

After getting through the 1st year examinations the men nurses are kept on duty in the operation theatres. Their duties are to see whether all the requirements are in good shape or not, and secondly to pass instruments to the surgeons.

Our hospital being a Mission Hospital evangelistic work in the wards is a special aspect of the duty of the men nurses, and Bible is one of the compulsory subjects in the Nursing school.

The Post-graduate course for men consists of Anesthesia, theoretical and Practical, and Chemistry. Both the subjects are taught by the Doctors. Soon after giving anesthesia to over 500 patients, the Mission gives a certificate signed by the Physician-in-charge.

The trained men nurses are appointed as supervisors of the wards during the day as well as at night.

Our fully trained men nurses are sent out to the villages and given the charge of dispensaries which are 25 to 60 miles away from the hospital. The Surgeon-in-charge or the Physician-in-charge visits these village centres at least once or twice a week. The difficulty comes in handling the maternity and gynecological cases. The only thing the men nurses can do, is, send the patient right away to our hospital, and we have noticed that the patients come into our hospital in a very bad condition but they are saved.

So I would like to suggest that at least a first-aid course in midwifery should be taught to the men nurses of India.

Two of the eighteen trained men nurses are on the teaching staff and one is a trained laboratory technician.

Finally it is my chief duty on behalf of my brothers to strike a note on the value of men nursing and hope these principles will be considered in the rest of the hospitals in India.

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss J. ROBSON, S.R.N., D.N., Rainy Hospital, Royapuram, Madras.

VESICO VAGINAL FISTULA

Paper read by Miss Job—Student Nurse, Vellore Medical School Hospital

Definition. The letters V. V. F. stand for Vesico Vaginal Fistula. This condition very often occurs in women.

Causes 1. Carcinoma of the cervix which later lead on to ulceration of the bladder.

2. Sloughing or injury after a forceps delivery.

3. Criminal abortion,

4. After some operations.

5. Sometimes as a result of an accident.

Symptoms. Because of the fistula which leads from the bladder to the vagina, the patient complains of constant dribbling of urine due to which the vagina becomes irritated and later ulcerated. This is the most pitiable condition that a woman can have and this condition can't be cured until it is operated on.

The condition of the patient on admission. The patient on admission often has filthy smelling urine due to the bladder having become infected through the fistula. Some of the patients in order to prevent dribbling will have used dirty rags as napkins.

On admission the patient is given a thorough cleansing bath. After bath she is put on a specially prepared bed known as V.V.F. bed. It is an ordinary taped bed with a hole left in the centre. A bed pan frame is placed just below the hole and bed pan put in. Mattress with a hole is also made with mackintosh all-around the hole. This hole will be big enough to place the buttocks over, and when the patient rests on it, the urine drips into the bed pan, and when she walks about she wears a napkin. The bed pan that is kept in the frame is changed and cleansed frequently, and some antiseptics kept in, to prevent flies going to it. Instead of pressure points being treated with spirit and powder, Benzoin ointment is well rubbed in to prevent the skin becoming soft and sore where the urine passes over it.

Treatment before Operation. The pre-operation treatment is very essential. Operation should not be attempted until a full three months or more have elapsed after delivery, or other cause of V.V.F. During this time urine and faeces are tested and defects treated. All kinds of blood tests are done. Vitality of the patient is built up by giving nourishing diet. Tonics are also given. Hot douches given twice a day. If there is any infection of bladder, bladder washes are given daily and some medication such as mercurochrome or argyrol. Medicines such as acid sodium phosphate and urotropine are given internally; and sometimes V.V.F. mixture too given which contains—

Benzoic acid, 2 dr.
Sodium biborate, 2 dr.
Symple syrup, 2 dr.
Water, 6 fl. ozs.

One ounce three times a day until the urine is acid.

When the patient becomes strong, doctor decides to operate on her. Before operation urine is again tested to see whether it is acid because in an acid medium no organism can thrive well.

Preparation for Operation. The day previous to operation an ounce of castor oil is given to clear out the contents of the bowel. She is given a thorough cleansing bath. Plenty of 5 per cent glucose is given by mouth and the patient is kept on light diet. The evening previous to operation the part is well shaved and washed. In the early morning bowel washes are given until the return flow is clear. On the morning of operation a long hot douche and a bladder wash are given, the parts to be involved in operation are washed well, dried and painted with ether and iodine, and sterile napkins applied. After preparation the patient is dressed in a night gown, leggings, and cap. The patient is given morphine grs. $\frac{1}{4}$ and Hyoscine Grs. 1/150 (or Nambutal)—three hours before operation and repeated just before the patient is taken to the table.

Operation. Anaesthetics—such as spinal, or ether are given and when she is under she is put in Trendelenburg position, the parts concerned are resterilised and draped with sterile drappings. There will be two scrubbed

nurses, one by the side of the instrument table and the other by the side of the sponge table. The sponges used are small cotton balls wrung out of sterile hot water. The Surgeon puts the ball speculum into the vagina, and side retractors often of silk thread are used, and by these means the fistula is located. An incision around the edge just between the mucous membrane of bladder and vagina is made with a bellied scalpal. With Kelley's curved scissors the two layers of mucous membrane are divided with the utmost care to avoid any button-holing of the bladder.

