

Lectures on Gynæcological Nursing

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LECTURE II.

(Continued from page 60.)

IT is much more easy, and considerably more satisfactory, however, to remove blood by the simple process of scarification. The cervix having been exposed by the speculum in the manner just described, the tissues are punctured very freely, and to the depth of about a sixth of an inch by a sharp-pointed bistoury, mounted upon a long handle. The hæmorrhage is encouraged by the use of an injection of very warm water, to which it is well always to add a little Jeyes' fluid or Sanitas.



I would digress for a moment here to say that, as a general principle, I do not think that the more poisonous antiseptics should be used in gynæcological practice. Some women are extremely susceptible to such drugs, and many cases have occurred in which, after employing some form of poisonous injection, distinct toxic symptoms were produced.

The injection should be continued for several minutes, and, indeed, until the tissue of the cervix, which, when this measure is employed, is generally at first deeply congested, has become almost blanched. Then the vaginal vault having been dried of the superfluous water, a large glycerine plug is passed and packed around the cervix, so that it can keep up for some hours the drain of serum from the many punctured wounds. The speculum is withdrawn, and the patient should then rest for some time before attempting to move. If this precaution is taken, there is rarely or never any subsequent trouble. Sometimes when the bleeding is not completely stayed, as it should be invariably, before the plug is inserted, hæmorrhage may continue and even become troublesome. On the other hand, if the patient moves about much directly after the operation, the hæmorrhage may again return and continue to such an extent as to alarm, and even to harm, her.

FIG. 7.

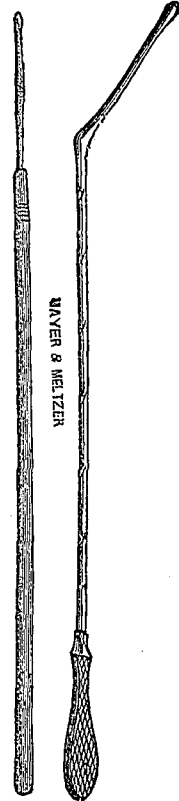


FIG. 8.

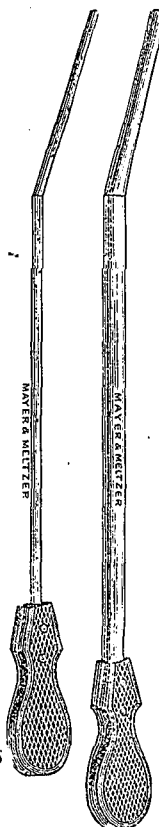


FIG. 9.

Formerly, it was customary to dilate this canal by means of sponge tents, or tents made of laminaria or sea weed, compressed in either case into a thin elongated stick, which was passed through, and left in, the cervical canal. By the moisture of the canal the sponge or laminaria swelled and so dilated the opening. Unfortunately, however, especially in the case of the sponge tent, the tissues were not only much bruised by the pressure to which they were thus subjected, but the sponge also conveyed septic materials, and thus often induced a condition of blood-poisoning, so that tents are comparatively rarely used now, but if so the laminaria variety is chiefly employed.

Nowadays, when dilatation is necessary, either to remove a growth or some foreign body from the interior of the uterus, or to permit the doctor to inspect the interior of the canal for purposes of diagnosis, the sounds to which allusion has

The Uterine Sound is an instrument which was formerly much more frequently used than it is at present; indeed, many experienced specialists now-a-days rarely employ this instrument, believing that they can ascertain quite as much with the finger as to the size and position of the uterus as the metal sound can afford. And, moreover, the danger of its employment, especially in inexperienced hands, is by no means small. The sounds, however, which Nurses will find most frequently required by the gynæcologist are those which are employed in order to dilate the canal of the cervix. These are graduated in sizes from one to thirteen, and are made, like the accompanying figure, of steel, often nickel-plated. Beyond these sizes when the necessity arises to dilate the cervix still further, sounds made of vulcanite, and which extend to the size of a man's middle finger, or even larger, are employed, being known as Hegar's dilators.

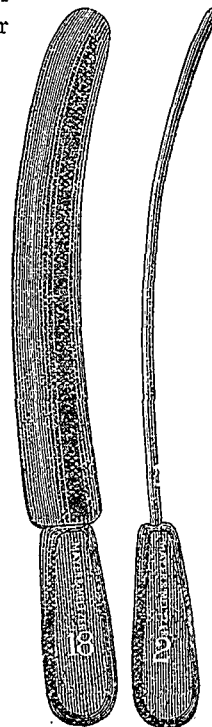


FIG. 10.

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