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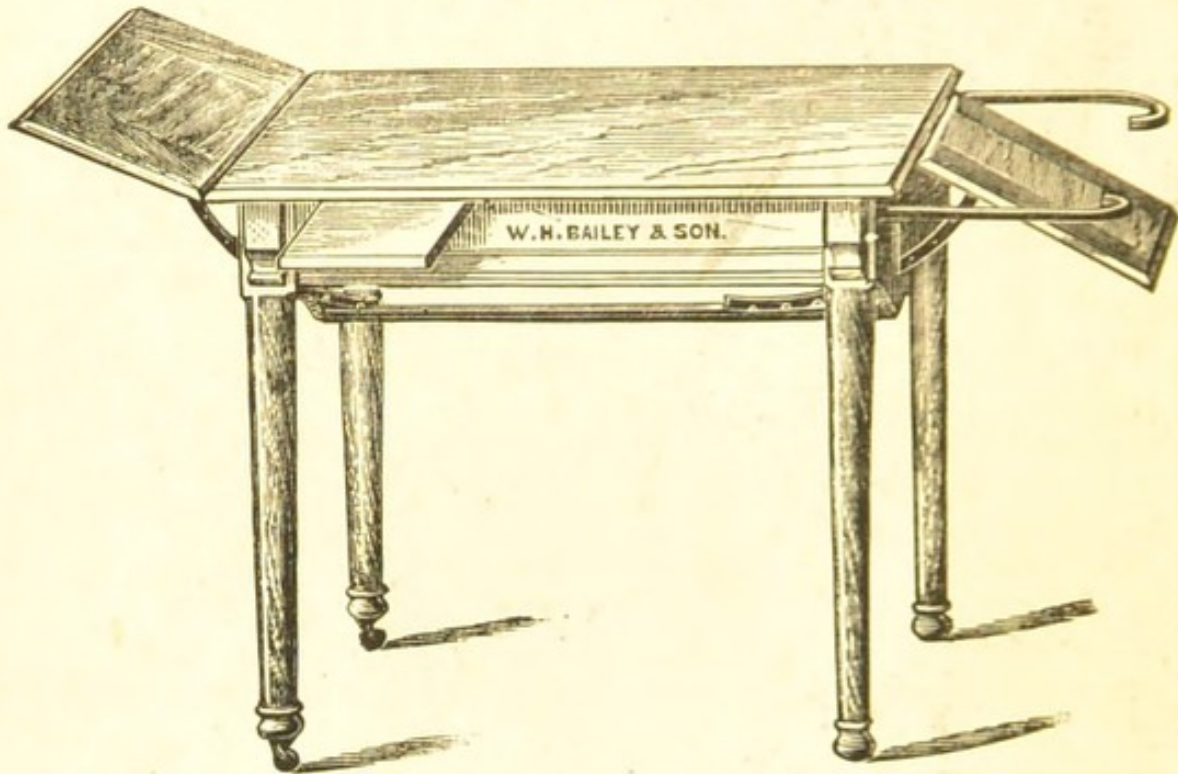
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GYNÆCOLOGICAL NURSING

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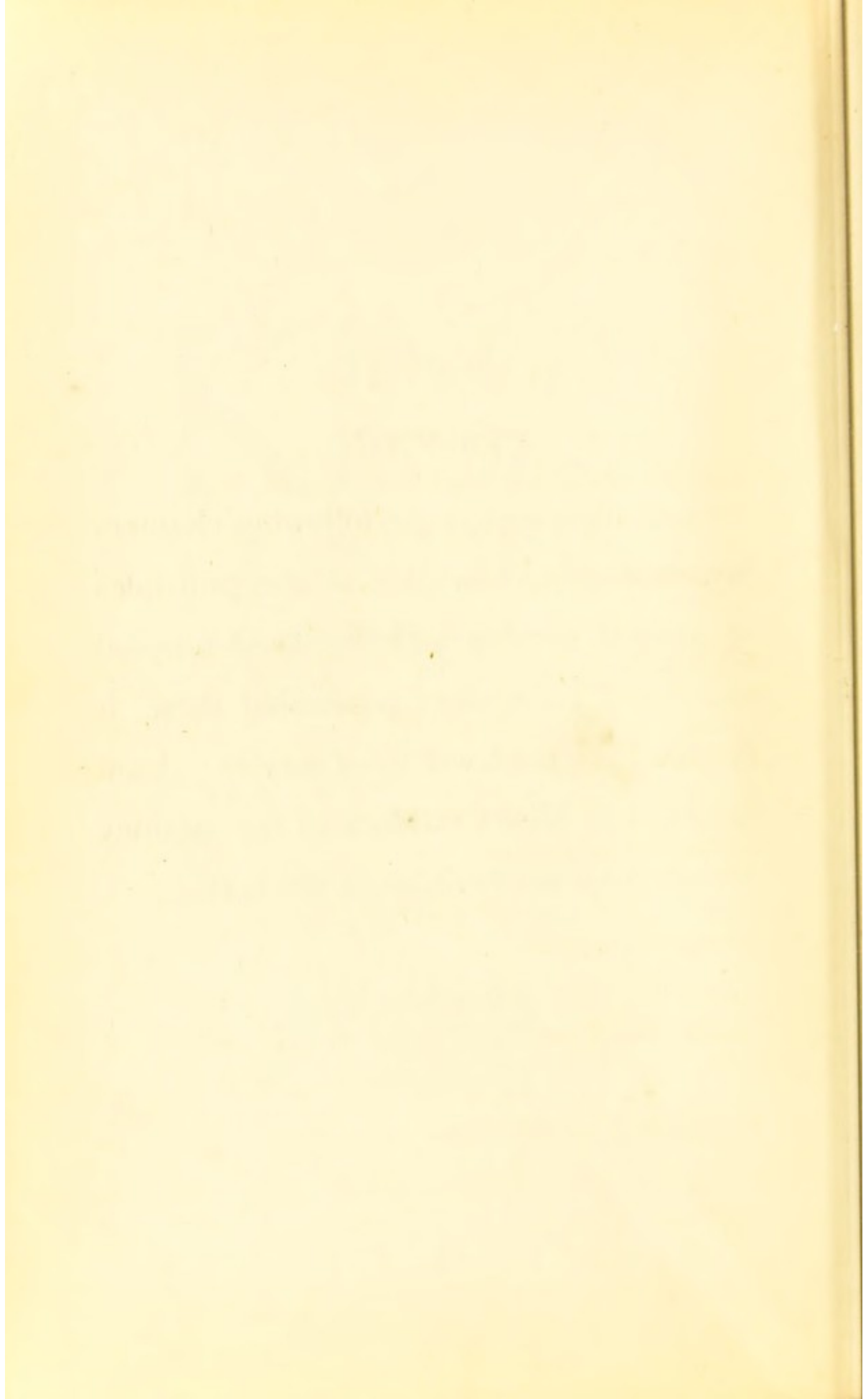
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PREFACE.

THE arrangement of the following chapters presupposes a knowledge of the principles of general nursing and the usual hospital training. To readers possessing these, it is hoped the book will be of service. I am indebted to Miss Craddock of the Stanley Hospital for her revision of the text.



CONTENTS.

CHAPTER I.	
	PAGE
THE QUALIFICATIONS OF THE GYNÆCOLOGICAL NURSE .	I
CHAPTER II.	
PERSONAL HYGIENE	8
CHAPTER III.	
ANTISEPTICS	12
CHAPTER IV.	
DOUCHING	22
CHAPTER V.	
EXAMINATION OF PATIENTS	27
CHAPTER VI.	
DRESSING OF PATIENTS	32
CHAPTER VII.	
TAMPONS AND PLUGS	36
CHAPTER VIII.	
SUPPOSITORIES AND PESSARIES	39
CHAPTER IX.	
THE PATIENT	42

CHAPTER X.

	PAGE
AMENITIES OF THE SICK-ROOM	46

CHAPTER XI.

SPONGES AND DABS	51
----------------------------	----

CHAPTER XII.

MINOR VAGINAL OPERATIONS	55
------------------------------------	----

CHAPTER XIII.

THE NURSING OF MINOR OPERATIONS	59
---	----

CHAPTER XIV.

THE USE AND CARE OF THE CATHETER	65
--	----

CHAPTER XV.

MAJOR OPERATIONS IN PRIVATE HOUSES	71
--	----

CHAPTER XVI.

THE AFTER-CARE OF CASES OF ABDOMINAL SECTION	79
--	----

CHAPTER XVII.

ABORTION	86
--------------------	----

APPENDIX OF FORMULÆ	91
-------------------------------	----

INDEX	95
-----------------	----

CHAPTER I.

THE QUALIFICATIONS OF THE GYNÆCOLOGICAL NURSE.

A GOOD gynæcological nurse must first be a good general nurse. In nursing, as in anything else, specialism is apt to be bad, or only indifferently good, unless it naturally develops out of special tastes, proclivities, and success discovered in the course of general training and experience. So the well-trained special nurse will be an excellent all-round nurse whose special ability has been recognised, whose taste in a particular direction has naturally grown, or who has chanced on special work in the course of her professional duty.

All this argues, of course, that she will be older, not younger, than the average nurse. I do not think any woman under twenty-three should take up nursing or undergo the moral and physical strain of the profession at an immature age. But the nurse who takes up gynæcology for any reason should be to a certain extent seasoned,

balanced, fitted by a graver and more serious temper for nursing a class of cases in which we find not only physical and surgical conditions of extreme gravity that entail an enormous strain on all their attendants, but many patients whose moral disposition is light, and who have at times too little respect for the ethics and responsibilities of sex to make it good for any woman who is too young, inexperienced, or ill-balanced to be brought into close contact with them.

Given age, physical strength, experience, and a judicious mixture of sense and sensibility, the gynæcologist would ask little more of his nurse unless it were a conscientious and unswerving obedience to orders, a particular respect for detail, and a courageous readiness to do what she has been taught to do at the time it is called for, without delay or equivocation. Emergencies arise in gynæcological nursing that have to be met on well-defined lines, and with promptitude and resourcefulness. This is a very different thing from mere meddlesomeness. I once had to employ two new nurses for a hysterectomy, and met one on the stairs the day after the operation carrying castor oil with which she was about to dose the patient, for no earthly reason except that another surgeon had given an aperient under some special circumstances. Without asking a question, or stopping to con-

sider that even if the treatment had been routine treatment it might under certain conditions have ruined an operation or destroyed a patient, she rushed into a perfectly unjustifiable proceeding. This was an entirely different thing from my own nurses' action in giving a turpentine enema or an aperient after an abdominal section, on the appearance of distension, without waiting for orders; though in no case should treatment be initiated if the surgeon were within reach to be consulted.

But these are obvious propositions, and I need not argue them to readers who are trained nurses. What we need to insist on in the nurse who attends a gynæcological case are a steady hand, quiet manner, cheerful and willing service, and the possession of sympathy that does not degenerate into disquieting sensibility.

Indeed, what is required in a perfect nurse is a magnificent sympathy, which shall make her understand her patient completely, and stand between her and anything that will tend to aggravate her sufferings, to irritate her, or cause needless pain. The patient's consciousness of this sympathy has a wonderful effect in minimising that querulousness of disposition and chafing under affliction which intensifies physical suffering, and delays the progress of cure. The nurse, too, should possess tact and adaptability

to enable her to give the proper direction to sympathy, in the way of helping where she can help, and not interfering with needless fussiness where a patient is best left alone. For patients are often hysterical—they take perverted views of life; the duration of their symptoms, and the gossip of friends, nurses, and doctors have all tended to fix their minds so much on their physical ailment that it has become magnified by the concentration of their ideas into something quite disproportionate to the actual condition. On cases like this, the good nurse will have the effect of a moral tonic—will be cheerful and bracing. Her firm, unhurried demeanour gives evidence of knowledge and skill on which the patient can rely, and the impression of a reserve of strength on her part will do more to calm and soothe a patient than any other quality she can possess. Sometimes she will make light of a patient's sufferings, and the consciousness of her sympathy will make the patient take this in a proper way; while at other times, when it is impossible to hide from a woman that her condition is grave, if she knows that her attendants understand why it is grave, and are prepared with means to relieve or cure it, she will the more readily fall into the state of mind which is the best basis for a cure.

If the discipline of the sick-room be maintained,

there will be a mutual understanding between the nurse and the doctor, which does not mean, by any means, familiarity, and which can exist even when these two functionaries have an unfortunate personal antipathy. If they have any good sense, they will sink personal dislikes for the sake of their patient, and in the interests of science.

