

affairs; neither the letters she writes, nor those she receives are any longer regarded as exclusively hers. In a few cases this may be necessary, but do not nurses and relatives interfere with correspondence too often and too long?

Another right of the invalid is to have modesty and delicacy of feeling, and even what I have heard called "disgustability" respected. Nurses often do not sufficiently realise that to be *helplessly* ill carries with it, to many people, an almost unbearable sense of personal humiliation, and that it is in the power of the attendants to lighten or increase this burden. To the nurse it all seems so ordinary and matter-of-course, to the sufferer so new and repellent and intolerable.

If nurses, amateur as well as professional, would give a thought now and again to the rights of invalids it would ease the sufferer's lot. None of us would be the worse for remembering the Inspector-General's fiat, "They're all squires, every one of them."

Rules and Instructions for Visiting Nurses in Maternity Out-Clinic Work.

By EFFA V. DAVIS, M.D.,

Superintendent Chicago Maternity Hospital; Ex Assistant Clinical Professor of Obstetrics Rush Medical College, in Affiliation with Chicago University and North-Western University Woman's Medical School.

INTRODUCTORY.

The following instructions and rules are intended to be of assistance to obstetrical nurses in caring for patients by a system of daily visits. Many people are so situated as to be unable to employ a trained nurse during confinement. The half-trained or practical nurse is usually most unsatisfactory and a great trial to the conscientious obstetrician. A well-trained visiting nurse, who comes once or twice daily to attend to the most important duties, is much to be preferred to a nurse who gives her entire time to the case, but who does not fully appreciate the principles of asepsis and antiseptics. The so-called "practical nurse" is usually in that position.

The average hospital trained nurse, surrounded with every convenience that the modern institution now supplies, is put at great disadvantage when introduced into the home of a poor patient recently confined and ill supplied with sterile dressings and appliances such as hospitals provide in abundance. Her natural ingenuity is put to the test and her previous training often found difficult of application.

In carrying out a large outdoor obstetrical clinic, where the patient's surroundings are often of the

poorest, it has been found to be quite possible to bring the per cent. of mortality down to a point which quite rivals that of the lying-in wards of the hospitals by employing a system of careful nursing carried on by pupil nurses under our direct control. In the training of such nurses a system of procedure has evolved itself that has proved convenient and useful. It is the product of much experience and is offered for the first time as something which may offer assistance to visiting nurses or those engaged in training them.

No woman should contemplate the work of an obstetrical nurse without having the following things in her favour:—

1. A liberal common school education;
2. Youth and robust health;
3. Large powers of endurance;
4. Cheerful manners with a discreet tongue;
5. Concentration of mind upon the importance of every detail and the power to systematically accomplish the things which these rules indicate;
6. A knowledge of the fact that in no line of nursing does an error in antiseptic technique produce more disastrous results than in obstetrical nursing, and that the nurse shares equally with the physician and patient in the grave responsibility of keeping the case free from infections.

THE NURSE'S BAG.

A stout leather bag, large enough to contain the following articles, is carried by the nurse:—

1. Copper cylinder filled with pledgets of sterile absorbent cotton.
2. Two sterile granite basins in clean muslin bag.
3. Bottle of bichloride of mercury tablets (7·3 grs.).
4. Bottle of saturated boric acid solution.
5. Bottle of pulverised boracic acid.
6. Bottle comp. licorice powder or comp. cathar. pills.
7. Bottle with sterile tapes in alcohol for tying cord.
8. Box or tube of green soap.
9. Pair of baby's scales.
10. Bottle of comp. tinct. of benzoin.
11. Finger brush in copper case.
12. Temperature chest.
13. Thermometers (fever and bath).
14. Pair of scissors and medicine dropper.
15. Nail file.
16. Pencil and note book.
17. Surgical apron and package of sterile vulvar pads.

Care of Bag.—The nurse is responsible for the care and cleanliness of the bag and its contents. The interior of a leather bag can be sterilised by wetting a sponge with two or three ounces of formalin, placing it inside, and after closing tightly, allow the bag to stand over night without opening. Such a fumigation should be prac-

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