management of the third stage of labour, and the important principle, never to deliver in the Two factors in the third absence of pains. stage of labour are the separation of the placenta and its expulsion with the membranes. Nature should be allowed to separate the placenta, and then, if she is not equal to the second task, the accoucheur may assist her in expelling the already separated placenta. In cases of secondary uterine inertia, in which labour comes to a standstill, the proper line of action is not to slip on the forceps and deliver, but to give a dose of opium; the woman will then fall asleep; after a time pains will come on again, and she will probably be delivered without any instru-In instances of placenta mental assistance. prævia after bimanual version, the delivery must not be hurried, but time must be allowed for the uterine pains to come on again. When from the history, or the symptoms, post-partum hæmorrhage may be anticipated, precautionary measures are recommended, such as slow delivery of the fœtus, its birth being followed down by the hand on the fundus; the puncture of the membranes when the os is nearly dilated; and after it is fully dilated, the giving of two teaspoonfuls of liquid extract of ergot. If hæmorrhage does occur from an inert uterus, the first measure to be adopted is external uterine massage; second, the use of hot water, 118° F., in large quantities. The intra-uterine tube should be so placed that the whole inner surface of the cavity is bathed. Salt, a teaspoonful to a pint, is preferable to creolin in the water as an antiseptic measure. Other measures are bimanual compression, packing the uterus with gauze and drawing downwards the uterus with a tenaculum, thus compressing the uterine arteries. When the hæmorrhage has ceased, the patient should be kept quiet, her head low, the lower part of the bed being raised to facilitate the weak circulation. Subcutaneous injections of ether and strychnine are most useful, but our main dependence is in saline transfusion. will be understood by trained nurses that the above treatment is purely medical. But when, as sometimes happens, bleeding occurs when the nurse is alone, and when the patient's life depends on her promptitude and knowledge, nothing is so safe, and in most cases so effectual, as firm pressure downwards on the uterus by the hand on the abdomen, and the use of either a very hot or a very cold vaginal injection.

Appointments,

MATRON.

Miss Agnes M. C. Burkitt has been appointed Matron of the Wapping Division of the East London Nursing Society. She holds the three years' certificate of the Royal Infirmary, Edinburgh, and was trained in District Nursing at the Central Home of the Queen Victoria Jubilee Institute, 23, Bloomsbury Square, after which she worked as Queen's Nurse at Worthing for six years. For the last two years she has held the position oi Matron at the Newbury District Hospital.

Miss Eléne Traiforos has been appointed Matron of the Infirmary, Macclesfield. She was trained for three years and certificated at the Victoria Hospital, Burnley, and has held the positions of Night and Day Sister, and Assistant Superintendent at the Royal Infirmary, Aberdeen, and Matron of the Memorial Hospital, Mirfield, Yorkshire.

Miss Mary Bayldon has been appointed Matron of the Convalescent and Medical Home in connection with the Mansfield and Mansfield Wood house District Hospital. She was trained at the Royal Infirmary, Hull, with which institution she was connected for a period of 9 years, during which time she worked, after completing her training, as a private nurse, and later held the position of Charge Nurse and Night Superintendent. There were 51 applications for the post.

Miss Annie Branton, of the Sanatorium, Mill Hill, Dalton, Huddersfield, has been appointed Matron of the Maidstone Public Hospital.

Miss Alice K. Gough has been appointed Nurse-Matron at the Falmouth Hospital. She was trained at the Royal Infirmary, Bristol, and has held the position of Matron at the Hampton Court Cottage Hospital, Freshford Cottage Hospital, and at the Dawlish Infirmary.

SUPERINTENDENT OF NURSES.

Miss Archibald has been appointed Superintendent of Nurses at the Bolton Union Hospital, Farnworth, an institution containing some 600 beds. She was trained and certificated at St. Bartholomew's Hospital, and has held the positions of Night Superintendent at the Chelsea Infirmary, and Assistant Matron at the Western Fever Hospital, Fulham. She is a member of the League of St. Bartholomew's Nurses.

Assistant Matron.

Miss H. Mallett has been appointed Assistant Matron at the Eastern Fever Hospital, Homerton. She was trained and certificated at St. Bartholomew's Hospital, and has held the position of Night Superintendent at the New Hospital for Women.

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