Proper reports will be made at regular intervals of the patient's condition. The temperature will be taken at the time specified by the doctor. Medicines, applications, nutrient enemata will be administered with due regularity, every incident bearing on the patient's condition will be noted and described for the doctor, who will give it its proper perspective, and it will be the nurse's duty to make her report as nearly as possible a picture of the patient between the visits of the doctor, so that he can cover the period between them by a lucid and intelligent description of the events that have intervened. This, combined with trustworthiness in details, unquestioning but interested obedience to orders, and a tactful management of the patient, will make a nurse the acquisition she ought to be to both doctor and patient.

I have already referred to the danger of gossip. It amuses a patient probably, and it is very easy to fall into the habit of thus beguiling time ; but

you must also reflect that it loses you your patient's confidence. If you gossip about other people you will also gossip about her, and sooner or later she will remember that to your discredit.

And if you talk to her much about her case you do not merely increase the harmful concentration of her ideas on herself, but you run the risk of criticising the doctor and his treatment in permitting your personal likes and dislikes to come between you and your duty, which is, to maintain the confidence between doctor and patient — an essential condition of successful practice.

As regards discipline, it is well to remember that when on duty you must always wear the badge of duty. An untidy appearance, a disregard of uniform, a slipshod method of doing your work are as bad for you as for the patient. You must always be neat and clean, be of quiet habit, avoid gowns that rustle and chatelaines that clank, and let your manners in the homes into which you are introduced make you respected—not for a vulgar insistence on imaginary rights, and a demand for the recognition of fancied importance, but by such a bearing as will insure you the respect always given to professional skill and consideration for the feelings of others, who are probably distracted by

the distress and confusion that reign in any household where sickness has come. If you have any real dignity, it will take care of itself. If you have none, no amount of airs or rudeness of manner will obtain for you the consideration which you naturally desire.

CHAPTER II.

PERSONAL HYGIENE.

BEFORE she can properly take care of her patient, the nurse must learn how to take care of herself. Apart from the fact that one's health is a very vital factor in the quality of the work one does, and that we cannot stand the strain of long hours and anxious watching unless we have robust health—which also goes to the making of an even temper—the nurse will be associated with women who are not only very susceptible to infection of all kinds, but who are themselves in a condition to infect not only the nurse but other patients with whom she is brought in contact. The nurse will, of course, know that she cannot long pursue a life of irregularity as regards eating, sleeping, and exercise without a serious effect on her health. In my opinion she requires eight hours in bed, with undisturbed rest, every day, and it is important that she should have an hour's outdoor exercise, which may be secured except under the rarest possible

emergencies. It will make her come to her work fresh and more cheerful, and will be an agreeable change for herself and the patient. Leading, as she does, an indoor life, which is not always blessed with the most perfect hygienic surroundings, she is to be particular to avoid constipation. A warm bath should be taken at least once a week, and before every major operation; and a cold plunge bath or tepid sponge every morning will be found extremely beneficial. If she is out of condition, it must be reported to the doctor in attendance. A nurse who is suffering from sore throat, chronic catarrh of the ears, nose, or eyes, or from any infectious or contagious disorder, is not fit to attend patients, to whom she may easily convey that or worse trouble. She should change her under linen as often as possible, and always before a major operation. It is a difficult matter to keep the skin of the hands in good condition, but it is not the less important to do this. Little cuts about the fingers, or sores beneath the finger-nails, are openings for poisonous matters of all kinds, which she may obtain from patients and from soiled dressings. She will, therefore, take particular care of her hands. If they are chapped at all, an excellent application will be found in the ordinary lead ointment, diluted to half its strength with vaseline. A little glycerine rubbed into the

hands at night will also keep the skin soft and pliable, and prevent the dryness and cracking, which is a source of much annoyance. She will thoroughly wash and disinfect her hands before and after dressing any patient, for she may convey infection to the patient, who may have, if not active centres of infection, wounds, raw surfaces, and discharges, that are excellent growing grounds for germs; which germs, if introduced by the nurse, may light up serious mischief; though it entails a little extra trouble, this constant washing of the hands is a vital necessity. A good nail-brush should be kept handy. It should never be used very long, and if kept soaked in a solution of carbolic acid (1 in 40), there will be less danger of irritating sores coming beneath the nails if the bristle happens to prick them. A brush, if well made, of strong fibre, and not too small, will also be less liable to scratch the hands.

The nurse will always remember the invisible enemy which lurks everywhere, and, especially in the sick-room, is liable to be of a virulent and destructive nature. By preserving her own health she will be more able to resist the chances of local poison, and keep clear of contagion.

There are special precautions to be taken in some cases of unusual virulence. Patients suffering from specific disease are particularly

dangerous. The nurse must on no account dress them or come into contact with any of their discharges if her hands are not perfectly sound, and she must be careful to use absorbent wool that can be immediately destroyed, or towels that can be disinfected and boiled, for such cases. If she were to rub her eyes, for example, with fingers not perfectly clean after dressing such cases, she would in all probability set up destructive inflammation or arouse constitutional disease. The smallest crack or sore must be protected and watched till healed. If the nurse has wounded herself with anything unclean, she must wash the wound under a current of water, and either touch it with a stick of caustic, or with a drop of nitric acid, if the infection be considered serious, or wash thoroughly with carbolic lotion.

In the course of a little time all these things are done as a matter of routine; but, until they have become reliable routine, the nurse must exercise constant, though not fussy, care, and cultivate what has been well called "the anti-septic conscience".

CHAPTER III.

ANTISEPTICS.

THE nurse who has received a general training is, of course, familiar with the necessity for the general use of antiseptics in modern surgery, and the various methods of using them. In no branch of surgery are they more important than in the practice of gynæcology, and it will be well in this place to briefly recapitulate several facts connected with this branch of our subject.

It has been shown that the air contains large numbers of living organisms of a low type of life—many of which are harmless, but some varieties extremely dangerous, not only to the success of any operative procedures, but even to life itself. These organisms are so minute that they are not merely invisible to the naked eye; they require powerful microscopes to demonstrate their presence. If you can place a trifle of 250 millions of these germs on an ordinary postage stamp, and reflect that they multiply with the most extraordinary rapidity, it will be easily

understood that mere cleansing, as practised by the housewife, however scrupulous she may be, is of no avail for the removal or destruction of these creatures. They exist in the air, on the vessels and instruments used, in the skin of the hands of the surgeon and of the nurses, and in that of the patient. If they gain admission into a wound, or into a susceptible part of the body, in any quantity, it has been shown that not only do they delay the normal healing processes of an injured tissue, but they produce inflammation of a more or less serious character, and sometimes so serious as to destroy life. The fact that germs may be separated and cultivated in certain materials, and inoculated in the system with the production of very definite results, is sufficient to show that we are not dealing with any imaginary enemy or trifling with any mere scientific fad, but that we are of necessity to take such steps as will prevent the inoculation of our patients with organisms of a very deleterious character. Provision is made in the body for the destruction of germs. Certain blood cells have been shown to have a very powerful action in destroying them, and the products of their life and activity; but you cannot always guarantee that these cells—the police of the body—will exist in a sufficiently healthy condition, or be available in sufficient numbers

to cope with large quantities of germs in any particularly active condition. We cannot, then, depend on the tissues of the body for dealing with these injurious organisms, but it must be our care to exclude them altogether, or as completely as possible, or at least to ensure that those gaining access to the tissues shall have their activity damaged by the means at our command.

The ideal operation is an aseptic one—that is, an operation performed under conditions which prevent the access to the tissues of noxious germs. The study of their life history has shown us that this can be obtained in various ways. Asepsis prevents the admission of germs. Antiseptics destroys the germs and their poisonous products; and, when either of these processes is properly carried out, the risks of any operative procedure, and the pain and trouble connected with it, are either entirely eliminated or very considerably lessened.

The most efficacious manner of dealing with microscopic organisms is to boil them. We may take it as proved that instruments, for example, boiled for from fifteen to twenty minutes in water containing 5 per cent. of carbonate of soda will not only be free from living germs, but from the spores of these germs, which are sometimes more difficult to destroy than the

parent germ. A surgeon has, in these means, a reliable and easy method of securing surgical cleanliness. Instruments so treated are described as being sterilised—that is, they are freed from germs that are living, and have the power of multiplying. In the same way we find that boiling water for fifteen or twenty minutes will destroy the germs it contains—in short, sterilise it. But it is not always possible to boil everything that is brought in contact with the patient, and we can only secure asepsis in such cases by a prolonged process of cleansing, and by the use of antiseptics. An antiseptic in common use is carbolic acid in solutions of 1 in 20 to 1 in 40 parts of water. It is, perhaps, the most universally useful antiseptic. Its action is penetrating; it will destroy most germs; and it gains access to them more freely than is the case with other materials. The trouble about carbolic acid is that it is extremely irritating to the hands, and, of course, to the tissues; and, like other antiseptics, being poisonous and irritating, it cannot be used for abdominal operations, at least inside the peritoneum. For a vaginal douche we should use carbolic acid to the strength of 1 in 40 to 1 in 60, that is, an ounce to every two or three pints of water; and for use within the uterus of the strength of an ounce to about two quarts of water. It should be

thoroughly mixed and stirred into the water, as it frequently settles to the bottom of the vessel. Many alternative antiseptics are used, of which we might mention two or three. Corrosive sublimate of a strength of 1 in 1000 to 1 in 3000 parts of water is a favourite antiseptic, but it is not so penetrating as carbolic acid, and it damages instruments. It is irritating in strong solutions, but it is less harmful to the hands. Many surgeons use preparations like Jeyes' Fluid and Lysol, which are very efficacious, but have the objection that both make so cloudy a mixture with water that it is difficult to find instruments that are covered with them, and Lysol is very soapy and unpleasant to work with.

Tincture of iodine of a strength of one or two teaspoonfuls to a pint is a valuable antiseptic, and chinosol is very powerful, but it is apt to blacken instruments. And so we might run through the multitudes of antiseptics which flood the advertisement sheets of the medical papers, and appeal some to one surgeon some to another. But the surgeon in charge of a case will indicate the particular preparation for which he has a preference and the strengths in which it is to be used.

The cleansing of the hands is a matter which requires the most particular care, and is difficult,

indeed, to secure ; but the nurse who attends to details such as these gives an indication of her trustworthiness, and is a source of immense comfort to the surgeon. She often has to wash sponges, or to pass instruments at an operation, and all the care of the operator will be thrown away if the nurse has not realised the extent of her duty as to personal cleanliness. To prepare your hands it will be necessary to keep your nails trimmed very short, and not only to clean them with extreme care from apparent dirt, but to scrub them thoroughly at their edges and underneath them, and to clip away soiled skin from under the nails and tags of skin from their margin. You will then scrub the hands and arms for a good ten minutes in hot water with a new nail-brush that has been soaked in 1 in 20 carbolic acid for twelve hours. The nail-brush should be fairly close, so that the bristles do not get under your nails and cut them. And it is well to scrub the hands under a stream of water rather than to wash and rewash them in soiled water. After this thorough and conscientious scrubbing, the hands may be washed in spirits of turpentine and scrubbed again ; and in order to make them still freer from germs, which are prone to linger in the deeper parts of the epithelium of the skin, it may be necessary to soak the hands and arms in a strong solution

of permanganate of potash, after which they may be bleached by washing in a solution of oxalic acid, and again in sterilised water, or after the scrubbing they may be soaked for two or three minutes either in 1 in 40 carbolic lotion or 1 in 1000 corrosive sublimate lotion. After this final cleansing, you will of course take care not to waste it all by handling materials, vessels, or instruments that have not been sterilised, by turning door handles, and making yourself generally useful with the odds and ends of a sick-room. The hands once cleansed must be kept in that condition for the work you have to do in connection with any operation. For less serious matters, it will be sufficient to scrub the hands thoroughly with soap and water and with turpentine, and dip them in lotion.

All these may seem to be counsels of perfection, but you may be surprised to know that if, after such an elaborate cleansing and disinfection, you were to clip off a piece of skin from the hands, you would in all probability be able to grow from it a fair crop of germs. Perfection, perhaps, as regards asepsis of the hands is not to be obtained; but you can at least try, and you will run so much the less risk of conveying infection to the patient. I have known the amputation of the thigh made necessary by the carelessness of a nurse, who dressed a

simple wound of the leg after attending a case of erysipelas. You may consider it an "off-chance" that damage will be done, but this "off-chance" is what makes all the difference in successful work, and it is what we are trying to eliminate from the risks of practice. Nor is this work wasted, for it saves not only the surgeon but the nurse an infinite amount of trouble in the after-management of the patient, and it is the truest economy of labour.

