

## PRACTICAL HINTS



### DIRECTIONS FOR THE USE OF EYE-DROPS

A WELL-KNOWN oculist has these directions printed upon small slips to give to his office patients. They may not come amiss as reminders to nurses:

"Before leaving the drug-store see that the solution dispensed is perfectly clear and free from sediment; also that the dropper furnished with the medicine is perfect and provided with a black bulb of pure rubber—*not a white one*.

"Before using the dropper pull off the bulb and cleanse both the bulb and the tube with boiling water.

"To apply the drops to the eye, partly fill the dropper by pressing the bulb while the tip of the tube is immersed in the fluid; then look up, pull down the lower lid, and drop the medicine into the outer corner of the eye, letting it flow along the groove between the lower lid and the globe. Then return to the bottle the medicine remaining in the dropper, and rinse the latter in hot water and put away in a clean handkerchief or napkin where it cannot be contaminated by dust or unclean fingers. In handling the dropper, hold it point downward in such a way that the medicine cannot run into the rubber bulb. If a sediment forms in the bottle or the solution becomes cloudy, it is not longer fit for use and should be renewed or boiled and filtered."

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### NECESSARY PRECAUTIONS IN GIVING VAGINAL DOUCHES

THE giving of a vaginal douche is regarded too often as so simple a thing as to call for no special care or precaution, but it should be borne in mind that the douche following labor, the removal of any pelvic organ, and in many cases of metritis or other disorders is attended with danger for one especial reason, viz.: the dilated os uteri, which affords a direct channel for the entrance of fluid into the uterus, the fallopian tubes, and possibly the pelvic cavity.

The object of the douche is two-fold,—first, cleanliness, and, second, to allay pain and inflammation. Therefore it may be readily understood that a douche given with luke-warm water, the douche-point inserted half its length and under high pressure, is not only worthless but dangerous, many instances being recorded of collapse and peritonitis following the entrance of fluid into the pelvic cavity.

The first provision made should be that the utensils are surgically clean, then that the solution or sterile water is hot, not warm, and that the douche-point is inserted with water flowing to avoid the entrance of air, by following the posterior vaginal wall until the point is high up in the cul-de-sac of Douglas, thus avoiding a direct stream into the os. The douche-pail or fountain syringe should never hang more than twelve inches higher than the patient's recumbent body, in labor or operation cases six inches being enough, thus avoiding any pressure which might force the fluid into the uterus. The low pressure is also much better because the flow is slower and the cervix is kept so much longer in a hot bath.

An antiseptic douche should always be followed by a pint of hot sterile water, many patients being susceptible to the use of such drugs. In giving douches to a young girl an excellent way is to make use of the metal catheter provided with a return flow, the reason being that the ordinary glass douche-point often entirely fills the vaginal orifice, thus forcibly retaining the fluid.

A method of continuous irrigation known as the Stehman douche was devised and taught to nurses some years ago by Dr. Henry B. Stehman, of the Presbyterian Hospital of Chicago, which is given by introducing a bivalve speculum, and then wrapping a glass douche-point with enough absorbent cotton to fill the opening. By holding the point and cotton with the left hand the right hand may remove the speculum. The rubber tubing with water flowing is then attached to the glass point, the pail or syringe being not over six inches above the body, as the cotton will allow only a very slow return flow. This is usually continued thirty minutes and repeated twice or thrice in the twenty-four hours, but in extreme cases has been kept up for one or two hours.

These points are given not as anything new, but as reminders of the old, which have such marvellous propensities for getting themselves forgotten.

I. McI.

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#### SUGGESTIONS TO NURSES FROM A PATIENT

DEAR NURSES: Do you always realize how tired we get of our enforced positions in bed or rolling-chair, arm-chair, or couch? How we long for a fresh position, a new arrangement for our weary muscles? We often feel that the nurses in hospital wards are too busy to think of coddling us in all the little ways we would like to be coddled in, but just a little wee bit of extra thought and care outside of the regular orders would be such a great thing for us often; and it is good for you too, dear nurses, to exercise your imagination and ingenuity. Let me suggest a few little points I think of. Some I have learned by observation in hospital wards, and some I have learned by experience. My own good nurses, who had added to their stock of knowledge by studying the cravings of their private patients, during whose care a nurse has more time to think of little things, have taught me many little comfortable ways.

Notice that old woman sitting up in a rocking-chair? She has been in bed for a long time, but now she sits up for several hours every day. The rocking-chair is a good one and has a good back and arms, but if you were that old woman sitting in it you would soon feel that three things about it were wrong, yet perhaps you would not like to stop the brisk, rapidly moving nurse and ask her to relieve the defects; perhaps, indeed, the poor old woman does not know exactly, herself, what would help her to greater comfort. But think. Do you not know how tired the back of one's neck gets holding one's head up, when one is tired or ill, and what a delicious feeling of rest comes with the relaxation of those tense muscles? Take half a minute and make the old body a neck-roll of cotton, covered with old muslin or linen, or slipped into a small pillow-case. Make it fatter at each end than in the middle, so that her head can rest comfortably on either side. Oh, what a feeling of delicious ease! What is the next thing? Why, of course, that hard wooden seat. The old lady is thin; she soon feels as if the bones would come through. Give her anything to make a soft seat,—a cushion or another small pillow, or even an old blanket folded, an air-pillow, a rubber ring filled only a little way with water or air, and, last of all,

the third thing, a little foot-stool for the feet. If you have none, put the dictionary there, or a little wooden box heavy enough to stand still. Now what a happy and comfortable old body you have!

If one must lie in bed all the time, one likes the rest and change of getting right over on the edge of it, and of finding there a low table or the arm of a big chair with a pillow on it, ready to prop and sustain the knees, which one can then drop comfortably over the edge. Do you know how I mean? One of my nurses used to prop me so, and another was pleased with the device and had never thought of it before.

Then too it is a comfort sometimes to find this little, low table with a pillow at the head of the bed, where one can drag shoulders and chest over on it and so feel the rest of a new position.

Don't forget what a rest it gives one, when lying on the back, to have the legs raised and supported by a pillow pushed under the knees,—not a skimpy little pillow, but a good, large, plump one, so that as the knees press on it there is a sense of firmness, and as the legs turn from side to side they feel the support. It is so comfortable too to turn occasionally on one's stomach, and with a small, soft pillow right under the stomach, have the head pillow pushed away, and lie so for a while like a toy turtle on a pivot, with head, arms, and legs all going in any direction. The patient who loves to lie with arms out of bed needs to have the arms covered, and jackets are mussed things and wrinkle under one's back. My nurse had my sister make flannel sleeves for me, long ones, which were fastened to my gown with small safety-pins.

The little head- or neckroll is nice in bed too, for there one sometimes gets the feeling that one's neck is breaking off.

It is good sometimes to sleep, as it were, downhill, with the foot of the bed raised. Or one can have this same sensation by having large pillows placed lengthwise at the foot of the bed, and having one's legs and feet elevated by being laid on this pillow-shelf.

Try some of these little devices. You will like them.

AN OLD PATIENT.

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### INSOMNIA

An ice-bag placed at the back of the neck and a hot-water bag at the feet will sometimes induce sleep.

The blood-pressure in the brain is lessened by this means, and there being less stimulation, it more easily sinks into a state of repose.

E. R. SCOVIL.

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NURSES wishing to read good books without the expense of buying them should join the "Book Lovers' Library." With the head office in Philadelphia, branch offices are being placed in most of the cities. For five dollars a year one book weekly may be obtained, this being brought to the borrower and called for.

