

## Notes on Practical Nursing.

### NECESSARY PRECAUTIONS IN GIVING VAGINAL DOUCHES.

The giving of a vaginal douche is regarded too often as so simple a thing as to call for no special care or precaution, but it should be borne in mind that the douche following labour, the removal of any pelvic organ, and in many cases of metritis or other disorders is attended with danger for one especial reason, viz., the dilated os uteri, which affords a direct channel for the entrance of fluid into the uterus, the fallopian tubes, and possibly the pelvic cavity.

The object of the douche is two-fold,—first, cleanliness, and, second, to allay pain and inflammation. Therefore it may be readily understood that a douche given with luke-warm water, the douche-point inserted half its length and under high pressure, is not only worthless but dangerous, many instances being recorded of collapse and peritonitis following the entrance of fluid into the pelvic cavity.

The first provision made should be that the utensils are surgically clean, then that the solution or sterile water is hot, not warm, and that the douche-point is inserted with water flowing to avoid the entrance of air, by following the posterior vaginal wall until the point is high up in the cul-de-sac of Douglas, thus avoiding a direct stream into the os. The douche-pail or fountain syringe should never hang more than twelve inches higher than the patient's recumbent body, in labour or operation cases six inches being enough, thus avoiding any pressure which might force the fluid into the uterus. The low pressure is also much better because the flow is slower and the cervix is kept so much longer in a hot bath.

An antiseptic douche should always be followed by a pint of hot sterile water, many patients being susceptible to the use of such drugs. In giving douches to a young girl an excellent way is to make use of the metal catheter provided with a return flow, the reason being that the ordinary glass douche-point often entirely fills the vaginal orifice, thus forcibly retaining the fluid.

A method of continuous irrigation known as the Stehman douche was devised and taught to nurses some years ago by Dr. Henry B. Stehman, of the Presbyterian Hospital of Chicago, which is given by introducing a bivalve speculum, and then wrapping a glass douche-point with enough absorbent cotton to fill the opening. By holding the point and cotton with the left hand the right hand may remove the speculum. The rubber

tubing with water flowing is then attached to the glass point, the pail or syringe being not over six inches above the body, as the cotton will allow only a very slow return flow. This is usually continued thirty minutes and repeated twice or thrice in the twenty-four hours, but in extreme cases has been kept up for one or two hours.

These points are given not as anything new, but as reminders of the old, which have such marvellous propensities for getting themselves forgotten.

I. McI.

*American Journal of Medicine.*

## Nurses' Registration Bill.

NEW ZEALAND.

ANALYSIS.

Title.

1. Short Title.
2. Interpretation.
3. Register of Nurses.
4. Who may be registered.
5. Minister may make regulations providing for registering of nurses who do not come under foregoing provisions.
6. Training necessary.
7. Certificate and badge of registration.
8. Fraudulent registration.
9. Registration may be cancelled for misconduct.
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11. Appointment of Examiners. Regulations.
12. Preference to be given to registered nurses.
13. Coming into operation of Act.

1901, No. 12.

*Title.*

AN ACT to provide for the Registration of Trained Nurses in New Zealand.

BE IT ENACTED by the General Assembly of New Zealand in Parliament assembled, and by the authority of the same, as follows:—

*Short Title.*

1. The Short Title of this Act is "The Nurses Registration Act, 1901."

*Interpretation.*

2. In this Act, unless inconsistent with the context—
  - "Hospital" means a public hospital within the meaning of "The Hospitals and Charitable Institutions Act 1885 Amendment Act, 1886"; and includes such other hospitals the proprietors of which consent to such hospitals being open to inspection under "The Hospitals and Charitable Institutions Act, 1885," as may be approved by the Governor in Council;
  - "Minister" means the Minister for the time being in charge of hospitals;
  - "Registrar" means the Inspector-General of Hospitals in New Zealand.

*Register of Nurses.*

3. (1.) The Registrar shall from time to time cause the names of all duly qualified nurses to be registered in a book to be kept by him at his office for that pur-

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