

Fowler's.—For all post-operative abdominal cases.

THE MICRO-ORGANISMS.—Frequently met with in gynæcology are the Cocci of Gonorrhœa and Streptococci.

The Bacillus Coli may migrate from the bowel and cause much inflammation and the saphrophyte enter and live on dead blood-clot giving rise to Sapræmia.

Gynæcological Nursing is chiefly concerned with the :—

Toilet of the vulva.

Dressing of external wounds.

Recognition and treatment of vaginal discharges.

Efficient drainage after labour or operation.

Care of bladder and bowels.

Treatment of any local inflammation or ulceration.

TOILET OF VULVA.—Sterility of nurses' hands is essential, not only efficient scrubbing of forearms and hands under running water for five minutes, soaking in antiseptic, but also the wearing of sterilised gloves whenever possible. This safeguards the nurse from infections herself, especially venereal diseases, and also protects the patient. The vulva must be shaved, and well washed as the Central Midwives Rules demand. Mercurial Lotions are inefficient unless all albuminous discharge has been removed, and how often is it not done.

Swabbing should be with Perchloride or Biniodide of Mercury 1—1,000, five swabs being used, once each from before backwards. After the treatment the patient should be left clean and dried with a sterile towel before the application of a sterile pad.

DRESSING OF WOUNDS.—Abdominal as for an ordinary surgical case but perineal wounds are constantly exposed to infection, and need daily cleansing and swabbing with a drying solution such as Flavine in Spirit or Tincture of Iodine.

Air rings add to the comfort of the patient.

VAGINAL DOUCHING.—Is still employed sometimes where there is a vaginal discharge, is essential to the patient wearing a pessary, and as a preparatory step before operation, or plugging the vagina. A hot vaginal douche may stimulate a tired uterus in the third stage of labour, and so stop hæmorrhage. Vaginal douching can be extremely dangerous, as it may force infection to the uterus and thence to the abdominal cavity and so is much discouraged.

POSITION OF PATIENT.—Dorsal or Left Lateral.

APPARATUS.—Sterile douche can with rubber tubing and clip to regulate the flow, having a glass vaginal nozzle on its end. Higginson's Syringe must never be used, but we are sorry to see are still sold and recommended by chemists for this purpose.

LOTION.—Cleansing, Boracic or Saline Temperature 100° F. For Venereal Diseases, Perchloride of Mercury, 1—2,000, or preparations of Silver, Temperature 100° F. For Hæmorrhage, Iodine 1—160 at a temperature of 118° F. It is necessary to impress on nurses in teaching :—

- (1) Danger of douching.
- (2) Need for asepsis.
- (3) Temperature and lotion strengths, and why.
- (4) Necessity to strain return flow and save all clots and other material passed.
- (5) To lubricate external parts and thighs with sterile lubricant when giving hot douches.
- (6) To ensure the vagina emptying after the douche by allowing the patient to sit on the bedpan.

Intra-Uterine douching is performed by the doctor, but the nurse must prepare a special long douche nozzle with its return channel and the patient should be prepared as for exploring the uterus.

INSERTION OF TAMPONS.—Tampons are frequently ordered in cases of discharge from cervix and vagina.

Patient is prepared thus.—The bladder and rectum emptied and a douche given. Patient in left lateral

position, with a speculum to hold vaginal orifice open, and with sterile gloved hand nurse inserts tampon and plugs with gauze if ordered. Tapes of tampon must be left hanging, and tampon charted, also record when it is removed.

Tampons are obtainable ready medicated in gelatine cases, or can be made of gauze and wool, sterilised and soaked in solution before insertion. A firm pad and binder are necessary as the discharge is often very copious afterwards.

PLUGGING OF VAGINA.—Usual to stimulate uterine contraction in hæmorrhage.

Patient should be douched, bladder and bowels attended to, and placed in lithotomy or left lateral position. Gauze, or in emergency, sterile old linen is used. Plugging is difficult without anæsthesia. The trolley should hold :—Drum and Forceps. Speculum. Volsellum Forceps. Sinus or Long forceps. Scissors. Dissecting forceps.

Plugging is the Doctor's province, but the nurse must know what to prepare. The plugging is removed in 12 hours, douche given, bladder and bowels attended to, before reinsertion. A pad and binder are necessary after plugging to prevent the plug slipping out of the orifice.

Catheterisation is an everyday duty in a Gynæcological Ward, and Asepsis must be rigid. Always prepare two catheters.

Bladder wash-out is necessary in cystitis, and it is essential to teach nurses the importance of gentle introduction of fluid. Measuring of Bladder Capacity daily. Complete emptying after wash-out.

Instruments with which a nurse should be familiar are :—Uterine Sound. Bladder Sound. Volsellum Forceps. Playfair's Probe. Vaginal Speculum. Rectal Speculum.

FUNERAL OF THE PRINCESS ROYAL.

The funeral of H.R.H. the Princess Royal, which took place at Windsor on January 12th last, was marked by great simplicity, and yet those who were present at it were most deeply impressed with the perfection and beauty of the service. It could not have taken place in any setting more beautiful than St. George's Chapel with its lovely stone, its exquisite windows, ancient carvings and the glorious roof overshadowing all. After the congregation had assembled, the organ played the Largo in E Flat from Handel's *Berenice* and, when this had ceased, there broke, trembling on the air, the music of the pipes of the Scots Guards playing the Lament—the Flowers of the Forest. As the Choir entered, it ceased and then, in procession, the Choir sang "I am the Resurrection and the Life." In the midst of the singing, the coffin was carried in, covered by the Union Jack, and on it lay lilies and heather tied with tartan ribbon; the coffin was carried by non-commissioned officers of the Dragoon Guards. Behind it the King walked with the Princess Arthur of Connaught, the Queen with Lady Maud Carnegie, and other members of the Royal Family followed. The whole service was of great beauty. Among those privileged to be present were Miss Louisa Hill and Miss Mary Watson, the two Members of the Royal British Nurses' Association's Co-operation, who had the privilege of nursing Her late Royal Highness throughout her last illness. At the Memorial Service at St. James's Chapel, the Royal British Nurses' Association was represented by Miss Margaret Brown, R.R.C., and Miss Theobald

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