The Nursing of Maternity Cases.

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The patient should in the early stages of the labour be encouraged to walk about the room. This acts beneficially in two ways. It diverts her mind to some extent from her condition, and it favours in the first stage dilatation of the os owing to the position of the child's head. An experienced nurse will, by the character of the patient's cries, during a pain, be able to tell, without constantly examining her, when it is imperative that she should be got to bed. There is nothing more noticeable than the uniformity in different patients, of the character of the cry at different stages of labour. If the case be not a primipara, the patient may be provided with a pulley, which is attached to the foot of the bed, which she can grip during a pain. This will afford a considerable amount of relief. The best kind is one about five yards long, knitted in fairly coarse cotton, and about five inches wide. This is very soft and easily washed. A very good pulley, however, can be made out of a strip of ordinary unbleached calico. Care must be taken that from time to time nourishment is administered. A cup of strong and hot beef tea will be usually readily taken, and a cup of tea is often greatly appreciated, and is distinctly of therapeutic value in aiding contraction of the uterus.

It is not proposed in this paper to enter minutely into the mechanism of labour, as this may be learnt from any ordinary text book, but it may briefly be stated that the four movements performed by the fœtus, both in a cranial and in a pelvic presentation, are, *flexion*, *rotation*, *extension*, and *restitution*. The flexion of the head upon the chest ensures the smallest possible diameter engaging with the brim of the pelvis. Rotation is caused by the inclination of the floor of the pelvis and the spine of the ischium. After rotation has taken place, the occiput, in a cranial presentation, slips up over the symphysis pubis, the face or occiput of the child then sweeps over the perineum, and the head is born. The movement of restitution is caused by the shoulders of the fœtus performing the same movement as the head. The rotation of the shoulders causes the head, which is now born, to turn with the face towards the mother's right or left thigh, according to the position in which the head engaged with the brim of the pelvis. As soon as the head is born, if she has not already done so, the nurse must place her left hand upon the uterus, and must not leave it until the placenta has been expelled, and the uterus is found to be well contracted. With her right hand she must support the perineum, placing a soft sterilized towel over it, and by gentle pressure towards the symphysis pubis relieving the strain upon the perineum. An assistant should be instructed as soon as the head is born to feel if the cord is round the child's neck, and should this be found to be the case it should be slipped over the back of the head. It may also be necessary to bring down an arm or hand should this be in an awkward position. When the head is born the trunk usually follows easily, but care must be taken that there is no dragging upon the cord, otherwise a protruding navel may be the result. As soon as the child is born steps must be taken to ensure its crying well, the mouth should be wiped out and the eyes bathed with a solution of boracic acid (10 grains to the ounce). When the cord has ceased pulsating it should be securely tied at a distance of about an inch from the infant's abdomen, with a ligature composed of about six strands of whitey-brown thread, which has been previously sterilized. It is important that this ligature of the cord should not take place too soon, otherwise the child may be deprived of several ounces of blood, and this in the case of a delicate child is a serious matter. It is usual to place a second ligature, about two inches distant from the first, on the maternal side, but if pulsation of the cord has ceased before the cord be tied this is merely a precautionary measure. The cord should then be severed, with a blunt pair of scissors, between the two ligatures. If the child be healthy it may then be wrapped up in a receiver and placed in a warm cot until the mother has been attended to.

Should the child be born asphyxiated, and the ordinary methods of resuscitation fail, artificial respiration must be at once proceeded with. The child may also be dipped in a bath of hot and cold water alternately, but the cold bath should only be used for a few seconds.

(*To be continued.*)

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