

shall have to point out to you in the second portion of my subject, with either hand.

There is another matter that hinders the healing of the perinæum as well as movements, and that is the irritation arising from the vaginal discharges, and these are more difficult to deal with than micturition. And here again we shall find Southall's absorbent pads for women more useful than the ordinary diapers; as far as my experience goes, I consider them the lightest, softest and most *absorbent* of any that are made (and I have had *not* a few brought under my notice); besides which I have seen Southall's pads made, which gives some value to my opinion, and I *know* how beautifully white, soft and *pure* is the wool of which they are composed, chemically desiccated to such an extreme degree as to render it capable of rapidly absorbing *all* moisture and yet *retaining* warmth; and in the case before us we get in them *all* the conditions we want—we have a wound to keep clean, discharges to sop up, and tenderness to soothe.

There is one point I must particularly impress upon Obstetric Nurses with respect to these pads, and that is to burn them *as soon as* they are removed; sprinkle a *little* turpentine over the pad, put it behind the fire *at once*, and in a few seconds it will be consumed. And this cremation must be carried out systematically so long as the pads are used. Some Nurses put them into clothes-baskets for the laundress to deal with; some into cupboards, until they have time to attend to them, or happen to think about them; and some—worse still—put them down the closets, leading to choked drains, and all the trouble, danger, expense, and annoyance such *culpable* negligence has entailed. Unless you deal with these appliances on sanitary and common-sense lines do not use them at all.

Let us return to our duties. With respect to dressings for the wound, I think you will find very soft linen or lawn rags—old pocket-handkerchiefs, for instance—better than lint; strips about two inches wide, and four or five long, will do. These must be dipped into any antiseptic solution you may be ordered to use; but, in my judgment, carbolated vaseline smeared on both sides of the rag is better than solutions. Take the rag up in your dressing scissors with your left hand, and with a fine steel knitting-pin, guarded by the rag, press the dressing gently between the edges of the wound, and leave it there as long as it will remain *in situ*. Take it away when necessary with your dressing scissors, and put it behind the fire. With respect to vaginal douching you must be guided by medical direction, for some accoucheurs do not allow it in these cases, and, in my judgment, they are

right, for we do better with "swabbing" up the discharges with our absorbent pads than diffusing them with douches.

With regard to Nursing points, where sutures have been used, catheterism is not always allowed, as it might disturb the stitches; the same with douching, nor are dressings used, but in these cases I think you will find the method of *dry disinfection* I brought under your notice in an early paper very useful, as tending to keep the wound surgically clean; and under most circumstances dry surgery is preferable in cases of perinæal lesion to wet. Boracic acid is sometimes used for dressings, and this substance adds to the antiseptic value of Southall's pads, and is used in their preparation.

I have pointed out how important quiescence is in these cases, and this Nursing point must be carried out by the avoidance of all unnecessary movement on the part of the patient. She must not be allowed to leave her bed until the wires are removed or the wound healed, and all those instructions I gave you in my earlier papers, as to making the bed, changing the bed-linen, &c., without removing the patient from her bed, must be strictly carried out; the same care must be observed in washing and changing the patient. Remember careless Nursing may undo all that surgery and science have done, and throw the patient seriously back in her recovery. It is desirable to keep the bowels constipated for six or seven days after delivery, and this condition must be encouraged by diet as well as medication.

And here I must again emphasise the common-sense precautions of having the bowels relieved before labour, in all cases, for you see how important it may be in serious ones to have had that point attended to.

The diet must be principally fluid, milk should be predigested, eggs taken uncooked, broths made strong. If an aperient has to be given, a purge perhaps is the safest, as we avoid the straining efforts that are so undesirable after perinæal injury. In cases where the sphincter ani is laid open, a subsequent and special operation will have to be resorted to when the patient is sufficiently well to bear it; and this, again, will seriously retard her convalescence, though it will not entail any Nursing points other than I have pointed out to you, except a few topical measures that we need not enter into at present.

(To be continued.)

THE concert recently organised by Mrs. C. H. Sladen in aid of St. John's Hospital for Diseases of the Skin resulted in the sum of £124 being realised.

[previous page](#)

[next page](#)