

gence, and intuition." He said further: "The exercise of the franchise by woman is not putting a cross upon a ballot-paper. That is a mere incident in the matter. When woman comes to vote she brings her conviction, she brings her contribution from an intellectual point of view as to what is required."

OUR PRIZE COMPETITION.

WHAT WOULD YOU GET READY FOR A SURGEON WHO WANTED TO MAKE A VAGINAL EXAMINATION?

We have pleasure in awarding the prize this week to Miss Kathleen A. Fyson, General Military Hospital, Edmonton, N. 18.

PRIZE PAPER.

If the vaginal examination were to be made in the patient's house, she could either be placed in bed, or an improvised gynecological table could be made by getting a narrow wooden table upon which a thick rug or blanket is folded, over this a mackintosh covered with a sheet. One or more pillows will be required, an extra sheet for covering the patient, and a small blanket for her chest. If the table were not long enough, two chairs could be arranged for her feet. A chair will be required for the surgeon.

Privacy can be obtained by placing screens round the bed, and this should always be done if the patient is in a hospital ward.

A table should be placed in the room, covered with a towel, and on it a basin of hot water (with a further supply at hand), soap, a nail brush, and clean towels; also a bowl of antiseptic lotion—perchloride, or biniodide of mercury (1-2,000), or lysol (1 per cent.), or carbolic (1-40), or others, according to the choice of the surgeon. This is for the surgeon to scrub up with before the examination.

Another table is necessary. This should be covered with a sterile towel, and placed conveniently near the bed or table. The following things should be arranged on it:—(1) Several sterile towels; (2) sterile lubricant, either vaseline or glycerine; (3) small piece of soap, previously softened—this is used in examining by the rectum; (4) two pairs of sterilised rubber gloves, either dry or in a bowl of warm lotion, as preferred by surgeon; (5) two bowls of warm lotion, receivers in which to place soiled swabs and dressings; (6) absorbent wool swabs; (7) tape measure.

The following instruments should be placed in a dish of warm sterile water or lotion, with the exception of Playfair's probes, which require to be dressed and kept dry and sterile until used; vaginal speculum, vulsellum for-

ceps, uterine sound, long blunt-pointed scissors, sponge forceps, Playfair's probes and dressing forceps. A douche should always be in readiness in case it is needed, also a No. 8 Jacques' catheter and a glass catheter.

The vaginal specula most commonly used are Sims' duckbill speculum, or Fergusson's cylindrical speculum. These should, with all the instruments, be sterilised by boiling for at least twenty minutes. Before handing a speculum it should be warmed by placing it in a bowl of hot water, and then lubricated, if required.

The majority of cases are examined without an anæsthetic, but in some cases it is desirable; if so, an anæsthetic table is prepared, with everything in readiness should the patient collapse. The patient should, when possible, have a warm bath the day previous to the examination, the genitals being carefully shaved before the bath. An aperient should be given in the evening, followed in the morning by a simple enema; if an anæsthetic is to be given this is most essential. Also in this case the patient would have an early breakfast (light diet) six hours before the examination.

On the morning of the examination the external genitals should be cleansed with warm water and soap, and swabbed down with some antiseptic lotion. In an emergency it may only be possible to clear the lower bowel with an enema, and in cases of sudden illness this should not be done until the surgeon has seen the patient. The bladder must be emptied just before the examination.

No vaginal douche should be given unless ordered, as it washes away discharge which it may be important to note.

A loose vest, stockings and dressing-gown should be worn. This enables examination of the breasts and abdomen when required, and it is less inconvenient to all concerned.

The patient can be placed in various positions, each of which has some special advantage. A knowledge of them all enables the nurse to quickly place the patient in the one required. The patient sometimes prefers to have her face covered with a clean towel.

Whichever position is chosen, the patient should be as little exposed as possible, and all precautions taken against catching a chill.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss W. M. Appleton, Miss J. McNeillie, Miss D. Sall, Miss Lydia M. Wharton, Miss H. T. Inglis.

QUESTION FOR NEXT WEEK.

Describe the nursing of a case after the excision of the tongue.

[previous page](#)

[next page](#)