We shall describe the cleansing of the patient's skin when speaking of the preparations essential for operations.

Before being boiled, instruments are to be carefully scrubbed with a strong, new nail-brush. After dipping them in soft soap, they may be scrubbed till the lather ceases to form, and then placed in the boiling water; or they may be scrubbed with dry soap or Monkey soap in the same way, and particular care must be taken with such instruments as artery forceps and clamps which have toothed ends to scrub away from the grooves of the instrument and its joints every particle of blood and dirt or rust that may adhere to them. This is not to be done in a perfunctory manner, and the nurse must understand that if she is entrusted with this duty it is a serious responsibility as well as an honour, and that on the care with which it

is done will depend the success of the operation quite as much as on the skill of the surgeon performing it. Knives cannot very well be cleaned in this way, because boiling destroys the temper of the blade. If they are boiled it will be understood that the knife will have a metal handle, and the blade may be wrapped round with wool to protect it as far as possible. Perhaps the better way would be to wipe the knife carefully with a carbolised towel (1 in 20), and allow the knife to remain in a solution of carbolic acid (1 in 20) for thirty minutes before being required for use. Instruments that have been boiled are described as "sterilised"—that is, they are free from germs which may multiply and grow when introduced into the tissues. It is so simple a process that the nurse who is aware of the hour of the surgeon's visit and of the instruments he will require even for a simple examination will be wise to carry it out, and to have a quantity of sterilised water at hand for his use, as well as means of preparing readily some antiseptic solutions for which the surgeon has preference.

Where a wound is aseptic, it is enough to use in connection with it instruments and water that have been sterilised. Where it is septic, it will of course be necessary to use some antiseptic solution; and it will be more than ever necessary

after the dressing to scrub and boil all instruments used in the process.

Dressing-trays and vessels of all kinds that are used should either be boiled or well washed in carbolic lotion after the use of soap and water, and wiped with carbolised or sterilised (boiled) towels. If the instruments and accessories are not to be used immediately they have been sterilised, they must be well wrapped up or covered with dry sterilised towels. Dressings should be kept in unopened packets as far as possible; or, when the packet has been opened, those that have not been used should be carefully wrapped up in a sterilised towel, and put away out of the dust until wanted. Dressings of course can be sterilised by boiling, but it is more common to use some dressing impregnated with antiseptics, which, while exerting an antiseptic influence on the parts with which it is brought into contact, is more handy for use than those which have to be sterilised on the spot, either by cooking in superheated ovens or by boiling.

These are some commonplaces of antiseptics, but we shall have to speak in more detail of these matters in describing preparations for operations of various kinds.

CHAPTER IV.

DOUCHING.

PATIENTS are usually douched for (1) cleansing purposes; (2) for the application of drugs to the vagina and neck of the uterus; and (3) to relieve inflammation in the pelvis. In the former cases it is usually sufficient to use one or two pints of either sterilised water, or water in which some antiseptic or other medicament has been dissolved. Common disinfectants would be corrosive sublimate lotion (1 part in 2000 or 3000 of water), 1 in 40 carbolic acid, Condy's Fluid, Sanitas, Jeyes' Fluid, or other antiseptic. Amongst the medicaments in common use we have sugar of lead (quarter of an ounce to one or two pints of water), decoction of poppy heads, sugar of lead with laudanum in equal proportions, sulphate of zinc, alum, and many others.

The appliances are a bed-pan, a douche-can with long tube and a vaginal attachment, a mackintosh sheet, sterilised water (hot), and a towel. The bed-pan must be warmed and placed

under the patient as she lies in bed. The nurse will then prepare the douche of sufficient heat (from 80 to 100 deg. Fahr.), and permit a little of it to flow through the tube (which is preferably made of toughened glass that can be boiled), until she has made sure that the tube is full, and that neither air nor cold water will enter the patient. She will now grease the vaginal piece with plain or carbolised vaseline or carbolic oil; and, after gently separating the labia, will pass the tube within the vagina for three or four inches very gently and steadily.

She will now turn on the water, which flows into the patient and out again into the bed-pan. When used for cleansing purposes, as in preparation for operations, it would be well to raise the douche-pan a few feet above the patient; and, when she has inserted the nozzle of the tube, to slip her finger alongside it and depress the posterior wall of the vagina, so that this may be stretched somewhat and permit the water to enter freely and wash away matter that has collected in its grooves and folds.

In the application of medicaments to the vagina for inflammatory conditions, or for leucorrhœa, it is not so necessary either to raise the douche-pan to a high level or to introduce the finger. The nozzle of the douche-tube blocks the passage to a certain extent, and the fluid tends to

balloon it, so that the entering antiseptic or solution comes into close contact with all the parts, and remains for a longer period than in the former case.

The medicines will therefore be applied more thoroughly, and will have time to exert their influence better than if the vagina were merely washed out with them. Where the douche is given for the relief of inflammation within the pelvis, it has to be continued for some time—at least for a quarter of an hour—and the water should be very hot. A temperature of 110 to 120 deg. Fahr. will be necessary here, and the patients usually complain a great deal of the hot water. When used as hot as this, water is apt to scald the skin as it escapes, and it is a wise precaution to smear the buttocks and the skin in the neighbourhood of the vagina with vaseline to protect it from the effects of the hot water. You will require quite a gallon of sterilised water for such a douche as this, and if you can obtain a bed-pan, which has an attached tube for carrying away the water that has escaped, you will prevent the bed from getting wet (though the mackintosh beneath the patient will save this to a certain extent), and save yourself considerable trouble, and the patient much disturbance, in removing the bed-pan from time to time to empty it. All these things can

be achieved without uncovering the patient or disturbing her much. In some cases, however, it is desirable to bring her to the edge of the bed in the position we have described for examination—called the Sims' position—placing a mackintosh under the buttocks, and hanging this over the edge of the bed, so that it is draped in the form of a scoop or funnel, to carry the escaping water into a bucket placed by the bedside. Where a mackintosh is not handy, a large sheet of brown paper, or one or two newspapers, would answer the purpose just as well. The nurse will, of course, take particular care that the douche-can itself has been well cleaned and wiped out with a carbolised towel; that the tube is cleansed and sterilised; that the water to be used has been well boiled, and that the vaginal pipe has not only been thoroughly washed and scrubbed under a stream of flowing water, but either boiled or allowed to soak for some hours in an antiseptic solution. It is not an uncommon experience to find that obstetric cases do perfectly well until douching has been commenced, after which we frequently see the temperature run up, because what is used as a cleansing process becomes, owing to the carelessness of the nurse as to the cleanliness of all her appliances, a means of introducing filth.

After the douche has been administered, the

patient may be put back to her place in bed, and the mackintosh and towel be permitted to remain under her for a little while to catch any superfluity of water that may drain away from the distended vagina. Sometimes, where the prolonged action of a medicine is required, it is well to tilt the patient's pelvis by placing a pillow under the hip or buttocks, which allows the injected solution to remain for some time in contact with the walls of the vagina.

In all cases the nurse must know what the douche is needed for, and the time during which it must flow before she can give it with any degree of success; and it must not be given in the rough-and-ready manner too frequently observed, but with an intelligence born of the understanding of its object. A wise precaution it is to take the temperature of the douche about to be administered with a bath thermometer that has previously been carbolised before giving it. There is no more frequent cause of error than that of depending on hands that may be too tender, or too case-hardened, to properly appreciate the heat of the water into which they are dipped.

CHAPTER V.

EXAMINATION OF PATIENTS.

WHEN a patient is to be examined, it may be done while she lies in bed, or at the rooms of the surgeon in attendance. If the former, the nurse, if she have notice, and if there is no order to the contrary, will give the patient a mild aperient the day before the examination is to take place. A few capsules of castor oil or a teaspoonful of liquorice powder the night before, followed by an enema of soap and water the morning of the doctor's visit, in time for it to act before his arrival, will much facilitate matters. The bowel will be emptied, and there will be less difficulty in examining the lower parts of the pelvis, which with women who are habitually careless about the calls of nature is sometimes filled with loaded intestine. It is sometimes difficult for the doctor to distinguish between growths, organs, and masses of hardened fæces in the lower bowel. The enema settles this question, and it also permits an examination

by way of the bowel itself, which is one of the most valuable methods at the disposal of the gynæcologist. The nurse, then, will have taken care that the patient has an unloaded rectum. She will also be wise to arrange that the patient has been without food for three or four hours before the examination is to take place. If the visit be a morning one, a cup of Bovril taken early will help to sustain the patient, and still leave her with a comparatively empty stomach. Then, if it be necessary to administer an anæsthetic, there will be no difficulty on that score, and no irritating postponement of a duty which is at the best an ordeal for a woman to face, and which when complicated by loaded intestines, etc., is at times very painful and always unsatisfactory.

These preliminaries settled, and the patient wearing a pair of woollen drawers and vest, which protect her from cold while not interfering with the manipulations of the surgeon, she is ready for examination. But the nurse will also have in readiness plenty of hot water, a new nail-brush, or one that has been lying in a 1 in 20 solution of carbolic acid overnight, towels, and a solution of 1 part of corrosive sublimate in 1000 parts of water, and some antiseptic lubricant. If the sound has to be used, and though many practitioners avoid the frequent

use of this instrument, it will be well to take it for granted that it may be required in the examination; it will be well to give the patient a douche of a quart of hot corrosive sublimate lotion, 1 in 2000. When the doctor has washed his hands and is ready, the patient is first placed on her back, close to the edge of the bed, the head slightly raised by a pillow placed under her shoulders, and her knees bent. The blankets and quilt are turned well down below the knees, and the patient left covered only by a sheet, with, if the room be not over warm, a light shawl over the chest. Some surgeons prefer that each of the patient's legs shall be covered separately by small blankets. The abdomen is exposed, and the surgeon's hands are not hampered by heavy clothing.

The doctor may complete the examination with the patient lying on her back, or he may desire to have her turned on her side. In the latter case, you will draw the patient close up to the edge of the bed, with which she will lie parallel and on her left side; her left arm will be thrown behind her, and can lie over the edge of the bed; her head will be on the pillow, her knees drawn up—the right one rather higher than the other, and the patient's clothing will be pulled out of the way, leaving her with hips uncovered by anything except a sheet which lies

over her. You will stand by the doctor, and pass to him the lubricant when he is ready to use it, and such instruments as he calls for.

After examination, the patient may or may not require a douche of 1 in 2000 sublimate lotion, or she may be merely made comfortable in bed again. If an anæsthetic has been administered, you will, of course, remain with her till consciousness is quite established. Turn her face to one side, put a towel beneath her chin, and have a basin or soap dish in readiness lest she vomit. She would not be given any food for three or four hours after she had recovered consciousness, and then patients usually find a cup of tea and milk the most agreeable thing to start with. Food for the remainder of the day would be liquid; and, unless there are orders to the contrary, the ordinary diet would be resumed on the following day.

Where a patient is to be examined at the rooms of the doctor, she will have had directions about the attention to her bowels, and all you will be called upon to do will be to prepare her for examination in the following way.

It will be well for the patient to empty her bladder, which is an essential condition preceding all examinations and operations. You will assist her to remove her corset and waistband, and she will lie on the couch on her back with a light

rug thrown over her, leaving exposed the abdomen. You will now call the doctor into the room, and when he has finished his examination of the abdomen you will direct the patient to draw up her right knee. You will draw the clothes away from the buttock and hand the lubricant and instruments as required.

If the patient is to be examined lying on her side, the knees will be drawn up as before, after she has assumed the same position, and if you are given any instruments to hold, you will be careful to hold them at the precise position desired by the doctor. If it be a Sims' speculum, do not cram it into the patient, but pull it towards you as you stand at her back, so that the blade of the instrument that is inserted may draw back the posterior wall of the vagina and provide plenty of room for the examination. Before passing it to the doctor, you will have dipped the blade that is to be used in hot carbolic lotion to warm it, dried well with a clean towel, and smeared the back of the blade with vaseline or some other lubricant. When the examination is completed, you will assist the patient to dress, and carefully scrub and cleanse all the instruments that have been used, or boil them if so directed.

CHAPTER VI.

