense pain from "*cystitis*"; relief obtained by washing out bladder twice daily; bowels very relaxed.

Seventeenth day.—Pain continuous; diarrhoea increased and starch enema 2oz., 20m. opii. was given, followed ten hours later by a second with 25m. opii.

Eighteenth day.—Patient very faint, less pain. On examining the wound (which the day before had appeared healed) suppuration and pus were found all along the line of sutures, and pressure over the abdomen caused pain.

Twentieth day.—Discharge of abdomen continuous, though less. Hot fomentations applied every three hours, pain and acidity of urine, bladder still washed twice daily.

Twenty-third day.—Constant desire to pass urine but unable to do so; catheter passed every two hours. At one a.m. 3oz. of urine were drawn, but pain became so severe that the catheter was passed again an hour later and 4oz. drawn; con-

tinuous pain until four a.m., when patient *passed* 4oz. of urine; she was very restless, temperature low. At 4.45 the catheter was passed to wash out the bladder, and 8oz. urine were drawn. Washing out the bladder and 20m. opii. given by the mouth eased the pain and patient slept for thirty minutes. During the whole day urine was either passed or drawn every two hours or the pain was intense. Hot flannels were constantly applied.

Twenty-fourth day.—Pain occasionally very severe, urine acid and very thick with pus. Once in the night patient, having on an abdominal belt, sat up in bed.

Twenty-eighth day.—Abdomen quite healed, strength returning, nourishment taken well, urine still troublesome.

Thirty-first day.—Pain less, urine passed naturally and frequently; patient got up for half-an-hour.

Thirty-first to thirty-third day.—Patient getting up each day for a gradually lengthened time.

From this time the patient steadily gained strength, took nourishment well, the urine improved, and the bowels became more regulated. Ten days after first walking across the Ward, she was able to walk up and down stairs, and felt better than she had done for years. She was discharged on January 15, 1890, *cured*.

The patient has been seen several times since her dismissal. The abdomen remains comfortable, the general state of health most satisfactory, and the woman is now able to walk a considerable distance with ease.

When one realises that for three years (if not more) before the operation this poor creature had been unable to make the slightest movement without suffering great and painful discomfort, how thankful should we feel that science has revealed to those noble students of the physical frame that glorious knowledge which enables them to alleviate the sufferings of their fellow-humans.

After ovariectomy operations there are often complications, secondary hæmorrhage may occur from the giving way of a vessel internally. This might arise some hours after operation.

The main indications would be faintness, sighing, perhaps pain in the abdomen.

"*Peritonitis*" is the usual cause of death in unsuccessful cases. Therefore a Nurse has to keep a careful watch on the pulse, temperature, abdominal pain, vomiting, and shivering. Nurses always receive definite instructions from the Surgeon as to the management of each particular case, as to the temperature of room, dressings, also when opium or aperients have to be given.

[For "Charts," see pages 55 and 56.]

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