

Lectures on Gynæcological Nursing

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LECTURE I.

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THE speculum should be well warmed and well oiled, and then the Nurse, standing behind the patient, presses the uppermost edge of the speculum just within the vaginal orifice, gently and firmly back upon the perineum—the least sensitive part of the canal. As soon as the vagina has, by this means, been sufficiently dilated to enable the speculum to pass easily into it, it is with a gentle, rotatory movement, passed upwards until the Nurse sees through the tube that the cervix of the uterus is exposed to view.

The Syringe.—There are various syringes which the gynæcological Nurse is called upon to use for the purpose of giving injections: the one, however, which is almost peculiar to her work, and which is most usually employed, is the form known as Higginson's. This consists of two long indiarubber tubes with an intervening indiarubber ball containing a back valve. Pressure upon the ball, therefore, exhausts the air in this, and when the compression is relaxed, if the distal end is placed in water the fluid will be sucked up by the expansion of the ball and will fill this; then, the valve preventing the return of the water, pressure upon the ball will cause the expulsion of the fluid through the other tube, and so by alternate compression and relaxation of the ball a flow of water is produced which precisely simulates the manner in which the contraction of the ventricles of the heart pumps the blood into the arteries. For irrigating the vagina or the rectum this syringe is certainly the most convenient for the Nurse.

The practical points to be observed in its use are that the fluid employed should not be too hot, or the valve, which is made of indiarubber, will be more or less melted, and will, therefore, cease to act, or the tissue composing the ball and the tubes may also become soft, sticky, and then either shrivelled, or the sides may adhere together. After using a syringe, it is essential to run plenty of warm, and then some cold, water through it, with the addition of a little carbolic acid, in order to destroy and remove any diseased or dirty matter which may have entered the instrument. In using the syringe, the vaginal tube should always be warmed and oiled very carefully, and before inserting the tube some fluid should be run through it so as to ensure that the syringe is cleared of air.

When the Nurse is directed to use an injection for the uterus itself—and this is a detail of very great importance in cases which develop symptoms of blood poisoning after a confinement—it is well to

use, if possible, the speculum in order to expose the cervix of the uterus to view, and so ensure the passage of the vaginal tube right into the uterus. It needs a considerable amount of skill and experience to pass this tube into the cavity of the uterus, without the speculum and guided by the finger alone; and, in some puerperal cases, I have known the diseases to progress from bad to worse, simply because the Nurse was not aware of the necessity of the complete introduction of the irrigating tube, and contented herself by passing the nozzle merely up to the cervix. The consequence was, that the cavity of the uterus was never cleansed, and the denuded surface continued to absorb the poison. But when the tube has been faithfully inserted into the uterus, it is very essential for the Nurse to remember that in these cases, the organ is usually in a very lax and uncontracted condition, and that consequently the fluid, if injected with any degree of force, may, unless there is a perfectly free exit for it, flow through the Fallopian tubes at the top of the uterus, and so carry a diseased or purulent discharge into the peritoneal cavity. Such an accident would be very probably followed by fatal peritonitis. It is necessary, therefore, to be sure that the vaginal tube does not block the orifice of the cervix, but can be freely moved in it, so that there is no obstruction to the return of the fluid from the cavity. From these same facts, it follows that it is most important to use no force in giving the injection, but that the fluid should be pumped in slowly, and very gently.

For such injections of the uterus, indeed, as for ordinary vaginal injections, many doctors now prefer a *Hydrostatic Douche* to be used, by which means

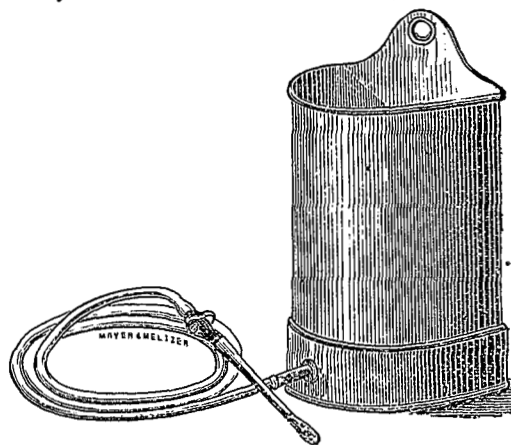


FIG. 4.

the pressure of the injection can be graduated to a nicety by raising or lowering the douche tin; the higher this is held above the level of the patient's body, of course, the greater will be the pressure with which the fluid will flow out. The Hydrostatic Douche consists of an elongated tin pail, to an opening in the lower end of which is fitted a

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