DRESSING OF PATIENTS.

FOR the ordinary dressing of patients the following instruments are generally required : Sims' speculum, Fergusson's speculum, uterine hook, vulsellum forceps, uterine dressing forceps, uterine sound, several Playfair's probes, uterine scarifier, Neugebaur's speculum, mop holders prepared with dabs of absorbent wool, or forceps ready charged with wool mops. In addition, some use different special instruments. I, for example, use my uterine screw probes for applying various dressings to the uterus ; others use gauze applicators or forceps for the application of gauze ; but the above represent what is ordinarily required for the dressing of a series of cases. Besides which you require a supply of absorbent wool (plain, sterilised, or antiseptic), sal alembroth or double cyanide gauze, tampons ready prepared, and such medications as commend themselves to the practitioner. These are usually glycerine, ichthyol and glycerine, with which

to soak tampons, nitric acid, iodised phenol, nitrate of silver, and so forth. The Playfair's probes should be ready covered with a thin, smooth layer of absorbent wool. This is done by laying a thin layer of wool on your left palm. Place your probe, dampened with water, in the inner edge of it, and roll it outwards, thus wrapping the wool closely and firmly round it. Where such a caustic as nitric acid is to be used, the probe will be made of aluminium, and the application will be made through a glass Fergusson's speculum, as the chemical would have a corroding effect on metal.

It is essential that your instruments be clean and sterilised. In rapid succession of cases, it is impossible to secure this; but you must thoroughly scrub each one after use with soap and water. In the case of the uterine sound, it is necessary to be extremely particular. Warm it before use by dipping in a hot solution of carbolic acid and water, 1 in 20 or 40. After using wash thoroughly, and, if there are no facilities for boiling it, run the end of it once or twice through the flame of a spirit lamp, which is a good disinfectant. It is wise to familiarise yourself with the names of various instruments in use for gynaecological work. All the instruments must be kept perfectly clean and in good order. Cracked or broken specula, for example,

must not be used. Different surgeons have a fondness for different forms of the same instrument. The best instrument is the one that a man can use best, and what would be clumsy to one is a valuable instrument to another. Surgeons vary, too, as to the extent of their manipulations in the out-patient room or in their consulting-room ; and while some men are content with two or three instruments of the simplest possible design, others can work best with an elaborate series of appliances. An ordinary surgical dressing case is a necessary adjunct to your collection, with its scissors, artery forceps, knife, etc.

You will be expected not only to hand the instrument asked for, but to pass it ready for use. Have hot water or carbolic lotion ready for warming instruments of all kinds—it is cleaner than the hand ; when passing a speculum pass it warmed, and lubricated on the outside, clean and highly polished. Do not drop drugs about the place, or supply them or the lubricants and dressings dripping with messy applications to annoy the surgeon or dirty the patient's clothes. Often, in holding a Sims' speculum, you can raise the uppermost buttock ; and, if the hair on the genitals be thick, this might be pulled out of the way—thus giving a great deal more light at times. A little observation and considera-

tion will make you quite familiar with the surgeon's methods, and you will be able in a surprising degree to anticipate his wishes with the instrument he requires, and be not only a third hand, but a helpful brain to him—saving a vast amount of time, making his work infinitely simpler and more effective, and preventing a good deal of irritability which comes to the man who has to worry about directing every movement of his assistant.

CHAPTER VII.

TAMPONS AND PLUGS.

APPLICATIONS are often made to the vagina by means of plugs or tampons. These are readily made by tying a piece of silk or new string five or six inches in length round a small piece of absorbent wool. The wool will vary in size, being usually loosely folded to the size of a bantam's egg, and sometimes two or three tampons are attached to the same piece of string like a kite's tail. Or absorbent wool may be wrapped in gauze, and the pear-shaped mass fixed to a piece of string or silk, attached to the thinner extremity.

A tampon before use is well soaked with glycerine, or with glycerine and ichthyol, 5 to 15 per cent., or whatever medication we desire to apply, and the next business is to transfer it to the vagina. This can be done in several ways. Very often it is sufficient to bring the patient to the edge of the bed, make her lie in the Sims' position, and holding a prepared

tampon in the right hand, pass the left forefinger into a lax vagina, and pull back the posterior wall very steadily. You will then, in most cases, be able to slip the tampon inside, and press it up with your finger in the direction indicated by the surgeon. Some nurses use a tampon-introducer, but most of them find it more difficult to insert than the plain tampon. Another way of inserting them is by passing the small blade of a Sims' speculum, the back of which has been well greased, into the vagina. Press the greased portion against the posterior part of the orifice, and it will gently slide in. You will now pull it back sufficiently to admit the tampon or plug, which can be pressed along the groove of the instrument with the right forefinger, while with the left hand you withdraw the speculum. It may also be introduced through a Fergusson cylindrical speculum, which is a long tube, black on the outside, and with a polished inner surface. Its lower end is rimmed, and the upper end is narrower and uneven, the posterior part longer than the anterior. This posterior part is pressed against the posterior wall of the vagina, which is gently bent back by the forefinger, and with a little steady pressure the speculum, which has been already lubricated, passes in. You can now push the tampon along, but you will have to use a clean, straight instrument of some sort (forceps)

to hold it in position while you withdraw the speculum, which is longer than the finger. After the tampon has been introduced, it will be necessary in most cases for the patient to wear a diaper, since these applications frequently cause a considerable discharge. The tampon may be removed in twelve hours.

Where a patient is to be plugged for hæmorrhage, it will usually be done by the doctor himself, though in an emergency it is just as well for a nurse to know how to do it. She will introduce a Sims' speculum after preparing a number of small plugs of absorbent wool (these will be better wrung out of water), and she must then systematically pack these in the vagina, filling the top of the vagina and every portion of it with the plugs, to each of which a string is attached for its subsequent withdrawal. Unless this is done very carefully, it will not be of any use at all, and if done once thoroughly, it is a very effectual way of stopping hæmorrhage. If the plugs have been wrung out of carbolic lotion, 1 in 40, it will be all the better, and a diaper or pad may be placed on the vulva—the external genitals—and kept firmly in position by a "T" bandage. It can also be done by passing a piece of lint into the vagina, and packing the plugs into this, which makes it more easy to withdraw.

CHAPTER VIII.

SUPPOSITORIES AND PESSARIES.

MEDICINES that have to be administered by the bowel are usually made up in the form of suppositories, with which most nurses are familiar.

After greasing your finger, press the point of the suppository against the anus and push it gently well within the rectum. In cases where there is any affection of the lower bowel, which prevents the retention of the medicament, you would, after inserting, apply a pad of absorbent wool, and support it with a "T" bandage.

Nutrient enemata are frequently given where we desire to support the patient's strength without making any unnecessary demands on her digestive powers or interfering with the quietude of the upper bowel. The formulæ for some of these enemata will be given later on. It is just as well here to say that before administration it is a wise plan to give an injection of plain warm water ; this cleanses the bowel and makes it more certain to absorb the enema, and also removes

from it unabsorbed material, which is apt to irritate and make it less retentive of nutrient injections. If the water is merely absorbed it is of no consequence ; it will probably be beneficial to the patient. After the prolonged use of these enemata the bowel sometimes becomes very irritable and will not retain them without the addition of a few drops of laudanum to each injection. This must not be administered without the permission of the surgeon. Sometimes it is necessary to inject a small enema of plain starch with laudanum to soothe this irritability. But the careful predigestion of the food to be so given, and the preliminary washing out of the bowel, will go far to promote the successful prolonged use of what is an invaluable method of sustaining strength.

PESSARIES.

Pessaries are used for the mechanical support of the internal organs, when, of course, they are introduced by the surgeon. But medicated pessaries are also frequently used, and they are of the same shape as the suppository but much larger. They have to be passed into the vagina, and pushed well upwards and backwards with the finger. It is a good rule for the patient to wear a diaper afterwards, as some of these

applications cause free discharge. Occasionally it is necessary to remove a pessary inserted for mechanical support. In this case, the nurse, after lubricating her finger, will pass it inside the vagina and hook it within the rim of a ring pessary, or in the lower bar of a Hodge, and withdraw it slowly and gently in a backward direction, so that the posterior part of the vaginal wall be stretched, and there will not be painful pressure on the sensitive anterior portion.

CHAPTER IX.

THE PATIENT.

WHEN you are placed in charge of a patient you must not concentrate your attention on the particular disease for which she is being treated to the exclusion of everything else. There are many points you can observe which will be of the highest value to the doctor, to whom the patient's general condition is as important as the local trouble, and even in apparently small matters they may have the greatest interest. In a grave operation most minute care is taken by all concerned, but in apparently trivial ones it is not uncommon for the general health to be considered with less gravity. You will sometimes find patients die after a minor operation, such as restoring the perineum or something of less severity, because the patient has had Bright's disease, which has not been recognised, or some serious constitutional disturbance. Being with the patient constantly you see things to which you may draw the doctor's attention, and

will make a point of noting them. If she were suffering from cough, or were expectorating, you would observe the sputa. If the urine were at all different from the normal, either in quantity or in appearance, you would also notice it. The patient's temperature would be taken as a matter of routine, and you will sometimes be surprised to find it running fairly high, without any obvious reason, until a more detailed examination has been made. The woman may be actually suffering from phthisis, or from some fever, unknown to any of her attendants. I have known an abdominal section performed on a woman who developed scarlet fever next day, and infected ten or twelve patients in the hospital within a few days. Observation of the temperature would put you on guard for any such condition, and your ordinary attentions to the patient would show you the condition of her skin, whether there were any rash or unusual heat, or dryness, or tendency to sweat ; and though, in a majority of cases you will find little to note, there will be occasions when your observations will be of infinite value.

The condition of the patient's bowels will also be noted as to natural constipation, the character of the stools passed, and the effects of various aperients ; and you will see whether she be suffering from piles or any obvious affection of the bowels or genitals. Observations that may

appear to you of little importance are at times of great significance to the doctor, to whom must be left the duty of estimating their value. You may, in short, find any medical or surgical complication in the special cases you are called upon to nurse. If the woman is menstruating, you will notice the quantity and the nature of the discharge, the presence or not of clots in it, the amount of pain with which it is accompanied, the time of its onset, and when it ceases. When the operation is fixed, it will be as well to ascertain the expected date of menstruation, and mention this to the medical man. Seeing much more of your patient than it is possible for the doctor to see, you must appreciate the responsibility of noting and estimating symptoms that come under your notice for his benefit. The patient may be pregnant, which she may deny strenuously, or she may be suffering from abortion. She may be a malingerer—only pretending, with more or less skill, to be ailing; or a neurotic, and these are most difficult patients to manage, varying from the ordinary hysterical woman, who is such a nuisance to everybody with whom she is brought into contact, with her crazy nerves and imaginary sufferings, to the mildly nervous and the actually insane. Such cases require a great deal of management, and you must need be the most judicious in the

world if you are to have any success with them. There is no necessity to undermine your influence by telling the patient she is hysterical ; but a firm, cheery demeanour will be most successful with them, and a steady moral influence can be exerted on them by a nurse of sense and character which will have the best results. Sympathy is the last thing in the world these require. It is what they live on, and is, in many cases, the one thing that lies between them and recovery. They must be braced, their moral nature stimulated, and their characters strengthened and encouraged by the constant tact and intelligence of the nurse. Alcoholic patients are equally troublesome, and, being the most deceptive creatures alive, if you are able to guarantee that any such case is not obtaining stimulants you will be a great deal cleverer than most doctors and nurses with whom I have come in contact. Only those who have experience of these unhappy cases can form the least conception of the dissimulation and cunning they practice in order to obtain alcohol in any form, or realise the tremendous strain they are to the care and temper of their attendants. So, while you are a third hand for the doctor, you may be a useful eye ; and mechanical service will find you not without the need of brains.

CHAPTER X.

AMENITIES OF THE SICK-ROOM.

