

OUR PRIZE COMPETITION.

HOW WOULD YOU PREVENT FOOT DROP, ACUTE THIRST, CONSTIPATION, AND VOMITING AFTER AN OPERATION?

We have pleasure in awarding the prize this week to Miss Alice M. Burns, East Suffolk Hospital, Ipswich.

PRIZE PAPER.

FOOT DROP (TO PREVENT).

In many operations on the feet and legs this trouble is obviated at the time of operation by putting the limb on a splint with a footpiece, or else in plaster, but if this has not been done a cradle should be placed over the limb to prevent the weight of the bedclothes falling on the foot, and the sole of the foot should be supported against something firm—a sandbag or well-protected hot-water bottle.

ACUTE THIRST.

When a major operation has been performed, and fluids by mouth must needs be restricted, acute thirst may be relieved by copious mouth washes, which need not of necessity be medicated. Lemon water and weak tea are much appreciated, and patients can usually be trusted not to swallow them if the reason for so doing is explained to them. But if fluids are to be restricted for a week or two, and the amount of shock is great, saline infusions will have to be resorted to; these will, of course, be given only by the surgeon's order. It is usual to give a pint of saline every four hours per rectum. Sips of hot water will often relieve acute thirst if permitted by the surgeon.

CONSTIPATION.

In cases of operation on the limbs, a purge may be ordered the following day. After an abdominal operation a dose of oil ricini on the third evening is often ordered as a routine treatment, and if one drachm of glycerine is given with the dose the constipating after effects of castor oil will be avoided. To correct any tendency to constipation in a patient liquid paraffin may be ordered regularly three times a day—dose $\frac{3}{i}$ for the adult. If it be given with cold water it is not unpleasant to take.

TO PREVENT VOMITING.

Some patients vomit after an operation, no matter how carefully they are prepared; yet the following means are successful in most cases:—Give a good purge the night before the operation, or two nights before if the case is a rectal one. On the morning of the opera-

tion give a copious enema early. Give the last meal six hours before the operation. It should consist of something easily digested—bread and butter and tea for preference. Allow a cup of beef tea four hours before the operation, and nothing after. At this stage, too, it is wise to keep the patient as cheerful as possible, as vomiting may be a reflex action of fear; the more a patient worries about his forthcoming operation, too, the greater will be the degree of shock afterwards. When the patient regains consciousness he will at once complain of thirst, and if this is satisfied injudiciously, vomiting will result. It is usual to deny fluids by mouth for three or four hours, but if thirst is great a mouth wash of cold water may be given, or sips of very hot water so small that they are absorbed before reaching the stomach. Some surgeons order a hypodermic injection of morphia to be given on the patient's return to the ward, and this is usually efficacious in checking vomiting. The idea of all treatment is to put and keep the alimentary tract at rest until the irritation of the mucous membranes caused by the anæsthetic has passed off.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Sarah Ann Cross, Miss Freda Margaret Wilson, Miss Jane Evans, Miss M. Bryan.

Miss Freda M. Wilson writes:—Acute thirst is generally a patient's chief complaint after operation. Any water given to relieve it will sooner or later be vomited, and it is a safe rule not to give anything by mouth for at least six to eight hours. This treatment, though very trying for the patient, gives him the least discomfort in the end, as the constant sipping of water not only increases his thirst, but also induces vomiting.

The dryness of the mouth may be alleviated by swabbing it out with a mixture of lemon and glycerine, and it may be frequently rinsed out with hot water or lemon and soda, provided that the patient does not swallow any of it.

The only satisfactory way, however, of relieving acute thirst is by the introduction of fluid into the body which can be absorbed into the circulation. The best means is by giving rectal salines. In some cases of abdominal operations saline is poured into the peritoneal cavity before the wound is stitched up.

QUESTION FOR NEXT WEEK.

(a) Describe fully the varieties of uterine inertia; (b) what treatment would you adopt in each case?

[previous page](#)

[next page](#)