

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER IV.—CONVALESCENCE.

NEXT to the question of atmospheric comes that of water pollution, which affects our patients through a different medium, and has to be dealt with differently to the former.

The water for domestic use generally comes from three sources—wells, cisterns, and mains. In the two latter the supply is either intermittent, when it has to be stored, or constant, when it can be drawn from the mains any time of the day or night. The dangers attending water drunk from surface wells has been so often dwelt upon by sanitarians that my readers are all doubtless familiar with them, and I need not repeat them. But, as bearing upon our portion of Nursing work, I may as well remind you that in using well water two kinds of poisons are to be feared, organic and inorganic. The baneful effects of the former can be minimized by boiling, but the latter yield to no such simple remedy, for the deadly nitrites are amenable to no form of domestic treatment, and filtering is no more use than boiling here. It was a knowledge of these facts that led the municipalities of great cities to close without fear or favour *all* surface wells whatever, in spite of the fierce opposition from “vested interests” in these sources of wide-spread disease and death.

It may interest those of my readers who are either engaged or interested in Obstetric Nursing, when I point out to them, from my own personal experience as a practitioner in Midwifery in a big provincial city, the immensity of good that has resulted to the health and mortality of our patients (and I may add their infants) since that beneficent measure of sanitation was carried through, and it is only those who were familiar with the old state of our water supply who can thoroughly appreciate the new. Throughout the length and breadth of the city, in obscurest “court” or street, is now to be found the ever-welcome tap from the main, with its constant supply of practically pure water day and night.

In the bad days of polluted well water, our patients were constantly developing obscure symptoms of disease that baffled Medical skill to account for, and at times these attacks came on with a suddenness and rapid fatality that more resembled Asiatic cholera than anything else. Now all this is changed, and we seem to have entered upon a blessed era of health and good fortune, as regards our lying-in women; it is as

though some evil fiend had been banished from our midst.

In your Metropolitan Nursing you will be more familiar with the cistern water supply than any other, and here the impurities are rather material than organic (dirt, dust, soot, &c.), and the friendly filter will arrest the difficulty. The carbon block is the best form for the drinking water, but I strenuously advise a Nurse to *boil all* the water for that purpose for her patients' use. Cisterns are not always of immaculate cleanliness, and rats and mice have before now been known to come to an untimely end therein, and if they impart a flavour, we cannot say they improve the purity of the water.

I greatly favour pure distilled water for our patients' table use—*not* to drink plain (it should be aerated before drinking), but for mixing with other beverages, such as milk, tea, coffee, and cocoa. No one who has tasted tea or coffee made with pure distilled water can fail to appreciate their improved delicacy and aroma over those prepared with the ordinary household water; nor is the expense considerable compared to the enhanced safety it brings to our patients, but there is sometimes a trouble to get it in quantity. I give our chemist sixpence per gallon for distilled water, but to buy it in syphon bottles is, of course, much the dearer way. Living in a large manufacturing city, where rivers of distilled water could be had, if wanted, has made me familiar with its use and value in our portion of Nursing work, and I can earnestly recommend it to my nursing readers.

Whatever may be the source of the household water supply, whatever may be the form of pollution, it differs from atmospheric contamination, which is conveyed to our patients through an aerial medium, and has to be met by measures wholly unlike those we have been speaking about. For instance, we can neither boil, filter, distil, nor isolate sewer gas; it permeates the air our patients breathe, the food they eat, the very bed on which they lie, and we must seek for other weapons to combat the foe than we used for doubtful or poisonous water. We have principally two measures to rely upon—disinfectants, or germicides, as they are called now, and ventilation. With respect to disinfectants, their name is legion, but for our portion of nursing work we will consider three, which will be quite as practically useful to us as thirty—viz., permanganate of potash, carbolic acid, and perchloride of mercury; and these three antiseptic agents have some remarkable points of difference as regards their use in Obstetric Nursing which are of great interest.

To begin with the first-named, familiar to

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