

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER III.—DUTIES IMMEDIATELY AFTER DELIVERY.

THERE was another mode of binding that used to be in vogue amongst country practitioners some time ago, and its peculiarity, or merit (whichever my readers prefer to call it) consisted in the material used for the binder, which was a heavy woollen fabric, more like "horse-cloth" than anything else. It was applied in the recumbent position, and put over the patient's night-dress. Just enough was used to fold over, and then the binder (or "horse-cloth") was fastened together with enormously large brass pins. I have seen them five or six inches long, and bound so tightly as to occasion the utmost discomfort to the bindee, though according to the opinion of the binder that was amply compensated for by the safety (?) it assured her.

There was again another form of binding, belonging to a still remoter era (perchance now extinct), that possesses far more merit in my eyes than the one I have just described to you (which I fervently trust is extinct); and both the binder and the manner of applying it were different to anything we have discussed before. The usual material used was a small tablecloth, old and soft, carefully put aside for the occasion. It was folded first of all cornerwise, shawl fashion; the narrow end was then turned up to a level with the top, and the binder again folded in two. In this form it was placed over the abdomen, and next to the night-dress; the ends were passed under the patient and crossed over her back, and fastened by two persons (usually the Doctor and the Nurse), one on one side of the bed and one on the other, and the binder was firmly but comfortably drawn all over the abdomen, and the ends tied in a knot in front, and so ended a process familiar to the mothers of two generations ago.

The various forms of binding I have just brought before the notice of my readers have all one drawback, that doubtless has not escaped the notice—viz., they are not easily loosened in case of need. It would task any Nurse's power of hand for instance to take the "hedgestakes" out of the "horse-cloth." As a matter of fact, the pins used to be left for the Doctor to take out, and not unfrequently he had to be sent for to remove them, as the patient could not always bear the discomfort of such "heroic" binding. The Doctor's dorsal knot was rather more amenable to feminine efforts, but I assure my readers

I have had more than once "to cut the Gordian knot of it," *not* with the swift sword of an Alexander, but with some of the most remarkable kind of cutlery eyes ever beheld, included in the family collection of knives and scissors, all of which possessed one *virtue* in common—they would *not*, any of them, cut! The "wound round" binder was even worse to deal with; the last I described to you less objectionable than any of the others. I shall point out before long how important it is we should be able to unfasten the binder without delay and "why."

From binders to the kindred subject of compresses is but a natural gradation, and my experiences of same may not be altogether without interest. It may amuse my young readers when I tell them that in my Hospital days such divergent articles as Bibles (small), pincushions, and saucers were requisitioned for compressing. I guess you are going to laugh at these last-mentioned, but allow me to observe that in our Hospital saucers *were* saucers—plenty of concavity about them, not like some of the make-believe things of to-day, that might be plates, except for a bit of a rim in the middle; so the laugh may not be *all* against the saucer. Had I to revert to the measures of those days, I should now, as I did then, pin my faith (or rather, shall I say, my binder?) to the saucer, on the ground that it did less harm, and quite as much good, as either of the other articles mentioned. We applied it in this wise: we filled in the concavity with napkins; we placed the saucer over the uterus, the upper part of the rim covering the fundus; put more napkins over the convexity, and again napkins on each side (at least the writer did, and scored a point thereby), and so in due course we pinned on our binder over our trusted bit of crockery, with the firm assurance that it was "the right thing in the right place." I leave my nursing readers to draw their own conclusions from what I have just told them.

Now we will go on to the Ward Bible. It was a venerable-looking tome, about six inches square and two thick; dog's-eared at the corners (its chief merit, as a *compress*). It was bound in leather more the colour of gingerbread than anything else. It was kept on one of the recesses of the Ward windows, and only brought into use on solemn (obstetric) occasions, and generally applied by no less a hand than the Matron's after cases of post-partem hæmorrhage, or ominous threatenings of same. It was wrapped up in a napkin, and placed over the uterus (not on the fundus), and firmly fastened there with the binder. This arrangement was all very well for the "Bible," but not altogether so for the bindee, as I found out in this wise.

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