

PROFESSIONAL REVIEW.

GYNÆCOLOGY EXPLAINED TO NURSES.*

It gives us much pleasure to draw attention to "Gynæcology Explained to Nurses," by Miss Dorothy M. Dickinson, S.R.N., F.B.C.N., Certified Midwife, and Sister of the Gynæcological Ward and Theatre at Charing Cross Hospital, to which Mr. J. Bright Banister, M.D., F.R.C.P. (London), Consulting Surgeon to Queen Charlotte's Maternity Hospital, and Senior Obstetric Physician, Charing Cross Hospital, and Surgeon to Chelsea Hospital for Women, has contributed a Foreword. Mr. Bright Banister says that Miss Dickinson's experience as a Sister has rendered her well fitted to present the subject to Nurses, that she has taken an immensity of trouble with the illustrations, and that her drawings have been elaborated by a professional artist with that skill which characterises all his work.

In her introductory chapter Miss Dickinson lays down principles which should inspire the work and the aspirations of every true nurse, and especially of those nurses who devote themselves to the difficult, delicate, and responsible work of gynæcological nursing, which more perhaps than any other branch requires clear thinking, capacity for prompt action, high intellectual attainments, and a sympathetic personality.

She writes:

"We all realise that during the last few years the nursing profession has advanced rapidly, more particularly since the State Registration of Nurses, and that infinitely more is expected of us than of our predecessors; even more will be expected of us in the future. Nursing now not only means being able to blanket bathe a patient, give an enema, hypodermic injection, or other form of treatment as ordered; it means far more. It is to those who take their profession seriously the piloting of a human being through a critical period of life.

"The ideal of nursing might be summarised in the following words: 'To be a strong hand in the dark to another in time of need, to be a cup of strength to any soul in a crisis of weakness' ('Friendship,' Hugh Black)—surely not an easy thing, but one requiring a wide training, and years of careful preparation. This profession, unless we are content to be second rate, requires all our personality, intellect, imagination, character and strength if we are to render our service at all efficiently to those human beings who need our help.

"Our own personality is an important factor, and this we must try to develop. Every time we meet and greet a new patient this personality of ours makes a subconscious impression on her. She either decides that she can trust herself to our care or that she cannot. All through a critical illness the nurse's personality plays a tremendous part in aiding or hindering the patient in her fight for life. Small things we do or say count tremendously to one who is very ill. We can express our personality in the way we perform any act for the patient, either concentrating all our care on her and making her feel that we are giving of our very best, or with our minds elsewhere carrying out some form of treatment for her mechanically because it has been ordered. Imagine for yourself the different atmosphere these two opposite renderings of the same item of treatment will leave behind.

"Nursing requires all our intellect, in fact every faculty we possess. We must learn to understand our patient as an individual, to notice unknown to her the signs and symptoms of her disease, and the slightest change in her condition. To make accurate reports on any incidents that may occur, to do all, and to be all to the patient. In an emergency we must keep calm and do the right thing,

with efficiency and at once. Promptness of action has saved many a life; but we cannot act promptly unless we are mistresses of the situation, and this we shall never be without a thorough knowledge of our subject. Therefore let us be keen to learn."

The early chapters are concerned with the external and internal organs of generation, menstruation, and its disorders, pregnancy, its signs and symptoms, the onset of normal labour, the abnormalities of pregnancy, and gynæcological conditions resulting from pregnancy. Then we come to an important chapter on Sapræmia and Septicæmia. The two are severally defined:

Sapræmia. Sometimes during the puerperium or following a miscarriage, micro-organisms gain entrance through the scar or raw area left in the uterine cavity after the placenta has been expelled, and local infection of the uterus takes place. This condition is one of sapræmia if the micro-organisms remain in the uterine tissue, and the toxins only are circulated in the blood stream giving rise to pyrexia and other general symptoms.

Septicæmia is general infection of the body, in which both the micro-organisms and the toxins are circulating in the blood stream. It may follow upon childbirth, or a very septic miscarriage. The diagnosis can be rapidly verified if a blood culture is taken. The micro-organisms gain entrance to the blood stream in the raw area left behind by the placenta, and rapidly give rise to a number of complications.

"Septicæmia," says Miss Dickinson, "like pneumonia, calls for the finest nursing skill. Septicæmia should interest nurses intensely, as the patient's life so largely depends on their efforts. The surgeon lays down a definite line of treatment, but unless the patient's strength can be husbanded, and even increased by every means in the nurse's power, she will succumb to the virulence of the infection before the methods of treatment adopted by the surgeon have had time to set up any resistance."

The general principles of treatment by the surgeon and the nursing treatment are then defined in detail, and two cases, one of which recovered and one which ended fatally, are fully described.

The temperature chart of a case of sapræmia, and of a case of streptococcal septicæmia are given, and a very clear and useful table showing the differential diagnosis between sapræmia and septicæmia with the diagnostic points in each instance.

The author emphasises the importance of the diet in septicæmia. "It is of the utmost importance that the patient should have plenty of light, nourishing food. She is in a state of hyperpyrexia, cell destruction is going on more rapidly than normally; it is essential, therefore, that an adequate supply of nourishment should be taken to replace this loss. The food must be made very tempting and the patient encouraged to eat as much as possible. She should not be allowed to go for long periods without nourishment."

The nursing treatment in various gynæcological operations is admirably given in detail. Thus in radium treatment for carcinoma cervicis uteri: "From a nurse's point of view the most important thing is to know how much radium has been inserted, in how many needles, and which technique has been followed; so that she can watch the patient intelligently, and report any likely misplacement or loss of radium. . . . When patients have radium in the uterus or the vagina, or on the vulva, all dressings should be carefully saved until the radium has been removed and checked, in case a needle has slipped from its position and become entangled in the dressing. Extreme care should be taken when attending to a patient after micturition not to displace any vaginal packing or dressing on the vulva.

"The patient is usually kept constipated until the radium is removed. Some surgeons keep a self-retaining

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