THE amenities of the sick-room consist of little offices which, though trivial in themselves, add up into something considerable for the comfort of the patient and the relief of suffering. The well-intentioned nurse may or may not understand how best to serve the patient by doing the right thing at the right time. When it is no longer the right thing, what would otherwise tend to the relief of pain and weariness becomes a source of irritation and disquietude. She will, in the first place, study her patient. Some people choose best to be left alone, and unless they are to be disturbed for what is absolutely essential they prefer not to be tended at all. To such as these the nurse sitting rigidly by the bedside or keeping her attention closely fixed on a patient gives one the idea of gaoler in charge of a criminal rather than the gentle servitor of the afflicted. It must, like so many other things, be left to the tact and the intuition of the nurse ;

but, though she does not have these qualities very strongly marked, natural intelligence and sympathy will teach her all she requires to know. A patient who is wearied, for example, and sleepless, may often be refreshed or encouraged to fall into restoring sleep if her hair be gently brushed or her face and hands sponged with tepid water. If the room be hot a little unobtrusive use of the fan will be of service. The administration of foods and medicine may be carried out without unnecessarily exerting the patient. An occasional word of comfort or reassurance will encourage her to wait with such patience as she can command for a hopeful issue of her troubles.

After operations women may suffer a good deal from abdominal pain, which is oftener than not caused by flatulence, and this can often be considerably relieved by the application of a light rubber hot-water bottle, which can be moved from place to place for the local application of soothing heat. Indeed, it is sometimes amusing to see a patient chase her pain all over the abdomen with one of these useful little accessories. The use of the rectum tube every few hours, as described later, gives immense relief; but it must be well cleansed and oiled each time it is used. Everything that is done for a patient should be done with a quiet

regularity which shall not excite or weary her. I have known nurses very ready to criticise the doctor in attendance, who invariably left a patient uncovered and steaming in a not over-warm room after removing a poultice, and while making a new one.

Sickness after the administration of anæsthetics may often be considerably relieved by hanging a sponge wrung out of vinegar close to the patient, and the intense thirst, which is a symptom of shock amongst other things, is more easily borne if the patient have placed over her lips a towel that has been dipped in vinegar.

There are times when a patient is encouraged by being chatted with, and others when conversation is simply destructive of all rest and a source of infinite irritation. I have known nurses chatter the whole night through to patients who were simply dying for want of sleep, and not merely talking for the sake of talking, with the soothing monotony and regularity of a curtain lecture, but, by a diabolical ingenuity, cultivating a conversation which called for incessant replies from the suffering listener.

I never yet found a patient satisfied with her food. She always wants solids when liquids are the only things that are safe for her, and she will probably grumble at anything that you bring her; but you can make an unpalatable

diet less repulsive by serving it daintily, and you may sometimes induce a patient to take two small cups of beef-tea when a small basinful would have made her refuse it altogether.

Such attention to the toilet of the patient as can be safely given helps a good deal to beguile the tedium of the day if it is judiciously spread out. This does not mean, of course, that you are to insist on every detail of the toilet if a patient is not in a condition to bear it.

Then the ventilation of a room requires considerable intelligence in its contrivance; and where a heated, close room would keep a patient hot and sleepless all night, a chamber that has been cooled and thoroughly ventilated will frequently promote calm and refreshing sleep.

The orderliness of a room is also worth considering. Apart from the fact that disorder means waste of time and of temper, it is more restful and soothing to women, who are supposed to be the personification of domestic order, to observe that the usual accessories of the sick-room are in their proper positions, and are kept clean and tidy.

While it is good for your patient to know that you are at hand for any service she may require, it is also good for her to feel that she, after all, belongs in some measure to herself, and is not living under the bondage of her attendant. Let

her feel sometimes that she belongs to herself, and as convalescence progresses let her feel this more and more.

Some patients are naturally querulous and selfish, and cannot bear to see you with an unoccupied moment. With such as these, while you must not omit any necessary duty, you must be sufficiently firm, and not permit yourself to be worried by the thoughtless demands of the selfish and inconsiderate. It is not good for them, and it is certainly exhausting for you both. But an exhibition of unwillingness and surliness is not the way to make these patients more manageable. Being naturally of an irritable, nervous temperament, any impatience on your part excites and confuses them, makes them more and more unmanageable, and keeps their brains in a fretful condition, which has its effect on their physical state and is reflected in numberless maddening demands on your time and temper.

CHAPTER XI.

SPONGES AND DABS.

A SURGEON who permits a nurse to prepare his sponges is either dangerously confiding in nature, or has immense confidence in her capacity and conscientiousness. No part of her duties—if this be entrusted to her—is more urgent in importance, for no more fertile source of danger exists for the abdominal surgeon than the use of sponges that are not absolutely sterile as regards the presence of germs and filth. Sponges are of such fine texture, so intricate and full of traps for the hiding of dirt, that they are a constant source of uneasiness to us. Many surgeons have given up their use altogether for this reason. They use dabs, such as I shall describe presently. But no substitute for a sponge can equal the sponge itself for elasticity, absorbing qualities, softness, and ease of handling; and, if we can be certain it is aseptic, it were a pity to discard an agent it is impossible to adequately replace. I never use a sponge twice ;

I have new sponges for every operation, and those prepared by myself. Not that I lack confidence in my nurses, but I do not consider it a fair responsibility to throw on a nurse, who might be blamed for sepsis that could have been introduced into the case through half a dozen different channels. It will be well, however, to give one or two methods of preparing sponges for use, and I give Dr. Kelly's first, as it is about the best that can be adopted. The steps are as follows: (1) Lay the sponges in a stout cloth and pound sufficiently to break up grit and lime; (2) rinse with warm water ten or more times until it remains clear; (3) immerse in a muriatic acid solution (2 drams to 1 pint) for twenty-four hours; (4) immerse in warm saturated solution of permanganate of potash; (5) decolourise by washing in a hot saturated solution of oxalic acid; (6) wash in lime water to take out the oxalic acid (7) rinse thoroughly in plain sterilised water; (8) immerse in 1 in 1000 solution of bichloride of mercury for twenty-four hours; (9) preserve until used in a 3 per cent. carbolic acid solution. The hands from step four onwards must have been thoroughly sterilised.

In my experience, sponges sometimes rot after using the permanganate of potash solution. I usually find the following method sufficient for

sponge cleaning : (1) Pound the sponges to break up grit and shake out sand ; (2) soak them in a solution of muriatic acid in water, strong enough to taste distinctly acid—change the solution twice a day, and do this two or three days if there be time ; (3) wash repeatedly in hot sterilised water (the hands being sterilised the while) for a good three hours ; (4) soak in 1 in 30 solution of carbolic acid till wanted. If the sponges be new, the washing conscientious, the hands sterilised, and the water hot, this should be enough. But I hardly think that any one except the man who is going to do, and be responsible for, the operation can be trusted to do this duty with satisfaction ; in others, I fancy, it would become somewhat perfunctory.

Whether sponges be used or not, unless she have instructions to the contrary, the nurse will do well to prepare a number of dabs. These are made of gauze, eight layers in thickness, and of a size varying from eight inches by six to six inches by four. About eighteen of these should be prepared for an abdominal section. They should be boiled for an hour before use and kept in a solution of 1 in 20 carbolic acid. Smaller dabs made of Berlin wool rolled into balls and covered with gauze, or rolls of plain gauze, all sterilised and preserved as above, are very useful. They should not have any frayed

edges, and must be well tacked together with thin silk or white thread. In an emergency the above can be boiled in the kettle with the instruments to be used at the operation. Two large gauze squares a yard long by half a yard wide and eight layers thick are often useful, and three or four soft towels must be also boiled ready for use at the operation, and kept in antiseptic solution till required. A number of smaller dabs are useful for handling utensils with after your hands have been prepared ; but, though you will have carefully cleansed your hands a little while before an operation, you must give them another good scrubbing immediately before, and you will take pains to prevent contamination of dressings, etc., that have been sterilised.

CHAPTER XII.

MINOR VAGINAL OPERATIONS.

A LARGE number of the gravest operations are now performed through the vagina. And the vagina is the natural home of many kinds of germs. It is extremely difficult to disinfect it, its walls being full of ridges and depressions, as we have seen in describing the operation of douching, and the external genitals, being covered with hair, are very difficult to cleanse. It is now common with many practitioners, before even minor operations about the vagina, to shave the genitals, which can be done, after careful lathering, with a guarded or safety razor, without damaging the patient. With women of much susceptibility this is best deferred until the anæsthetic has been given. In the meantime, however, the nurse may cut the hair very short, and if the patient have a bath once a day for two or three days before the operation, well soaping the genitals and cleansing them, they can be got into a fairly clean condition. Besides

this, it is desirable for several days before operation to give her a vaginal douche of 1 in 1000 corrosive sublimate lotion or 1 in 40 carbolic acid (say a quart), the vagina being stretched the while, as we described under douching; and a pad wrung out of 1 in 40 carbolic lotion may be placed over the genitals in the intervals between douching. The douche must be administered on the morning of the operation, as well as the night before, and the patient will have had her bowels freely opened by an aperient given the day before, followed by a soap and water enema the night before, and again on the morning of operation. This must be administered in time to act before the doctor's arrival. She will also be instructed to empty her bladder. In such operations as curetting and plastic operations on the perineum and vagina, this will be sufficient, for the surgeon will scrub the parts with lotion after shaving the patient on the table. For such cases you will have in readiness a basin containing 1 in 1000 corrosive sublimate lotion, about a gallon of sterilised water (kept hot and covered with a boiled towel) for the douche, and a plentiful supply of hot water, soap, and new nail-brushes for the use of the doctor, as well as a clean kitchen apron for him to wear. It will be necessary, too, to have several trays or clean carbolised meat dishes to

hold his instruments, and the materials for preparing carbolic lotion to pour over them. If the instruments have been left with you the night before to boil, you will take care that they have boiled from thirty to sixty minutes before the time fixed for the operation. One or two teaspoonfuls of carbonate of soda, according to the number of instruments required, will be a rough but satisfactory quantity to add to the water (about three drachms to the quart of water). It will prevent instruments rusting, and will help to cleanse them. It is a good point for the water to have boiled two or three minutes before the instruments are placed in it, so that the air will have boiled out, and there will be less liability to rusting of those not plated. The doctor will himself place the instruments in the trays or dishes which have been prepared. The nurse must not forget when all is ready to make her own hands surgically clean, but before doing this she will have to help to place the patient in position. That in general use now is the lithotomy position, and this is contrived by the use of Clover's crutch, which consists of a cross-bar with end pieces by which it is strapped to either leg below the knee, and another strap passes over one shoulder and under the opposite arm of the patient, so hoisting up the knees and flexing the thighs well on the abdomen.

The patient will have less tendency to roll to one side if the hands are fastened with wristlets. She will wear a pair of warm flannel drawers and stockings, which will not impede the operation in any way; and her chest will be lightly covered as she lies on the edge of the bed or probably on a table. She will have placed under her a blanket and a mackintosh, half of which lies under her, the remainder being draped over the end of the table, so that it falls into a bucket or bowl to receive the water, etc., from the douche. A chair will have been placed for the surgeon at the end of the table, and he will have standing conveniently at his right side one or two tables for instruments. You must not forget the anæsthetist. Place a towel for his use, and a basin beside him in case the patient vomit. You will have left in the bed two or three hot-water bottles for use when the patient is returned after operation. If the operation is likely to be protracted, one or two hot-water bottles placed beside her will help greatly to maintain her body heat. In severe operations it is necessary also to have ready for use a nutritive enema, with some brandy that can be added to it. Some surgeons use for the douche salt water of a strength of one teaspoonful to a pint.

CHAPTER XIII.

THE NURSING OF MINOR OPERATIONS.

WHEN the patient has been placed in bed after a minor operation (the bed will of course have been warmed by hot bottles placed in it beforehand), she will be put on her back and covered with blankets ; and if she has any tendency to chilliness or collapse, hot bottles, protected by being wrapped up in flannel, will be placed under her arms and at her sides and feet to promote reaction. The nurse will sit by the patient, who lies with her head supported by a low pillow, a clean towel being placed under her chin, and a small basin or soap dish lying conveniently in case of vomiting from the anæsthetic. If there be no vomiting the patient will probably sleep, though she may have a good deal of pain ; but, unless the doctor has given definite instructions, nothing will be used in the way of hypodermic injections or morphia suppositories without first communicating with him. As a rule the pain is not very severe, and

the patient, so often restless, gets snatches of sleep. If there be much tendency to sickness a vinegar cloth placed near the patient's mouth will be found refreshing, and of course no food will be given until the sickness abates, after which the woman will be put on such diet as the doctor has prescribed. This usually consists of slops—tea, milk gruel, beef tea, Bovril, mutton tea, milk and lime water, milk and soda water, jelly, sips of hot and cold water. If the patient be very much collapsed and faint, it often relieves her a good deal to sip a teaspoonful of hot water every minute or half-minute for eight to twelve doses.

