

made a practice of asking questions after each lecture to see if the pupils had grasped what had been said. Monsieur Baudelocque lectured three times a week, and his book on "Obstetrics," a truly formidable volume, was the text-book used. He had great admiration for Madame la Chapelle, loved to see her operate, and warmly praised her successes. She was extremely neat and quick; her methods were most enlightened. She revered Baudelocque as a master, but, independent in her thought, she never hesitates to differ from him or from other authorities if her experience did not bear out their teaching, or when she considered her methods superior, yet she does not hesitate to criticise herself, and frankly avows when she thinks another course would have been better than the one taken. Besides these lectures, an assistant demonstrated mechanism, and application of forceps, etc., and second year pupils repeated the lectures to newcomers. The course included elementary anatomy, a knowledge of the general principles of botany, and the most important drugs and plants, and, strangely enough in our eyes, vaccination and bleeding. There was a gold medal given to the most distinguished pupil, and other prizes in each division.

Madame la Chapelle's work was crowned with success. Her personality was a great power; her sympathetic handling of the patients, her masterly conduct of the cases, her generous appreciation of the good work of her pupils and assistants, her administrative gifts made Port Royal almost from its foundation a great school for midwives. In 1821 she published the first volume of her Memoirs. Even at this time her health was undermined, and in October, 1821, she died at the comparatively early age of fifty-two. On all sides there was deep regret. In an appreciation of her work and character delivered by Dr. Chaussier to a sympathetic audience at Port Royal in June, 1822, he speaks of her as "*A la fois institutrice, amie, mère.*" When one thinks of noble French women who served their country gloriously, one thinks of her, too, who in her own sphere did work as useful as Saint Geneviève, Joan of Arc, Rosa Bonheur, George Sand, etc., did in theirs.

We, as midwives, are living in a great transition period, full of noble possibilities, rich with opportunities, and very momentous because it is yet uncertain if the profession is to increase in dignity, esteem, and usefulness, or to be limited by the unsatisfactoriness of some of its members, petty jealousies, burdensome limitations, and unfair conditions. Wells, speaking of the drama of the nation's future, in his book on America, writes, "Much may be foretold as certain, much more as possible, but the last decisions and the greatest decisions lie in the heart and wills of unique incalculable men." It may be said, too, of our profession, we need broad-minded, courageous, original women. Hope and Ambition stir within us when we read of the Pioneers for the better education of midwives, pre-eminently among whom was Madame la Chapelle. She did

what Whitman calls "the primal needed work, while the followers in embryo waited behind." M.O.H.

## Preparation of the Hands for Obstetric Cases.

The following are the rules observed by Dr. Joseph B. De Lee, of Chicago:—

### General Rules.

1. Keep the hands aseptic as far as possible by avoiding direct contact with infective matter. Use rubber gloves.
2. After dressing pus cases or erysipelas cases, or touching the lochia of puerperal cases, sterilise the hands immediately.

### Mode of Procedure.

1. Coat off; sleeves rolled up above elbow.
2. Wash hands for two minutes in running water, working the soap well under finger nails and into all creases.
3. Pare and clean finger-nails carefully with blunt instrument. Nails not longer than 1 mm.
4. Prepare patient.
5. Scrub in running water or frequent changes for five minutes. Open out the creases and be sure to scrub well under nails. Rinse and dry.
6. Make external examination.
7. Prepare two solutions, near the bed: 1-1500 HgCl<sub>2</sub>, 1 per cent. lysol.
8. Scrub for five minutes, as before.
9. Wash hands in the lysol solution.
10. Draw on sterile rubber gloves. These gloves must be perfect, and are to be boiled for ten minutes. Do not touch fingers of glove with bare hand.
11. Wash vulva with bichloride solution, then with lysol solution, leaving a bit of soaked cotton in the introitus.
12. Now wet hand in lysol solution and make the internal examination. Be sure the fingers touch nothing on the way. Separate labia widely.

### Preparation of the Patient.

1. Clip pubic hair closely.
2. Scrub thoroughly from ensiform to knees, giving special care to the genitals.
3. Wash from ensiform to knees with 1-1500 bichloride, paying special attention to pudendal region.
4. Put on clean nightgown and wrapper.

### LATE HÆMORRHAGE FROM THE CORD.

Late or secondary hæmorrhage from the cord may, says Dr. Jellett, occur at any time during the fortnight subsequent to delivery.

*Causes.*—It may be due to various diseases, but the most common cause is ulceration of the umbilicus due to septic infection.

*Treatment.*—This form of hæmorrhage is extremely difficult to check, and is, in most cases, fatal. While medical aid is arriving, the nurse must apply firm pressure with the fingers, or a pad of cotton wool, so as to check the bleeding as far as possible.

[previous page](#)

[next page](#)