

Here, again, it is not necessary that the douche shall be given with a dirty instrument. However sterile the nozzle may be, organisms can be washed up from the vagina with it. Not infrequently, however, these injections are given with a syringe of the Higginson type, which can scarcely ever be sterilised, and as I myself have come across nurses who have received a full training in a hospital where surgical methods were practised who have been under the impression that such a syringe can be rendered aseptic by pumping carbolic lotion through it, it is not to be wondered at that the average midwife is similarly ignorant. Sometimes these vaginal douches are given with the same appliance that is used for rectal injections.

Coming now to infection during the puerperium, the main cause again is the use of the vaginal douche as a routine measure during the convalescence of the patient. Here, too, it is seldom necessary, and very often harmful. Another method by which infection may be introduced is by the contact between the vulva and unclean linen or fecal discharges—in other words, by neglect to treat the genitals as though they were a surgical wound. The vulva should, of course, be protected by a frequently changed pad of sublimated wood wool or similar antiseptic dressing. Inasmuch as the bacillus coli is motile, it can find its way into the uterus by means of the movement of its own limbs or cilia. These organisms, therefore, should never be introduced into the vagina.

In all these instances, it has been assumed that the only wound is at the placental site. When, therefore, lacerations of the cervix (often caused by the premature application of forceps), or of the perineum, are present also, the risk of sepsis is increased. Inasmuch as a tear of the cervix is in the vagina to begin with, the risk of infection is much greater, often very great indeed.

THE CHOLERA IN ST. PETERSBURG.

In spite of the advent of winter, not a single day passes without deaths from cholera in St. Petersburg. The *Times* correspondent reports that the cases lately have averaged from ten to twenty a day. The sanitary authorities have at last met, at a meeting at the Town Hall, to discuss the situation, and from the evidence given by experts it appeared that the Neva water was persistently polluted by hospitals, and the bad sewage system, and that the water was supplied unfiltered to many quarters of the city. It was agreed that the only safe method was to obtain a water supply from Lake Ladoga.

Sanatorium Atmosphere.*

BY A TRAINED NURSE.

Tuberculosis nursing as carried out in the modern sanatoria is essentially different from the work of the graduate nurse in other branches of our profession. In the general hospital the cases, both medical and surgical, are those of more or less acute diseases, and are in the hospital for a short time only. With them the one main object of the nurses' work is the improvement of their physical welfare. In the sanatorium for tuberculosis, however, the nurse meets with an entirely different problem. The cases under her charge present a disease of a very chronic type, usually with few if any active symptoms, and are under her charge for several months at a time. With a large majority of cases all feeling of illness soon disappears, and the problem becomes, in fact, much more one of management than of treatment. The physical welfare of the patient while of course the principal objective of the nurses' work, is by no means the only one. To a larger extent than in any other branch of nursing the mental and the moral welfare of each case is to be considered. The nurse who bears this fact in mind can accomplish much toward creating in an institution that atmosphere which will not only aid in restoring the patients' health by keeping them cheerful and contented; but will also in many cases send them back to their homes awake to the value of many little details, which will add greatly to the health and comfort of those homes.

Sanatorium nursing concerns itself with a great deal more than taking temperatures, issuing diets, rubbing backs, and doing one's routine duties conscientiously. The patients in a sanatorium come mostly from those classes, whose lives have been spent in hard physical labour, and whose pleasures have been chiefly characterised by the element of nervous excitement. The time, the means, and the environment have all been lacking for them to learn to make their homes really homelike. The shops have often made of them mere machines, and their lives have become so cramped by constant work and unattractive environments, that there has been very little opportunity for mental development. Under the enforced idleness of sanatorium treatment they have but little of the initiative or imagination necessary to prevent their becoming morbid. Patients of this type must be diverted, and the nurse with a serious realisation of her

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