

Lectures on Gynæcological Nursing

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LECTURE II.

(Continued from page 76.)

THE source of error which occurs in every human affair, in this particular case depends partly upon the anæsthetic which has been given, and partly upon the constitution of the patient. Ether, undoubtedly, in some cases, causes embarrassment of the breathing and increased rapidity of the heart's action; but this passes off, as a general rule, within an hour or two, and, after that time, may usually be discounted as a cause of increasing rapidity of the pulse. Again, patients who are extremely nervous, or who have lost much blood before the operation, will have a rapid pulse to begin with, and often a more rapid pulse after the operation than before it. This, so to speak, natural rapidity of the pulse will have been discovered by the Nurse before the operation, and shows the importance of charting both the temperature and pulse of the patient, if possible, for a day or two before any important operation is performed, in order that the patient's habitual pulse rate and temperature may be known. And it is the *gradually increasing rise in the quickness of the pulse* which is to be feared; not the occasional rapidity which may be caused, in some patients, by finding the Nurse standing watch in hand, and timing her pulse. It is an excellent plan to make a patient talk or laugh while counting her pulse, as it distracts the attention of her nervous system from the otherwise rather solemn proceeding.

The second danger is that of blood poisoning, and it shows itself partly by the increased frequency of the pulse, but more emphatically by a gradual steady rise in the temperature. As soon as the Nurse finds the thermometer registering 101° Fahr., the doctor should be informed of it, and, meanwhile, the Nurse should attempt, if possible, to discover any possible source of infection. If there are any smells, or any signs of defective drainage, in a neighbouring sink or lavatory, or any decomposing vegetable matter, means should at once be taken to obviate them so far as possible either by their removal, or by that of the patient to another room; or, if this is impossible, by the free use of powerful antiseptics. Or it may be that the vaginal discharge is purulent and malodorous, in which case the Nurse can do no harm by giving, at once, a strong warm injection of Sanitas or Jeyes' Fluid.

Both these dangers, that is to say, hæmorrhage or blood poisoning, are especially likely to follow

cases in which the tissues have been bruised as well as cut, as, for example, occurs in removing a fibroid growth from the interior of the cervical or uterine canal, and which is usually accomplished, if the growth be at all large, by means of a wire *écraseur*. Here, the wire is put round the base of the tumour, and screwed up until it cuts it through, while, by its crushing action, it closes the vessels and so prevents immediate hæmorrhage. Sometimes, however, especially in persons who are prone to bleed easily, the open wound which is left will, after a few days, commence to bleed; or, more commonly, the surface of the wound may become unhealthy, and a slough be formed, which, unless great care and cleanliness is observed, may form the starting point for the absorption of septic poison. It is a good rule, therefore, to use antiseptic injections in these cases carefully and frequently, making sure that the fluid is sprayed direct upon the open surface of the wound.

This is, to an enhanced degree, necessary in those cases in which the operation of curetting the uterus has been preformed. After the cervix has been dilated by the graduated sounds, or dilators, a narrow instrument, fashioned like a hollow scoop, is passed up to the top of the uterus and drawn down and up the canal on every side until the diseased membrane, or warty growths, or whatever other condition may be present, has been removed. This is, as a rule, not only a simple, but a most successful, measure; but, at the same time, the fact, which has been recently made public, that, at a well-known institution, no less than three deaths occurred after this procedure in one year, proves that it may become a dangerous proceeding if proper care and absolute cleanliness is not enforced. If there be any rise of temperature, then, after this operation, it is usually necessary to syringe out the uterus itself with water containing a strong solution of iodine or some other powerful antiseptic, and as the application must be made direct to the uterine canal, the precautions necessary to insure the entry of the syringe through the cervix, to which allusion was made in the first lecture, will be doubtless adopted.

In cases of very contracted cervix to which the technical name of *stenosis* is applied, the usual operation is to dilate the passage by metal sounds to number twelve, and then to open the lips by cutting through each side of the cervix somewhat deeply. Here the great danger is from secondary hæmorrhage—that is to say from bleeding occurring on the second or third day. Once the vessels become permanently closed and the mucous membrane of the widely-opened wound becomes coated over with exuded serum, there is comparatively little chance of septic danger. It is, therefore, essential to keep these patients at perfect rest, so that the possibility of hæmorrhage may be prevented

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