The nurse must keep a sharp lookout for hæmorrhage, which is at times dangerous and unexpected in apparently simple cases. Unless she has been told there is no likelihood of this, it is well to observe the dressings every quarter of an hour for the first hour and then every half-hour for a few hours, to make sure there is no hæmorrhage going on. If these are more than stained pale yellow, and particularly if they be bright scarlet, with fresh blood, the nurse must at once communicate with the doctor, and in the meantime she may put a firm pad of absorbent wool over the genitals outside the other dressings, and bandage it, with the exercise of a fair amount of pressure, by means of a "T"

bandage. She may remove the patient's pillow, and elevate her lower extremities by putting two bricks under the foot of the bed. Of course, the appearance of pallor, faintness, coldness of the extremities, sighing respirations, clammy skin, thirst, together with a quick pulse, will be at once suggestive of hæmorrhage and will call for prompt treatment. If it were a vaginal operation and no help were immediately available, the patient's condition serious, and the hæmorrhage evidently continuing, the nurse would have to disinfect her hands and pack the vagina as we have described already. But this must rarely happen. I have known, however, after a simple curetting, a surgeon visit his patient in about a couple of hours to find her bed saturated with blood, blood clots piled up on the abdomen, and the patient in a very exhausted condition—the nurse telling him as he went upstairs that there was no hæmorrhage. Such a serious accident could never happen with any reasonable care, or with a nurse who had her wits about her.

Having attended, then, to the immediate questions of sickness, hæmorrhage, and diet, there are other considerations, such as the possible use of the catheter and that of douching. After ordinary curettage, douching is not commenced until a plug or drain left inside the

uterus has been removed. Some doctors remove this for themselves, and others depute the nurse to do it. If it be left to the nurse she must be scrupulously careful to disinfect her hands, and to carefully clean the patient's genitals with 1 in 1000 corrosive sublimate solution, after which she will insert her finger, feel for the strip of gauze, and pull it gently and steadily out. This is not altogether the simple matter it appears to be. Only the other day I saw a patient whose doctor had left half the gauze in the uterus for about a fortnight after the curettage, and it had become very foul, and the consequences very serious to the patient. After withdrawing the gauze, I usually bring the patient over the edge of the bed and douche her gently with a solution of corrosive sublimate, 1 in 2000, about a quart of which I permit to flow in and out of the vagina without too much pressure. It is essential that the douche and everything connected with it shall be absolutely aseptic. A fresh diaper is then put on, and the operation is over.

The douche is usually repeated once or twice daily, and if the same care is not exercised as to the cleanliness of the hands and instruments the nurse will find her patient, after so simple an operation as curettage, develop very severe symptoms of pelvic inflammation.

The practice of surgeons varies. Some keep patients on slops for two or three days till the bowels have acted, with an aperient and enema administered on the third day, after which they are allowed to take a little fish, eggs, soup, or light puddings. Some keep a patient in bed a week or two; others permit her to rise from the fourth day onwards. All depends of course on the doctor, and on the patient. But a convalescent patient must not be permitted to get up too soon, or stay up too long, and she must be assisted in and out of bed by the nurse. The douching will be continued until the doctor says it may cease, and the nature of the injection, the quantity used, the frequency of its repetition, and the duration of its continuance will be referred to the doctor in attendance.

PLASTIC OPERATIONS—OPERATIONS ON THE PERINEUM.

Some of these cases of perineorrhaphy—the repair of old tears of the perineum occurring in childbirth—require the use of the catheter; and in some it is not easy to pass it. It is particularly essential to wipe away all blood and discharge from the neighbourhood of the urethra, and it is well for the nurse to see where she is going to insert the catheter. Apart from the

fact that some women urinate badly for a few days after these operations, it is well not to mess the dressings with the dribblings of urine voluntarily passed. It is usual to clean the neighbourhood of the wound very gently of blood and discharge once or twice a day, after which the wound is freshly dusted with iodoform, or boracic acid, which keeps it dry and clean.

The treatment of the bowels is according to the methods of the individual surgeon ; some keep the bowels closed for several days, until the wound is knitted fairly well ; others, amongst them myself, prefer to give an enema every day from the first day, so that the bowels may act comfortably, and there will be no risk of hardened masses of fæces to put a strain on the uniting tissues. Stitches are often left in for two or three weeks, or longer, until there is some consolidation of the parts. In other respects the nursing of these cases varies very little from that of other operations in the neighbourhood of the vagina.

CHAPTER XIV.

THE USE AND CARE OF THE CATHETER.

FOR general use, the glass catheter is the most satisfactory. You can easily see that it is clean, and, being made of glass, it can be not only washed and boiled and so sterilised, but may be soaked in antiseptics as strong as commercial nitric acid without injuring it. The latter, however, is not a desirable thing to use, because it is difficult to handle without damaging clothing or fingers. But a catheter made of toughened glass is as reliable an instrument as can be obtained. Sometimes silver catheters are used; sometimes we use gum-elastic; the ordinary male gum-elastic catheter, about No. 8 in size, is frequently more easy to manage than a glass one. It is an instrument with which the greatest care is necessary to ensure its being absolutely clean in the surgical sense, because an unclean catheter introduced into a healthy bladder would, in all probability, excite troublesome inflammation—a complication of a very trying nature in

any case. Like the other internal surfaces of the body, that of the bladder is very prone to absorb poisonous matter, and to suffer from the presence of infective germs. You will therefore never use an instrument that has not been sterilised, either by boiling or by soaking in carbolic acid, 1 in 20; corrosive sublimate, 1 in 500 to 1000; or iodine water of the colour of sherry. Of all these, boiling is the best. After use, the instrument must be again thoroughly washed under a stream of running water, and replaced in antiseptic solution, or boiled before further use. Sometimes it is advisable to attach to the end of the catheter a convenient length of rubber tubing, which must, of course, be as thoroughly disinfected as the instrument itself. By this means you are able to convey the fluid into a convenient receptacle with less disturbance to the patient. Before using it, you must not only be satisfied as to the cleanliness of your instrument, but you must take care that your hands have been thoroughly scrubbed and soaked in some disinfectant solution, and where the patient is suffering from any purulent discharge, or where the parts are covered with blood or secretion, it is necessary to wipe this away with absorbent wool soaked in disinfectant before passing the catheter.

The patient will be best lying on her back

close to the right side of the bed, with her knees drawn up. You will stand at her right side, and have, either between the legs or at one side of her, if your catheter tube be long enough, a warm basin or soap-dish to receive the urine drawn. You will then lubricate the finger of your left hand, and pass it over the woman's right thigh to reach the vulva. Just above the opening of the vagina you will feel a small dimple. This dimple is caused by the opening of the urethra, which dips in here and is surrounded by a firmer fibrous ring. Your catheter, already warmed and lubricated with carbolic oil, 1 in 15, will now be passed under the thigh with the right hand, and pressed gently against this dimple in a direction upwards and backwards, and it will readily slip along the urethra into the bladder, a distance of about one and a half inches. When all the urine has been drawn off, you will pinch the end of the tube, or place your finger over the end of the catheter, withdraw it gently, and let the urine remaining in the tube run into the vessel you have ready.

In some cases it is difficult to find the opening of the urethra, and it will be necessary to separate the labia and look for it. This is a good thing to do also after operations in this region, where you are liable to have blood and discharge of various sorts about, which it is

desirable should not be pushed into the bladder along the point of your instrument—a thing easily done if there is any fumbling with the performance of this simple operation. If your instrument passes with unusual facility and there is no appearance of urine, you have probably slipped it into the vagina. In such cases, and where you do not readily hit the opening of the urethra, you must clean your instrument again by dipping it into solution.

Another way of passing the catheter is by introducing your finger just inside the vagina and pressing it gently upwards. You have now between your finger and the bone the passage into the bladder, and if you run along your finger the catheter, it will in most cases almost of necessity strike the opening of the urethra and be easily introduced.

At times it is necessary to wash out the bladder, and this is easily done by applying a glass funnel to the end of a piece of rubber, which is attached at its other extremity to the catheter. Having filled this with the injection, you will pass the catheter into the bladder, and gently raise the funnel for a few inches, by which means the fluid will pass into the bladder. Sometimes you will have provided for you a double-way catheter, so that as you pour the fluid one way it passes into the bladder, and runs out through

the other opening into the vessel prepared for it. Where you have not one of these useful instruments, you will, after pouring from one-half to one pint of the injection into the bladder, capsize the funnel below the level of the patient, and let the injection run back through it into the vessel.

Boric acid, from two to four drachms in a pint, is a common injection for this purpose, and the water used must be of a temperature of 100 deg. Fah. Of course, the surgeon in attendance will instruct you as to the quantity, the strength of the injection, and the frequency with which you are to use it.

Where a gum-elastic catheter is used, it must also be most carefully washed after use, and kept soaking in boracic lotion until required again; in my own practice I do not permit such an instrument to be used more than six times without changing it for a new one.

You will observe the character of the urine that is drawn off, and, in washing out the bladder, the nature of any deposit that comes with it; and in case of any peculiarity about the urine, you will save it in a clean, covered glass vessel for inspection by the surgeon, whether you have instructions to that effect or not.

Occasionally we have to obtain urine by the

catheter, not because the patient is unable to pass it, but to avoid its mixture with discharge from other sources, which would obscure the examination of the urine. It is very necessary to keep the specimens in clean vessels, and secure their examination at the earliest possible moment.

CHAPTER XV.

MAJOR OPERATIONS IN PRIVATE HOUSES.

YOU will sometimes be sent on in advance of the surgeon to prepare the patient for operation and select and arrange the room she is to occupy. This involves a good deal of responsibility ; and while you must not distract a woman who is already trembling with apprehension by fussy interference, you must not permit anything to come between you and the thoroughness of your work. You will look for a room that is of southern aspect, well ventilated, but not draughty, that is quiet, removed from the bustle of the household, but not so out of reach as to make service difficult and complicated. The room must be away from the immediate neighbourhood of water-closets and drain pipes, although you will carefully inspect these to see that no defect is present in the drainage. This should have been overhauled by the sanitary authorities beforehand. Sometimes this overhauling is found necessary just before an operation, and is

undertaken while the patient is under treatment. This means setting free septic organisms, and an outburst of trouble for the patient. Where there is no time for delay in operations, it is not well to rake up defective drainage at the moment a patient is under your care ; it usually does more harm than good. See that no collection of dirty linen, no ancient dustbin, no dusty lumber-room are near the sick chamber. This must have a good morning light (an attic window admirable), but you must have the room quiet, sunny, and as bright and cheerful as possible. Remove all furniture that is not absolutely necessary — curtains, carpets, mats, upholstery, brackets, pictures, etc. — anything not essential as furniture. If the room is not occupied for a day or two before use, so much the better. You must dust carefully with a damp cloth: floors, tables, windows, window ledges, the tops of doors, and the walls. Scrub the floors thoroughly with carbolic soap. You may have to disinfect the room with sulphur fumes or formol, after which remove the paper from the crevices of the doors. In any case open the windows and expose all to the sunlight and air as long as you have time for. The floor should be scrubbed and dried the day before operation, and a fire kept in the room. Never use a dry duster, and leave no crevice unwiped.

The bed should be narrow enough to enable the patient to be handled from either side, and broad enough for her to lie comfortably; and, in the later days, obtain some change of position. A good hair mattress is best, and the ordinary hospital bed is excellent for this purpose. Two beds in the room are an advantage, so that the patient may be lifted in her sheet from one to the other for a change and to enable her bed to be made, and aired out of the room. The bed must be well aired. You will have a blanket, waterproof, and draw sheet under the patient, and the clothing must be all perfectly clean and aired. On the morning of operation the dusting must be repeated with a damp cloth and in great detail.

Plain wooden chairs, three or four in number, will be needed. They should be cane-bottomed, or, better, with wooden seats, and easily cleaned. The operating table can be contrived from some table in the house—a well-scrubbed kitchen table often answers admirably. It must be four or five feet long, quite two feet wide, and three or more feet high, according to height of surgeon. One or two other tables are wanted. A wash-stand will do, or the top of a small chest of drawers, or even a butler's tray. But they should be small, not taking up much room, and a convenient height to place instrument trays

upon. Besides these, prepare two or three buckets, preferably enamelled, a foot bath or large pail to lie under the operating table, three or four wash bowls and jugs, plenty of clean, boiled towels, several hot-water bottles, trays or meat dishes for instruments, an enema syringe beef tea, brandy, rubber sheets, two sheets and blankets, basins for antiseptics and to receive tumours. Where you are preparing for an emergency operation do not take up the carpets. Dust the room, remove unnecessary furniture quietly, and cover the floor with a damp sheet.

