

Midwifery from the fact that the lesion not only shows itself at birth, but there are good grounds for assuming that they are veritable *birth marks* due to pressure during parturition; and with respect to *nævi* on the head, we know they are often associated with the head pressure caused by difficult labours, whether terminated naturally or instrumentally; the same may be said of those situated on any part of the face.

We are often asked by mothers if these *nævi* (popularly called "cherries") are painful. We may assume *not*, in the sense of inflammation, but they certainly seem to give rise to a feeling of discomfort, to judge by the way in which infants try to pick them when within reach, such as on the face or neck; and, if the *nævus* increases in size, this sense of irritation appears to increase. When operation is necessary, the infant requires great care, and, if he is breast-fed, so much the better, for there is no Nurse like a Mother.

I have now completed the second portion of my work—the Infantile—in which I have dwelt upon the duties required for the care and treatment of the newly-born, which may be truly called the special feature of Obstetric, or, I would rather say in this instance, of Monthly, Nursing; for the care of the infant extends to at least that period, for it belongs to no other department of Nursing work whatever. Many of the duties required for the mother can be learned in any hospital, but the opportunities for a Nurse acquiring, even in Lying-in Hospitals, a thorough knowledge of the newly-born—a period of life that resembles no other—is necessarily limited, under the present term of special instruction, and, to a large extent, the same may be said of the maternal portion of their duties, which are not entirely covered by corrosive sublimate.

It is the object of this little work (the outcome of a wide experience in Midwifery) to fill up that void, and thereby be of use to, and strengthen the hands of women engaged, or about to be engaged, in Obstetric Nursing.

The writer also is not without hope that it may be found a handy work of reference for mothers generally, at those times when a little information may be of use and value to them, and not always readily obtainable.

The following may be found useful Examination Questions on the preceding papers:—

PART I.—MATERNAL.

1.—You are in attendance upon a lady expecting her confinement. What signs would lead you to anticipate the near approach of labour?

2.—What measures would you then take as regards the patient, and the arrangement of her bed-room?

3.—What are the signs of commencing labour? and under what circumstances would you send for the doctor?

4.—How would you proceed to prepare the bed? Mention the various articles it would be necessary to have in readiness.

5.—How would you prepare the patient for labour?

6.—Mention the duties required during delivery, as regards the patient, and the assisting of the accoucheur?

7.—How would you receive the infant from him? and what are the attentions required immediately after birth?

8.—How would you position the patient for binding? and how would you apply the obstetric binder?

9.—Mention the duties that devolve upon a Nurse immediately after delivery?

10.—In case of sudden hæmorrhage occurring soon after delivery, what steps would you take to arrest it, until medical assistance could be obtained?

11.—The lochia becoming offensive, what measures would be necessary?

12.—What should be the strength of a lotion, of carbolic acid or Condy's fluid, for vaginal douching?

13.—How would you proceed to change the sheets and re-arrange the bed-clothes in the case of a patient for whom it is necessary that the horizontal position should be maintained?

14.—Describe a rigor and its treatment?

15.—What is the normal temperature, rate of pulse, and respiration? What temperature, rate of pulse or breathing, would induce you to summon medical aid?

16.—What would you do for a patient with very sore nipples? and for one with a hard-tender breast three or four days after delivery?

17.—Describe how you would sling a breast?

18.—How soon after confinement would you allow a lady to get out of bed, or to sit up in bed?

19.—How would you proceed to get a lady up and dressed for the first time after confinement?

20.—What do you understand by ventilation? and how would you keep the lady's bedroom well aired?

21.—What is the best temperature for the lying-in room?

22.—How would you prepare mutton broth for your patient? and free it entirely from fat?

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