CASE STUDIES.

AN EXPERIMENT CARRIED OUT AMONG THE NIGHT NURSES OF A LONDON HOSPITAL.

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(*Concluded from page* 232, *Vol.* 84).

Case Study kept by Nurse S. Lowe, after 12 months' training in this Hospital, during the period of her second Night Duty.

CASE OF CARCINOMA SIMPLEX OF HIGH MALIGNANCY.

CASE STUDY OF J—— B——, RAILWAYMAN, AGE 36 YEARS.

HISTORY GIVEN BY PATIENT ON ADMISSION.

Three years ago, J—— B—— first noticed that after every meal he had a pain in the epigastrium, prior to this time he had enjoyed good health. The pain starts 1½ to 2 hours after each meal, and is relieved by taking MacLean's Stomach Powder. There have been two or three remissions of symptoms lasting for several weeks, but other than these, the pain has been continuous.

On March 1st, 1936, the patient started vomiting about a quarter of an hour after each meal. His vomit is always brown in colour, watery, and has a very bitter taste and an offensive odour. As the days passed by, the pain grew more intense, and neither powders nor vomiting relieved the pain. The only other illness the patient has had is influenza. His mother died of cancer at the age of 65 years. The patient does not drink, but he smokes from 20 to 30 cigarettes a day.

On March 12th, his doctor sent him to this hospital to see a Physician, and he was admitted on the same day to our accident ward, until there was a bed in a medical ward vacant. On admission he was examined and the following notes made :—

Pupils react sluggishly to light. The conjunctivæ and mucous membrane of mouth very pale.

Chest movements good, breath sounds normal.

Heart sounds normal, rhythm regular. No abnormality found.

Abdomen.—Movement good. Abdomen muscular and no subcutaneous fat. Liver not enlarged, spleen and kidneys not palpable. Noticeable tenderness over the cæcum. Tenderness and guarding, mostly voluntary, present over the epigastric region.

Examination per rectum.—Distinct bulging felt on the right, but more tenderness noticeable on the left.

Appetite.—Good, but patient says he is afraid to eat.

Weight.—Lost 1½ stone in one month.

Cough.—Slight in the early morning with very little sputum expectorated.

Micturition.—Normal.

Bowels.—Not constipated. Has had diarrhœa for the last three weeks. Stools have been grayish black in colour for the last two weeks.

Sleep.—Good sleeper until three weeks ago. No night sweats.

General appearance.—Patient looks very thin and pale and is slightly deaf owing to otitis media which followed an attack of influenza.

The patient was kept in the accident ward under observation until March 21st, when he was transferred to a medical ward, and the following investigations and examinations carried out.

X-ray Report following Barium Meal.

"This is, I think, an annular carcinoma and carcinomatous ulcer of the lesser curve above it. This suspicion is so strong as to warrant exploration. The alternative is a large simple ulcer and contracture."

March 24th.—Patient seen by an Honorary Surgeon of the Hospital, as to the advisability of operative treatment. His opinion was, "I think this case should be explored. The stomach films are very difficult to interpret. Possibly there is an ulcer which has attempted to perforate."

March 25th.—Specimen of fæces taken for occult blood. Result blood + + +

March 26th.—Specimen of fæces taken for occult blood. Result blood + + +

March 27th.—Report of Test Meal—"shows a low acid curve rising to 40° after one hour."

March 28th.—Blood Count.

Erythrocytes	4,450,000
Haemaglobin	72 per cent.
Colour Index	0.8 per cent.

March 31st.—The patient was transferred to a surgical ward to be prepared for an operation.

April 7th.—Ol Ricini 1 oz. given.

April 9th.—An enema saponis was given early in the morning, and the patient prepared for operation.

TECHNIQUE OF PREPARING A PATIENT FOR OPERATION.

Requisites.—Two sterile bowls containing sterile towels and swabs. One sterile receiver containing two sterile gallipots, two sterile receivers containing dissecting forceps in antiseptic lotion. Ether and iodine. Bandages.

Method.—All hair is shaved from the site of operation some time before the skin preparation. The patient is well screened and the surrounding windows closed. The bedclothes are turned down neatly to the top of the thighs. A blanket is placed across the patient's chest. Roll up pyjama jacket to expose abdomen. Remove bowls covering dressings and instruments. Pour out ether and iodine. Place mackintosh and perchloride in position beneath patient. Thoroughly scrub the hands under running water for five minutes. Using the forceps cleanse the whole area with swabs soaked in ether, and afterwards paint the area with iodine, being exceptionally careful to paint under any rolls of fat, and in crevices. Cover the whole area with a sterile towel and secure this in position by a firm bandage.

The patient should then be dressed in a flannel operation gown, a pair of long woollen socks, and a capeline. All artificial dentures must be removed and placed in a tooth-mug in antiseptic lotion. The patient should be placed on the theatre trolley well covered by warm blankets, and on the canvas below should be placed the patient's notes, a vomit bowl and vomit cloth, bandage and safety pins.

Ante-operative hypodermic injection given this patient.

Morphia, gr. $\frac{1}{4}$
Atropine gr. $\frac{1}{100}$

OPERATION BY MR. L——, SUB-TOTAL GASTRECTOMY.

Anæsthetic.—The patient was asked to sit up on the theatre table, with his body bent slightly forward, and 8 c.c. of Percainol 1/1500 was injected into his spinal column between the second and third lumbar vertebræ. After the completion of this injection the patient was immediately placed in the supine position, and the operation commenced

A medial incision was made by diathermy from the ensiform cartilage to two inches below the umbilicus. The peritoneum was incised. At this point it was discovered the anæsthetic was not sufficiently deep, so further percainol was injected into the surroundings of the œsophagus. A great neoplasm of the body of the stomach was found stretching high up, and also enlarged infiltrated glands, and a mass of sub-pyloric glands also very enlarged. The growth was found to be adherent to the pancreas, transverse colon and mesocolon. The pylorus was divided and the distal end closed. The growth was dissected free from the pancreas and transverse colon. A loop of the jejunum was brought up through the transverse mesocolon, and sutured to the posterior wall of the stomach. The part of the stomach distal to the anastomosis, being that part which contained the neoplasm, was removed afterwards.

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