Quite six gallons of hot water must be ready ; it must all have been boiled for a quarter of an hour, then preserved in jugs or enamelled buckets that have been cleaned and thoroughly disinfected by washing with 1 in 500 solution of bichloride of mercury. A towel must be placed over the vessels containing the water to keep out dust and impurities. Water must be kept ready boiling for use as required, and sufficient of the sterilised water cooled to mix with any that is too hot for use. Do not forget new nail-brushes soaked in carbolic lotion, and a supply of soap.

As to clothing, the patient should wear a flannel jacket reaching as far as the hips ; if it be made to fasten in front with tapes, it will prove more serviceable. The woman is more

easily dressed, she is kept warm, and there is no danger of wetting her while applying or changing dressings. Linen drawers may or may not be worn for an abdominal section, but woollen ones are necessary for vaginal operations; they are not in the way, and prevent much chilling of the patient.

The patient will have been prepared, as already directed, for operation: the site of the wound cleansed, disinfected, and covered with some antiseptic lotion; the bowels opened with an aperient the day before, and by an enema early on the morning of operation; the urine passed or drawn before she is chloroformed.

On the table you will have spread two warmed blankets. Fold them separately, and turn one over the lower, and the other over the upper, half of the patient; a mackintosh sheet will be placed under all, and draped on either side into the bath or tub lying under the table to receive the various fluids of the operation. A pillow lies under the patient's head. Raise the temperature of the room to quite 60 deg., preferably nearer 70 deg. If the day be cold, or the patient very weak, it is well to wrap absorbent wool round her chest to protect her further. Be sure the water for your douches and other purposes is quite hot, and there is plenty of hot water for the sponge or dab

washing ; two bowls being used, one to rinse them in, the other to wash more completely. The dabs and sponges are numbered before and at the close of an operation. If this is not the case, you are pretty sure to find some sponge left behind in the patient ; or to have the operation prolonged unduly, while a tedious and useless search is being made for a dab or sponge that some one imagines has been lost.

The nurse who washes the sponges should squeeze them perfectly dry and place in the basin held by the nurse who passes them to the surgeon or his assistant. The less they are handled the better, and where you can hand them with an instrument it is better than to use the hands. It is understood that your personal clothing is perfectly fresh and clean, and that nothing comes near the patient in the way of clothing that is not in a similiar condition.

The operating table is placed with its foot towards a window having a good light. A chair at the head is for the anæsthetist. The surgeon stands at the patient's right hand, with the table holding his instruments, etc., at his right again. At the patient's left we have the assistant, the nurse, the table and bowls for sponge washing, and the nurse who is performing this duty. When shorthanded, this nurse can wash and

pass the sponges direct to the assistant. She may get assistance with the passing of buckets and preparation of douches from some woman about the house, but she must superintend this person's ablutions and limit her duties very greatly.

The nurse will sometimes have to pass instruments or in other ways assist the surgeon. She must in all cases know what she is expected to do, and strictly limit herself to this. She is not there to satisfy simple or scientific curiosity, but to be of real use to the surgeon and subject to the necessities of the case. Consequently she will not be in evidence except something is wanted, and she will be quite clear in her mind as to the whereabouts of all that is likely to be called for. The bed will be warmed with a row of hot-water bottles wrapped in a blanket. An enema syringe and warm beef tea and brandy will be ready for use if required. A quantity of salt water—one teaspoonful of salt to a pint of warm water—say two quarts to a gallon of this will be ready for washing out the patient or injecting into her in cases of severe hæmorrhage. When the operation is concluded, the nurse will clean and dry the woman, change her clothes if these have got wet, get her back to bed, and supply her with hot bottles to restore the bodily heat. After

this the nurse will wash the instruments, clean up and dry the room while the patient is recovering consciousness, and be ready herself, or by another nurse's assistance, to keep a lookout for sickness or retching, and to gently support the abdomen while the woman is straining.

CHAPTER XVI.

THE AFTER-CARE OF CASES OF ABDOMINAL SECTION.

WHEN your patient has been put back to bed after an abdominal section, you take and record her temperature. Hot bottles are kept to her feet, under the arms, and alongside her to promote reaction. A watch is kept for chloroform sickness, and the strain lessened by supporting the abdomen gently but firmly during vomiting. The room is kept darkened, and very quiet. If a drainage tube has been inserted, you will be shown how to suck it clear with a glass syringe, or preferably Tait's sucker. Usually, the sucker tube is dropped gently to the bottom of the drainage tube, and the blood and serum removed every fifteen to thirty minutes, the object being to keep the tube dry and assist in stopping hæmorrhage. After aspirating the tube, you place the sponge or pad over it and keep it gently held in place by pinning the many-tailed flannel bandage over it. The sucker is washed

thoroughly, and then replaced in a solution of corrosive sublimate, 1 in 1000 of water. In a similar solution you also keep a glass catheter, so that you can empty the bladder every six hours, or as often as directed. A book or chart will be provided for you, and in this you enter any observation you have to make, together with the exact hour at which it was made. Every two or four hours the temperature is to be taken and entered in the book and on a chart. The urine when passed or drawn is to be measured, and if peculiar must be saved in a clean, covered glass vessel for the doctor to see on his next visit. The frequency of respiration is often noted. Pain, if present, is described, and if severe is particularly mentioned to the doctor, who may or may not use something to ease it. As a rule we do not give our patients morphia after the dose some get before they leave the operation table. Unless you have instructions to the contrary, the patient is to be kept absolutely without food or drink. The thirst is sometimes cruel, but for the first twenty-four hours it is not usual to give more than a teaspoonful of hot water by the mouth, and perhaps only the lips are to be wetted or the mouth washed out. You may be ordered to administer an enema of water or salt water for the relief of the distressing thirst. If so,

give it very slowly, and without disturbing the patient.

Pain is sometimes very severe—less so after the vaginal operations that are now replacing section through the anterior abdominal walls with many surgeons. Occasionally flatulence is troublesome. In this case, and before it has become troublesome, you pass into the patient's rectum a glass rectum tube. If you have not one of these, use the vaginal tube of your enema syringe. Grease the instrument and press it gently against the anus. Pushing in a backward direction, it will readily enter, and may be left there by the hour together. It carries off wind and relieves considerably.

The important symptoms to watch for are hæmorrhage and inflammation—peritonitis. The former is indicated if the patient grows very restless, pale, with a quick pulse. A frequent glance at the dressings, which can be done without chilling or disturbing the patient, often gives you warning of such an occurrence in good time to send for help. Any sudden faintness or pallor, increasing weakness, restlessness, a temperature falling below normal, an increasingly rapid pulse, and sighing respirations, should be reported to the surgeon in attendance at once. Usually hæmorrhage is out of sight, and we have to depend on such indications as

I have mentioned for its detection. Whether the symptoms be grave or apparently trifling, everything must be set down at the time it happens ; do not defer a moment or shirk the most trifling note, which may have a serious meaning for the surgeon. So he will see on his visits the earliest signs of things to be dreaded and prepare for them. Another symptom for which you must watch assiduously is that of distension of the abdomen. The dressings cover the abdomen pretty extensively, but you can always notice the little gap below the sternum or breast-bone—the pit of the stomach. If this be depressed, as in the healthy subject, all is pretty well as far as distension goes ; so with the flanks. But if the hollow disappear, and become drumlike and tense, serious mischief is brewing, and must be taken in hand immediately. My own nurses have definite instructions, on the appearance of such symptoms, to give the patient an enema of turpentine, half an ounce in half a pint of hot soap and water. If this fails, she goes on to give the patient a Seidlitz powder or a teaspoonful of Epsom salts in hot water or mixed with a Seidlitz powder in aired water. This is repeated every two hours till the bowels act, or until she can communicate with me. It will be your duty to ascertain from the surgeon for whom you

are nursing exactly what you must do in this respect, and when and how far you are to interfere. The above treatment is common to myself and many other surgeons, but it does not follow that the surgeon under whose particular orders you happen to be may approve of it, and as he is responsible to the patient, so you are responsible to him alone. Suggestions offered here are offered only in default of more precise instructions from your immediate superior, and cannot be allowed to supersede his wishes in the treatment of his own patients. Whatever preconceived ideas a nurse possesses must be entirely, willingly, and cheerfully subjugated to the will of the only man who knows exactly what he has to treat, and has planned how he will treat it. There is no doubt that wearing the rectum tube gives great relief and prevents a good deal more serious results than mere pain. The turpentine enema given early by a watchful nurse, who soon learns when it is called for, is also of immense value; and these are cases where the surgeon, assiduous as his attendance may be, necessarily relies on his nurse for treatment in the emergencies that arise and that have to be promptly dealt with.

The rule as to food must be strictly adhered to. Washing the mouth is found comforting, sponging the face and hands, sniffing a vinegar

cloth, rearranging the pressure of the clothes, attention to the bladder and the rectum tube, the restful quiet of a sick-room, undisturbed by a noisy nurse who rattles fire-irons and mends the fire with the rowdy enthusiasm of the stoker of an Atlantic liner, or flares the gas up for the most unnecessary duty, who leaves her patient's hair unplaited, to tease her by getting into her eyes and ears, and a thousand irritating displacements—all these things make or mar the comfort of the sick-room and tell against a patient who has often too much already lying between her and safety.

The slightest sign of hæmorrhage must be watched for, and immediately acted upon. To raise the foot of the bed, keep the room cool, and the patient perfectly quiet are the first lessons of the careful nurse. To keep the drainage tube dry, to protect it from the admission of germs from an infected sucker, or through a bad cover, to empty it clumsily, all make for mischief. The movement of the patient calls for caution, and extreme gentleness. Such services as are to be rendered, such necessary lifting as must be done, is done with great care and firmness.

Where she can be lifted in the sheet so much the better. Where a small pillow under the hips or sides can ease her it is a little thing to try.

And when convalescence comes, care must again be exercised to prevent undue exertion till it be possible for the patient to undergo it. I have known a patient insist on climbing into bed unassisted the first time she sat up, and die within half an hour in consequence. You will be guided by your instructions, your knowledge, experience, and common sense, and not by the whims of a patient. I have heard of a lady who took the opportunity of the nurse leaving the room to get into a cold bath the morning after an ovariectomy. Constant care, watchfulness, tact, are called for in convalescence, as even then we may have serious internal hæmorrhage as the result of undue exertion. The patient's belt, too, must be put on before she rises, and only removed, to change for a lighter one, after she has returned to bed.

CHAPTER XVII.

ABORTION.

CASES of abortion arise from time to time amongst gynæcological patients, and though not coming strictly within the scope of this book, it will be well to give a few brief indications for nursing them. Abortion may arise from the disturbance produced by the illness from which the patient is suffering, indirectly from some operative procedure, or it may be intentionally produced by the surgeon as the only means of saving life in cases of pregnancy complicated by serious kidney disease, uncontrollable vomiting, and so forth. While it is not necessary here to enumerate the many ways in which abortion is caused, it is important that when it is threatened or actually occurs, the nurse should understand the condition with which she is dealing, and be prepared for such emergencies as arise, and have some system of nursing cases in which it occurs.

You may not know when abortion is expected.

Indeed the patient herself may not be aware even that she is pregnant; but there is usually little difficulty in recognising the fact that abortion is threatened. In the first place, the patient has hæmorrhage from the uterus. This may come on after she has missed one or more menstrual periods, or she may not have missed a period at all, or there may have been not an actual cessation, but some difference in the menstruation for two or three months before. I have known women who missed their usual "periods" for some months, when they were not pregnant, who, on becoming pregnant, commenced to menstruate regularly as long as the pregnancy lasted. The hæmorrhage may be slightly more than that of an ordinary menstruation, but is usually more, much more; indeed it is sometimes dangerously profuse and exhausting. When a woman, known to be pregnant, commences to have even a slight coloured discharge from the uterus, it is well to acquaint the doctor with the fact. If the hæmorrhage be accompanied by "pains" in the abdomen, coming regularly, the doctor must be informed at once. The sudden rush of blood in large quantity is often seen, and will necessary lead to the immediate summoning of the doctor. And this blood should be saved for his inspection, or such shreds of membrane

or small, fleshy masses that may be found in it, must be preserved for his inspection in a little weak carbolic solution. These may be proofs of abortion, a great help in treatment, or an assistance to diagnosis of the condition, which may have been mistaken for pregnancy or pregnancy may have been wrongly diagnosed.

