

pace with the other and more general work, and hear the obstetricians of to-day attributing the immense success which now attends their treatment, to the preparation for and Nursing afterwards of operations, the mortality of which was at one time appalling to think of but which can be now performed with safety and excellent result.

I have mentioned medical, surgical and obstetric Nursing as distinct, the one from the other, and are they not? I take it, they are three separate and distinct parts of one great whole closely allied, yet differing from each other in a marked degree. For instance, the perfection of a medical Nurse is not necessarily the Nurse one would choose as being most competent to take charge of a serious surgical case, nor should we feel quite satisfied to entrust a bad typhoid or pneumonia to the care of one who had excelled only in her surgical training, but, I believe, nay, I am sure, that a thoroughly excellent obstetric Nurse will combine the qualities of the other two, with *the something* added, which to my mind marks a Nurse born, not made.

There is no part of our work which calls for more refinement of feeling, delicacy of touch, kindly consideration, and that firm, gentle strength of will, together with sound common-sense, so needful in all Nursing, as does that which we are considering now. Appealing as it does to our womanhood, we can enter very largely into the natural shrinking from those examinations necessary as a means of diagnosis, which shrinking often, alas! makes a patient put off consulting a doctor, until when she is at last compelled to do so, it is but to hear that she has sought advice too late—nothing can be done. I speak of cases of advanced malignant disease.

Then, too, we can understand the fear of exposure which many patients have. In this we can assure them, for a clever Nurse can with very few exceptions avoid any exposure at all, and spare her patient much unnecessary distress, at the same time with thoughtful care she can so aid the physician by placing the patient in such suitable position as to render examinations comparatively easy, which would otherwise be difficult.

When a patient is laid upon the examining couch, she should be completely covered except her face, with a sheet, and all arrangement for the physician's convenience can be made under that covering.

For abdominal examination the sheet can be turned down carefully, so that only the part to be examined is exposed, and immediately replaced when such examination is completed.

And here let me say before going on to more practical work, that I believe by exercising tact and sense, we may in many instances help a patient to overcome the onset of that most terrible of all things, a condition of hysteria so difficult to combat, a condition which taxes the patience and mental ingenuity of a Nurse more than perhaps any other complication of disease, and which becomes eventually an actual disease taking the form of one thing or another, and rendering a woman a pitiable object and a misery to herself and all around her.

In dealing with these cases let us first give them patient hearing; let them tell us all their fears and symptoms which are more often than not fancied or greatly magnified. Thus shall we be able to gain a knowledge of the individual with whom we have to do, and distinguish between the real symptom and the

imagined. The very manner of telling their history will aid us in our future management.

Then, having heard all their trouble, let us steadily but imperceptibly direct their thoughts away from themselves and their complaints; let us endeavour to interest them in the welfare of others, in the books and topics of the day; let us do anything and all that lies in our power to prevent the first seeds of neurosis falling upon soil so congenial to its culture.

But beware how we give them our sympathy; let it not be the maudlin sympathy which enervates and weakens, which aggravates rather than lessens their nervous trouble; give them as much as you can of keen, strong sympathy, which not only takes the hand but which leads up to the pain and through it, making the sufferer a stronger, better, nobler woman for the crucible through which she has passed. The sympathy which goes out not in words may be but silently as an influence the outcome of that innate refinement of true womanliness. To explain what I mean: A dear old grannie once said to me, in speaking of her night Nurse, "Sister, I loves to see her come into the ward, the very touch of her hand helps me bear the pain, God bless her." Now this was said of a Nurse who outwardly appeared to have but little feeling, and who was considered by many as being a most unsympathetic woman.

Do not imagine in my reference to hysteria I would infer that a patient suffering from any pelvic trouble must as a consequence be a victim to neurosis. My own experience has taught me that in the large majority of cases it is conspicuously absent, and where it does occur, it is during the stages of convalescence, hence our need to be on the watch against the first signs of such evil.

I am conscious that this is directly opposed to the teaching and opinion of many authorities, but I only give my own experience, which may have been strangely fortunate.

Of the passing of catheters, giving of douches, vaginal injections of lotions or ointments, packing the vagina for hæmorrhage, or in preparation for operation, and cleansing the external parts, each point as important as the other, there is so much to be said that it is difficult to know what may safely be left out, but of the passing of catheters, opinions differ so considerably that one feels impelled to give some suggestions as to the best method.

All here will agree with me on one point, viz., the necessity for absolute cleanliness, and the advantages of the glass catheter over the rubber one in this respect are too great to be passed unnoticed.

It is more cleanly, less irritating, can be boiled as often as passed, if need be, and it requires no lubricant. The rubber catheter we cannot be absolutely certain about as to cleanliness, for one cannot see inside it. From keeping it in an antiseptic the otherwise smooth surface becomes roughened, it cannot be boiled more than once or twice for the same reason, and it needs a lubricant, wherein lies all the mischief.

Then as to the manner of passing a catheter. To insure the absolute cleanliness of the parts we must remember that it is not the vulva, but the *orifice of the urethra* which needs the cleansing, consequently we cannot be quite certain that all discharge has been removed unless we look to see what we are doing, therefore when we are told that no well-trained Nurse would think of passing a catheter except under the covers, I for one entirely disagree. For another

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