

the vagina and packing with forceps, slowly withdrawing the speculum as the vagina becomes full. The secretions in this way become absorbed by the packing, and the parts rendered as aseptic as it is possible to make them. I should like to add here that an expert Nurse will do this without causing her patient pain or distress.

As a rule, in hysterectomy, several pairs of forceps are left attached, consequently the lateral position is the safer and more convenient, as the forceps are more easily supported and hæmorrhage more readily detected.

For forty-eight hours while the forceps are left on very much can be done for the patient's comfort, by keeping all the parts very clean and well lubricated with an antiseptic ointment of some kind, by packing the handles of the instruments, especially where they enter the vagina, with soft gauze, changing it often, otherwise soreness and ulceration will take place from contact of the skin with the corroding metal.

Regular catheterisation is needful until the forceps and packing are removed.

As a rule the discharge becomes very foetid until all the sloughs come away, but this very rarely affects the temperature, if the vagina be kept well cleansed. One sees case after case with sub-normal temperature all the time.

*Of Ruptured Perinæum.*—The importance of getting the bowel thoroughly well cleared out must be realised by all who have to nurse these cases, and the washing out of both rectum and vagina before operation, the careful preparation of the parts, and the antiseptic dressing applied have made perineorrhaphy one of almost complete success. Keeping the patient in the dorsal position for at least forty-eight hours is most important, with knees tied and supported on a pillow. It is a matter of opinion whether douching be necessary, but cases vary so much that one's judgment must answer the question; if it be necessary, a rubber catheter is the best thing to use, it being small and soft, will not interfere in any way with the stitches.

No solid food should be given, and as little milk as possible until the bowels have been well opened, which is done on the third or fourth day with castor oil, ℥ss., to be followed by a warm oil enema of six or eight ounces when there is inclination to evacuate the bowel.

Syringing the wound afterwards is absolutely necessary to remove fragments of fæces, but great care should be taken to make it as dry as possible. If the wound becomes at all sodden with moisture, healing will not be as perfect.

*Of the Nursing of Ovariotomies and the like.*—Where possible the preparation should commence at least a week before the actual day of operation. Great attention should be given to the bowels; medicine the day before and an enema the following morning is not sufficient; for the entire week there should be a satisfactory action each day, then half an ounce of olive oil twenty-four hours before the operation, and an enema or two, if need be, will render the bowel comparatively empty. The importance of this cannot, I believe, be over-estimated, and our surgeons are the first to acknowledge how much depends upon this preparation.

Diet should be of the best—light and nourishing, with as great variety as possible. Plenty of fresh air. A bath each or every other day; failing that, washing all over.

The abdomen prepared as follows:—Thoroughly washed, not scrubbed, with soft soap and water, giving particular attention to the umbilicus, the folds of which are so likely to contain infectious matter. Then cover with six or eight layers of carbolic gauze, which dressing may remain for twenty-four hours, when the process should be repeated, taking care that when the preparation is once commenced no personal linen again comes in contact with the skin. The night before the operation the dry dressing is replaced with one of lint or gauze soaked in 1—20 carbolic wrung out as dry as possible. This to be finally replaced by dry gauze the following morning, the patient having been rubbed all over with 1—20 carbolic.

Supposing the operation to be done at 2 p.m., a good breakfast may be given at 6 a.m., and the last nourishment, taken about six hours before operation, to consist of beef tea or essence, not milk.

To weakly or old people, an injection of brandy, mutton essence and water, may be given about one hour before operation. A catheter should be passed immediately before. I would impress upon you the importance of avoiding any hurry or rush in these preparations. A patient is always more or less anxious about herself, and any haste or anxiety on the part of the Nurse will aggravate her fear.

It is of course understood that each surgeon prefers to use the antiseptic dressing he thinks best, or perhaps a dressing sterilised; therefore it is a Nurse's duty to find out *exactly* his wish, and follow out to the minutest detail any particular preparation he may desire; always remember that he has his own reasons for wishing such and such things to be done, and we as Nurses have not to question, but obey. So shall we gain the confidence not only of our surgeon, but of our patient as well.

The necessary requirements for a Keith's dressing should always be at hand in case of draining. There is no other method which is at once so convenient and cleanly.

And just one word about lotions. Accuracy in mixing them is most important. If a surgeon wants 1—40 carbolic, do not give him 1—41 or 42, nor 1—38 or 39, but let it be 1—40 exactly. Make a rule always to measure.

A Nurse should also see that restoratives of all kinds are at hand, viz., brandy, æther, strychnia, boiling water and all necessaries for hot fomentations. Hypodermic syringes must be in good working order, also the syringe prepared for brandy injection *per rectum*. Any delay in having to procure these things, when called for, may prove fatal if a patient be badly collapsed.

But to return to our case, whom we left ready for operation. That over, the patient should be placed upon her back in a thoroughly warm bed, pillow under her knees, which may or may not be tied; I try to avoid this, as being one of the discomforts a patient can quite well do without. For the first twenty-four hours the temperature, pulse and respiration should be taken every hour, in order that the first signs of collapse may be detected. The fall of temperature, the rapid, almost running pulse, quick respirations with pallor, restlessness and sighing, tell us of hæmorrhage, and delay in reporting any of these symptoms may result in a patient's death.

Intense thirst is invariably the greatest discomfort. To avoid, or rather to allay this, the mouth may be washed out with warm water continually, and after a

[previous page](#)

[next page](#)