

## OUR PRIZE COMPETITION.

MENTION SOME OF THE CHIEF CAUSES OF VOMITING. DESCRIBE THE TYPE OF VOMIT IN EACH CASE. STATE YOUR METHOD OF DEALING WITH POST-OPERATIVE VOMITING.

We have pleasure in awarding the prize this month to Mrs. E. J. Gotlob, S.R.N., 31, Carlton Mansions, Stamford Hill, N. 16.

### PRIZE PAPER.

Vomiting means expulsion of the stomach contents through the mouth. When this occurs the chief effort is made by the contraction of the muscles of the abdominal wall and diaphragm which thus compress the stomach. This is brought about by some irritation of the nervous system, or to reflex causes as after coughing, or tickling the throat, or is due to the action of a poison in the blood acting on the nervous system as in Uremia. Drugs, as Ipecacuhana, Sulphate of Zinc, Apomorphine, after being absorbed into the blood are carried to the brain, though most are irritants to the mucous membrane or lining of the stomach.

DISEASES OF THE STOMACH, viz.:—Cancer, Ulcer, Dilatation and Chronic Catarrh, Acute Dyspepsia, Nervous Dyspepsia, Cirrhosis of Liver.

### TYPES OF VOMIT.

*Cancer*.—Dark vomit due to the mixture of partly digested blood.

*Gastric Ulcer*.—Vomiting of blood, usually resembling "coffee grounds," although it may be red in colour, in clots, or mixed with food. The former indicates breaking down of an ulcer in stomach, and is called Hæmatemases. Also seen in Cirrhosis of Liver.

*Dilatation*.—Frothy vomit, with yeasty smell.

*Chronic Catarrh* (Mucous Gastritis).—Vomit consists of half-digested food mixed with mucus.

*Fermentive Dyspepsia*.—Large quantities of fermenting, frothy, and half-digested food, are expelled.

*Nervous Dyspepsia*.—Usually during beginning of Pregnancy. Vomit of watery nature. If continuous, mucus and bile may be present.

### IRRITATION OF OTHER ABDOMINAL ORGANS.

Obstruction of Bowels, Peritonitis, Gall stone colic, Renal colic, Appendicitis, Hernia.

### TYPES OF VOMIT.

Grass green bile. Serious condition being indicated by brownish contents of the bowels following, in Obstructed Bowel.

*Diffuse Peritonitis*.—Frequent vomiting of greenish or black fluid.

*Hernia*.—Persistent vomiting having a faecal odour.

*Appendicitis*.—Sudden vomiting usually in the early hours of the morning.

*Seasickness*.—First expulsion of contents of stomach, sour and bitter, later bile of golden yellow colour and occasionally blood owing to violence in retching.

*Acid Intoxication* is rare. Generally vomiting occurs after chloroform has been administered, and breath has a distinctive sweet smell.

*Whooping Cough*.—Vomit frothy. Gets rid of harmful secretion from the air passages and should not be harshly checked.

*Phthisis*.—Usually in the early morning and after meals vomiting occurs.

DIRECT DISTURBANCE OF THE BRAIN is naturally a cause, viz.:—Blow on Head, Cerebral Tumour or Abscess, Meningitis, Locomotor Ataxia, Hysteria.

INTRODUCTION OF POISONS INTO THE BLOOD STREAM as in Bright's Disease, Small Pox, Scarlet Fever, Typhus Fever, and Cholera. Vomiting forms an important early symptom in these diseases. Also in Erysipelas and Pneumonia.

*With Infants*, milk may regurgitate whenever too large a quantity is taken at one feed.

*Gastro Enteritis* or Summer Diarrhoea in children. Sudden vomiting of any food taken.

*Cholera*.—Severe vomiting, at first food, and later fluid like rice-water.

*Vomiting* after Belladonna, Aconite. Also poisoning by *Corrosive Acids* as Oxalic Acid, Sulphuric, Nitric and Hydrochloric Acid. The vomit may be blood stained.

Corrosive Alkalies as Caustic Potash, Soda and Ammonia, the vomit is ropy in appearance.

### POST-OPERATIVE VOMITING.

When the patient is recovering from shock after operation, definite signs occur. Generally vomiting the first, whilst the patient is still unconscious, and he may suddenly inspire and inhale vomited matter into the trachea and become asphyxiated. The patient is not to be left on any account until consciousness returns, and then he requires careful watching as sometimes retching may strain sutures, and cause them to give way and set up hæmorrhage, or cause the patient to be restless and displace dressings or splints. The head should be on a low pillow and turned to one side with towel and receiver under mouth, so that saliva and vomit may easily be ejected. During vomiting and retching the nurse should if possible apply support to operated part, or place patient on left side so that support may be given to the stomach by the ribs.

The jaw may be pushed forward by the thumb being placed behind the angle of same. If this is not sufficient, the mouth must be opened and tongue pulled forward by grasping with a piece of lint or tongue forceps. When vomiting has ceased water  $\frac{1}{2}$  at a time may be given reasonably often, unless prohibited, or vomiting re-occurs. Ice is sometimes given after emergency abdominal operations and various drugs, as ordered by the surgeon. No solid food must be given until the surgeon directs, as it may cause vomiting, as the digestive processes are so feeble that nothing but light nourishment can be absorbed. Some surgeons object to milk being given as it has a tendency to cause flatulency and albumen water may be ordered.

### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss A. M. Burns, S.R.N., Mrs. P. Robinson.

Miss A. M. Burns writes:—"The treatment of post-operative vomiting should be both preventive and palliative. Preventive treatment lies in the proper preparation of the patient, and the selection of the most appropriate anaesthetic and method of giving for the individual patient."

### QUESTION FOR NEXT MONTH.

Mention some of the common gastro-intestinal disturbances in infants, their causes, and the treatment you have seen employed.

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