

of the serious dangers to the public which would follow from permitting such untrustworthy, and, as a rule, altogether uneducated, workers to usurp a department of medicine which not only requires the greatest skill and experience for its efficient practice, but which contains such immense possibilities of mischief when undertaken by unscrupulous and irresponsible persons.

## Lectures on Gynæcological Nursing,

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### LECTURE V.

(Continued from page 373.)

THE patient's eyes are usually bandaged in order to prevent her seeing the formidable appearance of the preparations, and a chair being placed beside the operating table, the patient is assisted to walk from her bed to this, and by its means to raise herself on to the table, where she is covered with a blanket, and the chloroformist will commence to administer the anæsthetic.

The Nurse's duties during the operation will chiefly consist in thoroughly cleansing the sponges as rapidly as they are handed to her, then placing them in a bowl of hot water or of dilute solution of carbolic acid according to the operator's wish; and, when they are required, rapidly wringing them dry before handing them to the operator's assistant.

Before the abdominal wound is closed, she must remember the fact which has already been emphasized, in a previous lecture, that it is incumbent upon her to count with the greatest care the number of sponges in her possession, and the number of the catch forceps and other instruments which have been used, so that, if any of these are missing, they shall be found before the surgeon ties the stitches and so closes the abdomen. Special stress has already been laid upon this matter, but it is not too much to say that neglect of this precaution has cost several patients their lives, and that the blame, if any sponge or instrument is left in the abdomen, will very fairly be thrown upon the assistant who had charge of these, and whose duty it, therefore, was to notice and report at once if any were missing.

When the operation is completed, the Nurse will hand the tray containing the dressings, and hold this while they are being applied to the wound. She will then undo the band tied over the patient's thighs, and, when the patient is lifted back into bed, will see that she has a pillow placed under her knees so as to raise the limbs, and so, to some extent, take off the pressure upon the wound and the abdomen.

The first object after placing the patient in bed is to obtain what is known as "reaction." The

exposure of the skin and of the contents of the abdomen to the air, during, perhaps, a prolonged operation, and the handling of the internal organs, which is usually necessary in these cases, always causes a certain amount of shock; so the patient may be cold and the pulse quick and feeble. Then, again, there is the depressing effect of the sickness which is almost invariable after an anæsthetic, and which has to be faced. Consequently, it is usually wise and necessary to place a hot-water bottle to the feet as soon as the patient is returned to bed, and to place extra clothes upon her so as to restore as speedily as possible her normal bodily warmth. In some cases in which, owing to loss of blood, to a prolonged operation, or to other causes, the patient is greatly collapsed, and appears, perhaps, to be almost dying, a rectal injection of brandy and beef-tea may have to be administered; and this, it is well to remember, will have a much better effect if given hot than cold, as the stimulating and warming effect will, of course, thereby be greatly increased.

It is, naturally, of the first importance to prevent sickness as far as possible; and a measure which I have often employed with much advantage consists in placing over the forehead and nose of the patient a piece of lint soaked in ordinary vinegar. I do not know how it acts, but it certainly seems to have a very beneficial result in diminishing, if not preventing, the sickness and the headache which are so common after the administration of ether or chloroform, while it is a measure which, if it does no good, will, at any rate, do no harm.

It is of great importance to get the air of the room cleared of ether as soon as possible in order that the patient's lungs and blood should be freed from the vapour; and, therefore, it is well, as soon as the patient is thoroughly covered up, to open the windows top and bottom, and, if necessary, the door also, so as to get the atmosphere speedily purified. A towel is placed under the patient's head and chin in case she is sick, and the Nurse will, of course, also have a porringer ready for such an eventuality.

The first great rule to observe as soon as the patient's consciousness returns is, that she must not be permitted, on any account, to take anything by the mouth. Many of these patients suffer from extreme thirst, which is due either to the excessive secretion of mucus set up by the anæsthetic or to the loss of blood during the operation, which, by sucking up the fluid from the tissues to replace the lost watery constituents of the blood, dries the mucous membranes of the mouth, nose and throat to an almost painful degree. Sometimes the patients will beg most pitifully for even a mouthful of water. But the Nurse must on no account disobey the operator's instructions, and must harden her heart by re-

[previous page](#)

[next page](#)