Until the doctor arrives, the nurse will do what she can to avert the threatened abortion and to meet pressing symptoms. If her patient is not in bed, she must be got there with the least exertion possible; and she must be kept perfectly quiet, in a room not too warm. The head will be low, the foot of the bed slightly raised, and stimulants avoided (except in marked collapse) if there be much bleeding. The bladder or bowels must only be emptied into a bed-pan, and the patient lifted if absolutely necessary, but not allowed to exert herself in the slightest degree. Food must be liquid, cool, and given in small quantities. If abortion is expected, the doctor will probably leave instructions as to the use of any medicines he may think called for; but otherwise none must be used. If hæmorrhage is excessive and is not relieved by perfect rest, coolness, and the other means described on page 60, it may become necessary for the nurse to plug the vagina until medical help can be obtained, and this must be

done carefully and systematically as described already.

This is about the extent of justifiable interference on the part of the nurse, whose pressing duty it is to call the doctor in charge of the case at the earliest possible moment, and to limit her own work to meeting the emergencies of the case in the meantime.

After the mouth of the womb has become plugged by the ovum, the hæmorrhage becomes less urgent, and after it has been discharged, the uterus can contract and promote permanent arrest of bleeding. Thenceforward there is little special nursing to be done. The patient is kept on slop diet for a day or two, until the bowels have acted. An aperient, given on the second or third day, will consist of a mild laxative, such as a few castor oil capsules, a teaspoonful of liquorice powder, a Seidlitz powder, or a soap and water enema.

The patient will be douched twice daily for the first week with 1 in 2000 perchloride of mercury solution, or other antiseptic douche, and the most scrupulous cleanliness must be maintained throughout in instruments, injections, etc., which must be antiseptic and in the clothing of nurse and patient. The familiar habit in private work of washing the genitals with the family sponge instead of antiseptic wool dabs must

be particularly condemned. I have known this pleasing treatment successfully combined in the production of obscurely arising sepsis from the nurse alternately dressing a foul ulcer of her own leg and washing the patient with the usual domestic appliances.

The patient must be kept quiet, undisturbed by the garrulity of friends, who are most tiresome and demonstrative in all cases of this sort, and she must be encouraged to remain in bed all the time the doctor wishes, in order to keep her from the subsequent attention of the gynæcologist.

FORMULÆ, ETC.

Lotions and Douches.

Corrosive sublimate or perchloride of mercury lotions.

One of Burroughs Wellcome & Co.'s soloids of perchloride of mercury dissolved in a pint of water equals 1 in 1000 solution. One dissolved in two pints of water, 1 in 2000, and so on in the same proportion. Similar tablets are made by many other firms that are equally reliable.

Carbolic Lotion.

One ounce of pure carbolic acid made up to a pint with water makes roughly a solution of 1 in 20. This is rather strong and irritates the hands, and of course the tissues. One ounce made up to a quart is a solution of 1 in 40.

Iodine Water.

Tincture of iodine, one teaspoonful, dissolved in a pint of water is an efficient antiseptic solution.

Boracic Acid Lotion.

Half an ounce of boracic acid dissolved in one pint of hot water.

Lubricants.

Modified Lund's oil.—Pure carbolic acid 1, castor oil 4, almond oil 15.

Unguentum eucalypti.

Glycerinum acidi borici.

Glycerinum acidi carbolici 1, *glycerinum* 2.

Nutrient Enemata.

The yolk of one egg, and one ounce each of beef tea, milk, and brandy, peptonised as follows: Add fifteen grains of bicarbonate of soda and a dessertspoonful of Benger's *Liquor pancreaticus*, or five grains of Fairchild's zymine. Place the jar containing the mixture in a basin of water as hot as can be borne by the hand (about 150 deg. Fah.); allow it to remain about half an hour, then heat it quickly to boiling point for one minute. Cool it before injecting (Cheyne and Burghard).

Peptonised milk gruel or beef tea may be used. A dessertspoonful of a good extract of malt may be added, or of Mellin's Food, and such stimulants as wine, brandy, whisky, etc., as ordered. Inject very slowly, one or two wineglassfuls at a time. Wash out the rectum an hour before each nutrient enema with warm water. Use a rather long tube, which must be well greased.

Aperient Enemata.

Warm soap suds, one or two pints.

Glycerine and water, of each half an ounce.

Olive oil, two ounces; glycerine, three ounces, mixed and injected warm.

Turpentine, one or two tablespoonfuls; soap suds, one pint.

Saturated solution of Epsom salts, four ounces.

Castor oil, one ounce; soap suds, one pint.

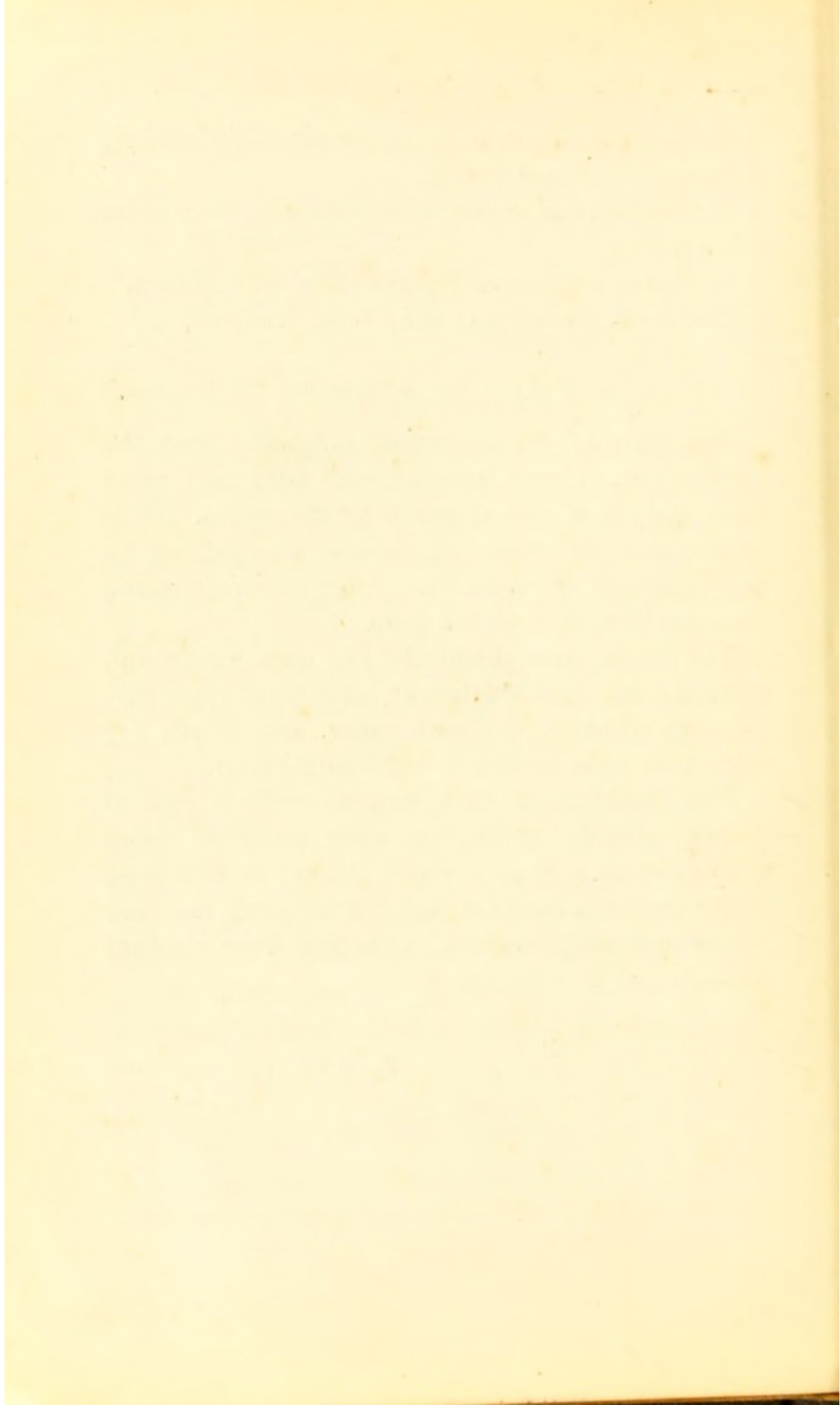
Preparation of Skin for Abdominal Operations.

The skin of the abdomen, especially near the middle line, is well lathered with soap and water from the pit of the stomach to the pubes. It is better also to shave it, unless the patient be very nervous or sensitive. After lathering scrub thoroughly with a gauze mop.

The nurse now disinfects her own hands and proceeds to vigorously rub and wash the skin (1) with alcohol; (2) with ether, and finally (3) with 1 in 1000 corrosive sublimate lotion.

The abdomen is then covered with a pad of double cyanide gauze, or with sterilised wool wrung out of 1 in 40 carbolic lotion: this is fixed with tapes or a bandage and left on until removed by the operating surgeon. (Adapted from Howard Kelly.)

THE END.



INDEX.

- ABDOMINAL distention, 82.
— sections, nursing of, 79.
Abortion, 86.
— emergency treatment, 88.
— nursing of, 89.
— symptoms of, 87.
Antiseptics, 15.
Asepsis, 14.
- BEDS, 73.
Bladder, irrigation of, 68.
Boracic acid lotion, 91.
- CARBOLIC lotion, 91.
Castor oil enema, 93.
Catheter, use of, 67.
Catheters, 65.
— disinfection of, 66.
Clothing for operations, 74.
Clover's crutch, 57.
Corrosive sublimate lotion, 91.
- DABS, 53.
Discipline, 5.
Distention, abdominal, 82.
Douches, 91.
Douching, methods, 23.
— objects of, 22.
Dressing patients, 32.
Dressings, 21.
- ENEMA, castor oil, 93.
— Epsom salts, 93.
— glycerine, 92.
— olive oil, 93.
— soap suds, 92.
— turpentine, 83, 93.
Examination methods, 29.
— of patients, 27.
— preparation of patient for, 27.
- FERGUSSON'S speculum, 37.
Flatulence, 47.
- GERMS, infective, 12.
Glycerine enema, 92.
Gossip, dangers of, 5.
- HANDS, cleansing of, 17.
— preservation of, 9.
Hæmorrhage, plugging for, 38.
— signs of, 61.
— vaginal, 60.
Health of nurse, 9.
Hygiene, 8.
Hysterical patients, 45.
- INSTRUMENTS, cleansing of, 19.
— for dressing, 32.
Iodine lotion, 91.
- KNIVES, care of, 20.
- LOTIONS, 91.
Lubricants, 92.
Lund's oil, 92.
- MANNER, 4.
Menstruation and operations, 44.
- NAIL-BRUSHES, 10.
Nurse, health of, 9.
Nutrient enema, 39, 92.
- OLIVE oil enema, 93.
Operating table, 73, 75.
Operation room, 71.
Operations, vaginal, 55.
— — nursing of, 59.
- PATIENT, observation of, 42.

- Perchloride of mercury lotion, 91.
 Perineorrhaphy, 63.
 Perineum, operations on, 63.
 Pessaries, mechanical, removal of, 41.
 — medicated, 40.
 Plastic operations, 63.
 Playfair's probes, preparation of, 33.
 Plug, uterine, removal of, 62.
 Plugging vagina for hæmorrhage, 38.
 Plugs, 36.
 Preparation for examination, 27.
- QUALIFICATIONS, I.**
- RECTUM tube, 47, 81.
 Reports, 82.
 Routine, 5.
- SICKNESS, 48.**
 Sick-room, 49.
 Sims' position, 29.
- Sims' speculum, 34.
 Skin, preparation of, 93.
 Sleep, 8.
 Soap suds enema, 92.
 Speculum, Fergusson's, 37.
 Sponges, preparation of, 52.
 Suppositories, application of, 39.
- TAIT'S sucker, 79.**
Tampons, 36.
 — application of, 37.
 Temperature (douches), 24.
 — of operating room, 75.
 Trachelorrhaphy (*see* minor vaginal operations).
 Turpentine enema, 83, 93.
- URINE, preservation of, 69.**
- VAGINA, disinfection of, 56.**
 Vaginal operations, preparation, 55.
 Vomiting, anæsthetic, 48.

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