

back or side, as the physician prefers, near the border of the bed. (Most doctors prefer the use of the right hand in examining, and the position must conform to his convenience.) A sheet or counterpane should be draped so as to leave only the vulva exposed. Careful obstetricians no longer examine under the bed clothing, but by sight, after the parts have been thoroughly cleansed with cotton wet in the antiseptic solution, which the nurse will next place within his reach near the bedside.

The patient's gown should be well drawn up under her arms and a Kelly pad, covered with a clean towel or diaper, slipped under her hips as she nears the second stage of labour.

8. *The Birth.*—The nurse will have in readiness the solutions for the eyes, medicine dropper, cotton, tapes for ligaturing and clamps and scissors for the cord, the warm flannel with a diaper inside for receiving the infant, and a basin for the placenta. The hand solution basins should be placed where the doctor can easily reach them and where they can be properly renewed when soiled with blood and discharges. A vessel or piece of paper must be placed on the floor for receiving the cotton sponges as they are discarded. The physician will direct the nurse when the birth is about to take place, whether she is to give chloroform, hold the limbs or keep her hands sterile to cleanse the infant's eyes as soon as the head is born. She should also be in readiness to put her hand on the fundus of the uterus at the doctor's command, to assist him in the delivery or to prevent hæmorrhage after the birth.

Post-partum douching is gradually being discarded by obstetricians of the present day, but the nurse should have the sterile douche bag convenient, so that in case of necessity it can be quickly obtained.

After-care of the Infant.—When the infant is separated from the mother and the doctor is waiting for the placenta, the nurse may oil the child and wrap it in a clean covering, tucking in the hands so it cannot put them into its eyes or mouth, as it is inclined to do. The clothing should not be put on until the doctor is at liberty to inspect the infant, and perhaps weigh and measure it.

The cord, also, if only clamped, had best be tied later, when the nurse has more leisure or when the doctor can give it his attention.

Stitches.—After the placenta is born, the physician may bathe the vulva and inspect the parts to determine if there be any lacerations requiring sutures. If so, the nurse will assist in removing the blood-stained bed linen and place the patient with her hips well over the border of the bed, supporting the limbs on chairs, so the doctor can conveniently make use of a needle-holder in taking the stitches. The nurse will now sterilise her hands so she can thread the needles, sponge and hold the ends of the

ligature as they are passed. She can do this by sitting close to the patient on the border of the bed and steadying the patient's limbs, which are retained in a flexed condition by passing a sheet folded corner-wise around the patient's neck and partly on to the shoulder, and the ends looped and firmly fastened around the thighs near the knees.

When the doctor has finished, a clean vulvar pad is applied and the patient put back in bed.

How to change the patient's clothing and remake the bed, as well as the bathing and dressing of the infant, will be described in the post-partum call.

Duty on Leaving.—The last duty before leaving the patient should be to take temperature and pulse, examine the uterus by placing the hand on the abdomen, and inspect the vulvar dressings to make sure that no excessive hæmorrhage is taking place.

Directions as to the diet, application of the infant to the breast, care of the sterile vulvar dressings and use of the bed-pan, if necessary, should be given to the patient herself, or those remaining in charge of her, if the physician has not already done so.

(To be continued.)

Alcohol as a Factor in the Causation of Deterioration in the Individual and the Race.*

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Mr. Eccles offered no apology for bringing forward again a matter of individual and national importance. As one of the witnesses before the Inter-Departmental Committee on Physical Deterioration, he had paid special attention to alcohol as a factor in producing such deterioration. In the term "alcohol" he would include all varieties of alcohol, and also the still more poisonous substances contained in many alcoholic beverages. By "deterioration" he understood a decline in the economic value of the organism produced by an actual change in cell constitution. It should be distinguished from "degeneration" which was rather a decline from morals, and the two conditions contrasted much in the same way as an objective sign did with a subjective symptom. The direct alteration in a cell might be demonstrated microscopically, and that produced by alcohol had been repeatedly so demonstrated. Alcohol acted in bringing about deterioration. This was almost universally admitted. It acted both directly and indirectly.

Direct action upon the individual varied enormously, and this on account of the personal equation of the subject. This personal equation

* Abstract of a paper introductory to a discussion at the Society for the Study of Inebriety, held in the rooms of the Medical Society of London, 11, Chandos Street, W., on Tuesday, January 10th, 1905.

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