

oil at all. A pinch of salt is then often given with much advantage, and the chance of eructations from the oil will thereby be diminished. The same principle should be adopted in the case of other fats; they should be administered in such a form as to entice the patient into taking them, and to enable him to retain them without discomfort. Many patients will take cold boiled bacon or Devonshire cream who cannot take ordinary fats. As a general rule, it is very important to obtain the weight of a consumptive patient, from time to time, as nothing gives a better index to his progress. When this is to be done it is clearly essential that he should wear about the same weight of clothes each time he is weighed, so as to remove an obvious source of error.

The Nurse must never neglect a most important precaution. There can be no doubt that the bacillus of tubercle possesses infective properties, and therefore the expectoration of all patients suffering from consumption should be as carefully disinfected as are the *dejecta* of a patient suffering from typhoid fever. The sputum should therefore be always collected in spittoons containing some strong antiseptic, such as carbolic acid or perchloride of mercury, and these should be frequently emptied. For the same reason, the patient should be supplied with pieces of antiseptic gauze to use instead of ordinary handkerchiefs, and these should be burnt when finished with. The Nurse should also take the precaution of washing her hands and face in an antiseptic solution before taking a meal, and this should never be taken in the sick room. There is, apparently, very little chance of infection taking place simply through the breath of the patient, because cases of phthisis, amongst those who have attended upon patients suffering from consumption, even in chest hospitals, are comparatively rare. The careful ventilation of the patient's room is an additional means of securing immunity; and, of course, the precautions which have been mentioned are most important for the sake of the patient and of his friends, as well as for the Nurse.

It is a practical point of the greatest importance to remember that sunlight has the most destructive effect upon the bacilli of tubercle; from which I have always taught the natural deduction that patients suffering from Consumption should be exposed as much as possible to the rays of the sun. And it certainly proves beneficial to draw the patient's bed or couch as much as possible into the sunlight, for if this only exerts an indirect influence on his lung disease, it certainly has the great advantage of brightening his mental condition.

(To be continued.)

## The Matrons' Council.

### A PRACTICAL DEMONSTRATION ON GYNÆCOLOGICAL NURSING.

BY MISS BRISTOW.

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TAKE care that all urine has been drawn off, then insert from 1 to 4 ounces of whatever lotion may have been ordered. Boroglyceride  $\mathfrak{z}\mathfrak{i}$ . to a pint, is generally used. If nitrate of silver be ordered, wash out with warm sterilised water first, then introduce as much of the lotion as has been ordered, and leave for ten or fifteen minutes. Finally wash. The reason for not introducing more than four ounces at a time is easily understood. The bladder fills itself naturally drop by drop, so that its dilatation is very gradual; consequently any large quantity suddenly introduced must be injurious to a certain extent when there is the slightest inflammation. The lotion returned should always be measured, to insure the quantity being the same as that introduced.

*Of the giving of Douches.*—For ordinary cleansing, two pints of water, temp.  $100^{\circ}$ , with either tinct. iodine or Condy's fluid,  $\mathfrak{z}\mathfrak{i}$ . to a pint, is excellent.

Patient should be placed on her back over a bed bath or pan, as the more convenient position, the syringe filled and the nozzle passed up as far as possible without force; then inject the lotion fairly briskly. Take great care to empty the vagina by pressure from above, as in the case of the bladder, and also by gentle pressure of the nozzle downwards. Then carefully bathe externally, and as carefully dry. By this means the patient will be left in comfort, and all fear of excoriation from lotion or moisture avoided.

The temperature of douches for all ordinary purposes is about  $100^{\circ}$ ; for chronic inflammatory trouble,  $115^{\circ}$  to  $125^{\circ}$ ; for hæmorrhage,  $120^{\circ}$  to  $130^{\circ}$ .

For intra-uterine douches, or for douching after severe vaginal operations, the hydrostatic apparatus only should be used; but no intra-uterine douche should be given except by one especially trained, and first douching after vaginal hysterectomy should be done only by the medical man, or by a thoroughly experienced nurse; for when we realise the fact that the peritoneum has been freely opened, one comprehends what danger might attend any rough or inexperienced handling.

For applying ointments to the cervix, we have here a very simple but useful instrument. Having thoroughly douched the vagina, the introducer, being charged with the ointment, is passed up until it touches the cervix. The piston is then pushed down and the injector withdrawn with a revolving movement; a tampon should be introduced, otherwise the ointment having melted will drain down and escape through the vaginal orifice.

For vaginal hysterectomy, the preparation is most important.

For forty-eight, or certainly not less than thirty-six hours before operation, douches of 1-4000 perchloride every four hours should be given, the last two being 1-2000, about six hours before operation, the vagina tightly packed with blue gauze, or whatever antiseptic the physician likes.

This is done by passing a Fergusson's speculum into

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