

the strongest ; who will go to one patient, and not only take the temperature, but will see that the nursing is efficient ; and then go to another and see whether labour has commenced, and if so, how it is progressing. At present we all know such a thing is impossible—impracticable even. But Registration opens up immeasurable possibilities in this, as in all other ways, for a Nurse in a state of “irresponsible frivolity” is altogether different from a Nurse who is under professional control.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VII.—THE LOCHIAL PERIOD (DUTIES DURING).

(Continued from page 304.)

INTRA-UTERINE injections are used in Obstetric Nursing for administering antiseptics or hæmostatics ; and as it is necessary that you should know all about them, we will enter into the subject, and begin with antiseptics and consider hæmostatics further on. The operation is usually placed in the hands of Surgeons or Midwives, not from any particular difficulty about it, but because to do it effectually and safely requires a certain amount of tactile skill only acquired in Midwifery practice. In this instance we will depute the duty to one of the latter, for in cases where force is unnecessary the smaller and more flexible hands of women are better suited to it ; and we will give an antiseptic injection. It matters little *what* antiseptic we use, for the *modus operandi* is the same in all cases ; but as a matter of choice we will decline the corrosive sublimate. It is better to use a *new* syringe or one kept for the purpose, and not that used by the Nurse for all purposes ; and our first duty will be to prepare a solution of *double* the strength we intend to inject—say, *two* drachms of Condyl's fluid to the pint of water ; and we shall require a quart in which to immerse our syringe and vaginal tube for some ten or fifteen minutes before using them. We then fix the vaginal tip firmly on to the nozzle of the syringe, and charging it, pass a stream of the solution through it to assure ourselves it is in perfect working order and *no leaks*. We then throw the first solution away, and prepare that we intend to inject ; we shall mix a great deal more than we intend to use—say, a quart or even three pints to a strength of one drachm of Condyl's fluid to each pint of warm water ; or if carbolic acid, to a strength of one in forty. As

a fair test of the temperature of the water, place your hand palm upwards at the *bottom* of the basin for a few seconds, and it should feel comfortably warm. You again charge your syringe, and placing it under the prepared solution, have it brought to the bed-side for use. We now have to prepare the bed and position the patient. Place a piece of waterproof sheeting about the middle of the *right* side of the bed, and let it hang well over the side, as near the floor as possible, on which put a piece of old blanket or sheeting, &c., and stand a basin on it to catch the fluid as it runs from the vagina, which in this case we do *not* re-inject, as you do in vaginal douching. The patient must be gently placed *across* the bed (the bed-clothes being turned back longwise) and on her *left* side, her head resting on a pillow ; the nates must be brought close to the edge of the bed, and the knees drawn up ; under the former put a clean warm napkin, and keep the patient covered over with a woollen shawl or small blanket.

The operator (?) approaches the bed-side, bares her *left* arm to the elbow, her right to a little above the wrist ; both hands are powdered with the permanganate of potash in a way I told you of in a previous paper, having been previously washed in warm soap and water, rinsed and dipped into the *first* solution for a few seconds, and then wiped dry. Nurse stands in front of the operator and holds the basin in position, so that the brim is on a line with the vaginal orifice. Having the syringe charged and the vaginal tube bent into a slight curve, as a preliminary step we wash out the vagina ; and then re-charging the syringe, we pass the two fore-fingers of our *left* hand up to the mouth of the os uteri, and with the *right* hand pass the vaginal tube over them and into the uterus, up to the *fundus*, the antiseptic solution is *gently* injected, and the uterine surfaces irrigated, as it were. We watch the returning stream flow from the vagina and over the waterproof sheeting with great interest, and note its altered hue ; usually it is ominously brown. Again we inject ; the fluid may return to us less discoloured ; we repeat the process, and may be rewarded by seeing our solution come back almost as purple as it went in, and we desist from further efforts. The vaginal tube is withdrawn, and with the enema at once dropped into the basin Nurse has been holding, and left under the solution until we have time to attend to it, the Midwife here rinsing her hands in it before washing them.

Our next care is to replace our patient. The waterproof sheeting and wet napkins are removed, and a clean draw-sheet put under her instead, and a clean, warm napkin to the vulva. The shawl

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