When the bladder mucous membrane is free so that the edges fall together without any tension, the edge is freshened, and the sutures may be taken.

Suturing must be done with the utmost care. Fine silkworm gut on a small curved needle is used. The first stitch is taken well beyond the angle of fistula—Lambert suture is used.

The next stitch is from one surface—across to the other in such a way that when tied, the edges of the fistula are turned in. The silkworm gut must *never* penetrate the bladder mucous membrane. If such an accident happens a bladder calculus is apt to form on the stitch. These stitches are never removed. As each stitch is taken, it is held by a forceps which is threaded on a tape, in order to prevent mixing of the sutures.

When the stitches are being tied an assistant turns the edges of the bladder in with a probe. Milk is put into the bladder and the sutured edges are examined. If there is no oozing of milk, the mucous membrane of vagina is sewed over the bladder sutures to protect them.

Then the surgeon leaves a retention catheter in the bladder. It is fixed to the thigh by adhesive strapping to prevent it from slipping out. A tight perineal sheet is put on the patient, through the hole of which the catheter passes out. To the end of the catheter a glass connecting tube and rubber tube is attached which is put into a bottle (containing some antiseptic) and is tied to the frame of the cot and the urine drips into the bottle.

The patient is taken to the ward and put to bed which has been made ready just like any other operation bed. The knees are tied together to prevent moving. Her pulse and respiration are watched every 10 minutes and if there is any rise of pulse it is reported and treatments such as intravenous glucose or saline or subcutaneous saline, whatever the doctor orders are carried out. The bed is watched to see whether it becomes wet. When she becomes conscious Heroin grs. 1/12 is given to quieten her.

She is not allowed to do anything by herself until the stitches are out on the 8th or 10th day. Bowels are kept constipated for 3 days and then moved by some laxatives or enemas. After each defaecation part is washed well with some antiseptics, dried and sterile napkins applied. Patient's back will be attended daily, morning and evening, by three nurses, two to turn and one to attend the back. On the 8th or 10th day the stitches will be removed and some drops instilled into the bladder. The catheter won't be removed then, but it will be left for two days, and removed afterwards. Bladder washes will be given daily and medication left in. In order to prevent strain on the bladder, bed pan is given to void every two hours. The patient is treated as a bed patient for a fortnight and then made to sit up and gradually to walk.

Diet. The patient is given light diet as milk, orange juice, coffee, etc., while she is in bed, and then twice boiled rice and gradually ordinary diet.

While she is in the hospital she is taught to live hygienically and when she is discharged she will be advised not to do any hard work, and to keep herself clean. To have nourishing diet, to eat plenty of fruits and to drink lots of water and continue in taking medicine. Especially they are advised

not to become pregnant at least for one to three years, explaining to them the complications that may happen after labour, due to the inability of scar tissue to expand, and so cause obstructed labour. Afterwards they are discharged full of joy and advised to attend some Hospital for their next confinement and explain to the doctor, that they had a fistula before which had been repaired.

I am very glad to tell you that during my two months' training in the Gynaecological ward, out of the 6 V.V.F. operation cases that were done, 4 got better, out of which three have been sent home, and the two that didn't succeed are still waiting to be operated on with a firm belief that they will get better.

As Doctor Scudder is an expert at this operation, which is often a very difficult one, and as Indian women are so often terribly torn in childbirth, we hope that she may be spared for many years to help them.



THE MIDWIVES' UNION SECTION

Hon. Secretary :—Miss S. M. Round (Sister Sallie),
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Members are asked to report any helpful notes
of cases, and send articles for this section to the
Secretary.

HYGIENE OF PREGNANCY

By Miss G. H. LALA, B.P.N.A.,

Candidate, Health Visitors' Institute, Bombay.

Ante-natal care means the care of the mother's health from the time she realises that conception has taken place to the time of the onset of the labour. In order that she may pass through pregnancy not only safely, but in the best of health, and that the child be born healthy and strong, the expectant mother should lead a normal and regular life. It is essential that this care should be taken not for the last few months only, but for the whole period of nine months, if possible.

An expectant mother should lead as normal a life as she possibly can by taking sufficient rest, enough exercise, nourishing and wholesome diet, and leading an open air life under the sun's rays.

It is a mistake to consider pregnancy an illness. It is a normal physiological process, and since it is normal, disease should not accompany it. Unfortunately, modern conditions of life do not permit a quiet natural life and sometimes complications arise. Fresh air is very essential and hence windows should be kept open day and night. This however is difficult to obtain in large, dusty and smoky towns, especially in thickly populated cities. The social restriction and the custom of the purdah, amongst certain classes of people, mostly come in the way of leading a free open-air life, the womenfolk being compelled to keep themselves to the backyard of the house. The habit of sleeping in rooms with windows shut, and with bedcovering pulled over the head should be discouraged, as foul air is inhaled into the system instead of pure oxygen.