

Delivery in Childbirth," but as the labour bed to which I am accustomed is made somewhat differently to that described by Miss Wortabet perhaps I may be allowed to give some details concerning it.

I think the first point of importance to consider is unquestionably the bedstead. It should not be more than 3ft. to 3ft. 6in. in width, and it is a matter of primary importance that it should be absolutely taut, if there is a wire-woven mattress, or else that it should be provided with fracture boards. Nothing is more annoying for doctor or midwife, than to find, when a confinement is in progress, that the patient gets down into a hole in the middle of the bed. A firm mattress is then selected, and covered with a long mackintosh. The bottom sheet is put on in the ordinary way, and then a short mackintosh and draw-sheet. The upper bed clothes are turned back both top and bottom, and at the sides, so that they can be readily folded together and lifted right off the bed till after the confinement. When labour begins, and the patient is put to bed, what is known as the "labour mackintosh" is placed over the draw sheet and covered with one of the sanitary sheets supplied with an accouchement outfit. The patient lies on this and is covered by a sterilised sheet and blanket. When the labour is over and the labour mackintosh removed, the patient dry and comfortable, is left lying on the draw sheet. A good nurse prides herself that there is not a spot in the bed, and, except in most exceptional cases, there is no reason why there should be. I do not think that soiled articles should be thrown on to the brown paper it is suggested by Miss Wortabet should be used to protect the floor. A special receptacle should be in readiness for these. I quite agree that the method of delivering the patient on the side is much preferable to that of delivery on the back. The latter practice is described as a most repellent one, and, further, I should think the patient would be very liable to become chilled and exhausted, and consequently to contract other ills. I should be sorry to subject any patient with whom I had to do to the ordeal.

I am,

Dear Madam,

Yours faithfully,

MIDWIFE.

CHRONIC AND INCURABLE CASES.

To the Editor of the "British Journal of Nursing."

DEAR MADAM,—I appreciate the points made in Miss Hurlston's letter in your last issue, but, though it may be well for a society to retain the right to recall a nurse at the end of two months, I cannot think it would be desirable to exercise this right frequently.

Take the patient—a patient gets very dependent on his nurse, and may be upset for days, and thrown back, if a change is made. Take the friends, who are responsible financially. It may be that they are making a great effort to pay the fees of a trained nurse. Suppose the patient lives in Yorkshire, and has a London nurse, the expense involved in railway fares, cab fares, and incidental expenses, add a considerable amount to the nurses' bill during the course of the year.

In regard to the nurse herself, if she is nursing on her own account, a very unwise thing to do, I can understand that she may fade from the memories of doctors and patients if she takes a long case, but, if she belongs to an association she returns to the staff and reports ready for duty at the conclusion of the case. Further, by taking long cases a nurse avoids an expense to which Miss Hurlston alluded, viz., that of living between cases. I have known nurses stay with patients for a year, take their holidays, and return to the same case, the patient continuing to pay the nurse her fees while she was away. Her expenses were thus reduced to a minimum. Indeed, I should say if a nurse wants to make her work *pay* she should take the chronic cases. For those who do not want a great deal of variety and excitement I commend this suggestion. I am afraid, however, that the spirit of restlessness which is so characteristic of the present age has laid its grip on nurses also. They must have excitement, congenial surroundings, and plenty of change to be at their best.

Yours faithfully,

SUPERINTENDENT.

Comments and Replies.

Assistant Nurse.—A patient's skin should always be carefully washed before the application of leeches. If the skin is clean and sweet a leech will, as a rule, bite readily. If there is still a difficulty, a few drops of milk applied to the spot will usually get over the difficulty.

Traveller.—Messrs. Brooks & Co., of 143, Borough High Street, London Bridge, are Nurses' Outfitters, and would be able to supply your requirements. We should advise you to pay a visit to the establishment of this firm.

Notices.

CONTRIBUTIONS.

The Editor will at all times be pleased to consider articles of a suitable nature for insertion in this Journal—those on practical nursing are specially invited. The Editor will also be pleased to receive paragraphs, such as items of nursing news, results of nurses' examinations, new appointments, reports of hospital functions, also letters on questions of interest to nurses, and newspapers marked with reports of matters of professional interest.

Such communications must be duly authenticated with name and address, not necessarily for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, London, W.

THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

Those interested in the efficient organisation of nursing should procure the Annual Report of the Society for the State Registration of Trained Nurses from the Hon. Secretary. Six copies, post free, 7d., or one copy 1½d. It gives a brief review of the history of State Registration.

Those nurses who are working on behalf of the above Society, and are endeavouring to spread knowledge as to its aims, may be glad to know that they can now obtain a Memorandum, giving briefly the reasons why Registration is necessary, from the Hon. Secretary, 431, Oxford Street, London, W. Price 6d. for 20 copies.

OUR PRIZE PUZZLE.

Rules for competing for the Pictorial Puzzle Prize will be found on Advertisement page viii.

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