

It is not necessary to open the lips of the vulva for cleaning purposes after micturition; external bathing with the lotion is enough. If, however, it should become necessary to separate the labia, as, for example, for the sake of passing a catheter, or using a douche, this must be done with the same precautions as would be adopted by a surgeon in opening up a wound after an operation. The nurse's hand must be made aseptic by washing and by perchloride lotion, the external parts must be cleansed with lotion, and when the lips are separated the opening between them must be cleansed in the same way. If this is not done septic matter may be carried by the catheter into the bladder, or pushed before the nozzle of the douche towards the mouth of the womb, where it may do great harm.

If instruments have entered the uterus, or if turning has had to be done, the manipulations required are such that it is very difficult to be sure that no septic matter has been introduced, especially when, as in the dwellings of the poor, the sheets and other surroundings are not as clean as they might be. Under these circumstances it may be desirable to wash out the cavity of the uterus with an antiseptic solution, but such a proceeding as this will always be done by the doctor himself unless he knows that the nurse has been specially trained in antiseptic work.

But on and after the second day it is a considerable comfort, and often an advantage, to the patient to have the vagina washed out. For this purpose the water should be of a temperature of 105° to 110°, and it is as well to add to it some disinfectant, say a few drops of creolin, enough to make it slightly milky, or carbolic acid (1 in 80 or 100 of water) or tincture of iodine, a teaspoonful to a pint, or simple Condy's fluid, which is perhaps as good as any. Perchloride of mercury must not be used for this purpose, for as the patient lies on her back some of the lotion may be left in the passage, and many cases of mercurial poisoning have been recorded from its employment. This caution does not of course apply to the single douche recommended in the early stage of labour, which is all rapidly forced out by the straining of the patient.

It must be remembered that the object of these routine douches during convalescence—which may be used twice a day if the patient likes them—is not as direct disinfectants, but rather to wash away material, such as clots, which may have formed in the passage, and which, if left, might decompose. In giving them it is important (a) to disinfect the syringe and its nozzle, by pumping through it either perchloride solution or 1 in 20 carbolic lotion; (b)

to cleanse the edge of the bed-pan or bed-bath with the same solution; (c) to clean the opening of the vulva in the way already described; and (d) to start the flow of the douche before inserting it, partly to get rid of any air which may be in the pipe, but principally to avoid carrying any foul matter forwards from the lower to the upper part of the passage. If what is termed a syphon douche is used, *i.e.*, a can with a tube, it is very important not to mix the lotion in the can itself; it should be thoroughly mixed first in a jug and then poured into the reservoir, otherwise the mixture may not be perfect and some of it may be injected of a strength sufficient to do great harm. These may appear trivial details, but in practice they must be attended to. Both the catheter and the nozzle of the douche should be either of metal or of hard rubber, not gum elastic, and, when not in use, should be kept lying in carbolic lotion, for which purpose a tooth brush tray is very convenient.

If at any time after the confinement the discharges become at all offensive, this fact must be at once reported to the doctor. It usually means decomposition of a clot in the vagina, and probably the doctor will order a douche of 1 in 2000 perchloride. In administering this it is to be remembered that it is given partly as a disinfectant, but partly as a wash to get away anything which may be lodged in the passage, and that therefore a considerable quantity of lotion should be prepared—at least a quart. Its poisonous nature must never be forgotten; the last drop therefore must be squeezed out by gentle pressure downwards and backwards on the lower part of the abdomen. It also is an advantage, under these circumstances, to place an extra couple of pillows under the patient's shoulders, so that the lotion shall drain away more completely.

For lubricating purposes vaseline containing either carbolic acid or perchloride of mercury may be used; it is most convenient, however, to use the carbolised vaseline, as then the same does both for fingers and instruments, and it is best supplied in metal tubes, such as artists use for paints, as it is thus always clean, and does not get soiled, as it so often does in pots, by the insertion of a dirty finger.

It will be seen, then, that antiseptic midwifery may be summed up in the one word "cleanliness;" but this cleanliness must be in a very different form and degree to what would be quite enough for ordinary society purposes. Hands clean in the drawing-room sense will not do for the lying-in chamber; they must be deprived of all those germs, microbes and spores, which are adherent to almost everything in a well inhabited house; and this degree of cleanliness

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