

OUR PRIZE COMPETITION.

WHAT ARE THE SIGNS AND SYMPTOMS OF GALL-STONES? WHAT INSTRUMENTS WOULD YOU HAVE READY FOR THE OPERATION? HOW WOULD YOU NURSE A CASE AFTER OPERATION?

We have pleasure in awarding the prize this week to Miss Minnie Penman, 18, Beaumont Street, W.1.

PRIZE PAPER.

Gall-stones (Cholelithiasis) may arise in any of the bile passages, but they are most frequently found and formed in the gall-bladder. They may lie for years in the gall-bladder and give no trouble, but as a rule they produce marked symptoms in one of three ways.

(1) The mere presence of stones in the gall-bladder may give rise to much irritation, pain and discomfort on the right side of the abdomen, with dyspepsia and flatulency. The only physical signs are rigidity of the upper right rectus, and pain and arrest of respiration on taking a deep inspiration. When bacteria find an entrance from the bowel, high temperature and sweatings develop; suppuration may come on.

(2) In other cases, typical attacks of gall-stone colic are present, and represent the attempts of the gall-bladder to expel the stone along the cystic duct. Agonizing pain is felt in the epigastrium, shooting up to the right shoulder. Vomiting, sweating, and a feeling of chilliness, amounting sometimes to a rigor, is present, and in many cases jaundice appears during the next forty-eight hours. The attack may pass off suddenly, and the patient may feel perfectly well between attacks. Evacuations from the bowels should be carefully examined for stones which may be passed per anum after an attack of gall-stone colic.

(3) Sometimes the stone remains impacted in one of the ducts. In this case the pain passes slowly off as the muscle fibres become tired out, only to return again and again, until it becomes almost constant. Gradually increasing jaundice comes on, till the skin becomes even a dark olive brown. At the same time the patient may lose weight and strength, and suppuration may eventually ensue.

The instruments required for an operation in which cholecystostomy is performed are:—two pairs of dissecting forceps (with teeth), two pairs of dissecting forceps (without teeth), three pairs of clip forceps, four pairs Lane's forceps, four pairs catch (peritoneal) forceps, two dozen artery forceps, two blunt hook retractors, two large retractors, two tooth

retractors, one probe, one long director, six towel clips, one pair large and one pair small sinus forceps, one blunt dissector, four sponge-holders, two abdominal retractors, two gall-stone scoops, one table-spoon, and a small-boiled kidney dish, and one flexible probe.

Post-operative Treatment.—The usual care of patients after abdominal operations should be taken, and the patient should be put into the Fowler position as soon as possible. The drainage tube which is inserted into the lower end of the wound should be led into a graduated receiver, and the amount of bile recorded every twenty-four hours. The tube, which is stitched in with catgut, comes loose, as a rule, in about a fortnight, and gradually the wound will heal up. Should healing be slow, a daily application of Bier's cup will suck out all discharge and improve vascularity of the walls of the sinus.

Urotropine is usually given at first to sterilise the bile, and alkaline drinks (sodii bicarb) *ad lib.* A diet suitable for biliously-inclined people is usually ordered. Itching in jaundice is sometimes troublesome, and alkaline, or weak carbolic sponging, is found beneficial.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss W. M. Appleton, Mrs. Farthing, Miss H. T. Inglis, Miss M. James, Miss P. Thomson, Miss J. Stileman.

QUESTION FOR NEXT WEEK.

What are the principal emetics, and in what cases are they used?

THE PENSIONS NURSING SERVICE.

Sir L. Worthington Evans, Minister of Pensions, in the House of Commons last week referred to the division dealing with the medical services of the Ministry, of which Colonel Webb has been appointed Chief Medical Officer. In this connection he said:—

“The work of this division is probably the most important of any of the divisions of the Ministry. It deals with that primary necessity of the disabled man, namely, the provision of medical treatment both in hospitals and clinics and convalescent centres. . . . As we take over hospitals, we are bound to provide a nursing service, and I am glad to say that Queen Alexandra has graciously consented to be President of the Pensions Nursing Service. I have been fortunate in securing as Matron-in-Chief Miss M. E. Davies, R.R.C., and she will act with an Advisory Committee.”

[previous page](#)

[next page](#)