

wide. It is placed round the abdomen, extending from below the floating ribs, well down over the hips, and pinned firmly, though not tightly, in position. This binder may, or may not, be useful in restoring the figure to its normal condition. At all events, it forms a support to the abdominal walls which are much relaxed, and usually conduces greatly to the comfort of the patient physically as well as mentally.

A sterilized pad is now placed over the vulva, the ends of which can easily be slipped under the binder, both before and behind, and secured in position. These pads can be prepared by the Nurse herself—the materials required being only soft gauze and absorbent cotton or wood wool.

Any Nurse, who so desires, can easily prepare the required number of these pads by making use of the following directions:—

Take a piece of gauze, 21 inches long and 18 inches wide; fold the longest sides together, and place the scissors seven inches from the end, cutting inwards five inches. A thick layer of absorbent cotton, or wood wool, is now placed in the central strip (14 inches long and 8 inches wide), and the two plain sides (5 inches wide) folded inwards over the cotton. This strip can now be doubled, and then doubled again, and the upper seven inches, first cut, folded downwards over it.

We now have a comparatively inexpensive pad, with the thickness in the centre where it is most needed. A double layer of gauze, 8 inches long and 4 inches wide, can also be prepared. This is usually wet in some warm, antiseptic solution, and placed on the vulva first, then the dry pad is applied.

After the mother has been made clean and comfortable, if the pulse is good, it is always well to administer some light nourishment, such as a cup of tea, coffee, milk, or broth.

The Nurse must always bear in mind, however, that the pulse will indicate to her the condition of her patient. Should it remain less than 100, all is usually well, but if it rises higher than this, it must be regarded as a danger signal, usually indicating the approach or presence of hemorrhage. Should there be no such indication, the patient may be allowed to sleep.

The attention of the Nurse can now be given to the baby. The bath should be prepared, and the clothing placed in the order in which it is to be used when dressing the child. Let the temperature of the water be from $98\frac{1}{2}$ to 100 degs. F. Make it quite soapy, and use a piece of soft flannel for a wash-cloth. The eyes and mouth should be washed before placing the child in the bath. Pieces of soft, old linen, cut into two-inch squares, answer admirably for this purpose. Dip one of these squares into a weak solution of Boracic Acid, and wash out the eyes first, then the mouth, never dipping the same square into the solution a

second time. It is sometimes necessary to flush out the eyes with a solution of Perchloride of Mercury—1-3,000. A medicine dropper can be used for this purpose.

After this is done, lower the child gently into the bath-tub, keeping the entire body, except the head, submerged. Wash thoroughly and quickly, and dry carefully with a soft towel, using no friction whatever.

It is important that the cord should be thoroughly dried, and if there be any oozing, it is often wise to use a second ligature. Dress the cord with Bismuth and absorbent cotton. Do not exhaust the child while dressing it: turn as seldom as possible; and when all is completed allow the child to sleep.

The routine work for the mother from day to day, in normal cases, consists in frequent changing of the antiseptic dressing, and cleansing of the vulva; per-Chloride of Mercury, 1-2,000, being usually used for this purpose. The principal idea, however, is *cleanliness*. No odour must ever be permitted, nor must any soiled linen ever be allowed to remain, either on the bed or body of the patient.

Should the breasts of the mother become swollen and hardened, they should never be roughly handled or squeezed. A simple poultice of absorbent cotton, wet in a warm solution of Per-Chloride of Mercury, 1-3,000, may be applied frequently, until the inflammation has subsided.

The mother may be allowed to nurse within the first six hours.

Before putting the child to the breast, however, the nipples must first be washed with a saturated solution of Boracic Acid. They must also be cleansed with the same solution each time, immediately after the baby has stopped nursing, and the child's mouth washed also.

Chapped or cracked nipples may be washed with a warm solution of Carbolic Acid, 1:40, and then anointed with a preparation composed of equal parts of Castor Oil and Sub-nitrate of Bismuth. This mixture makes a sort of paste which is particularly soothing and healing, and the child is not able to remove it while nursing; moreover, it is perfectly bland and harmless to both mother and child.

An abscess of the breast should always be regarded in the same light as a bed-sore—due, generally, to bad nursing. If the nipples are properly cared for, Mastitis rarely, if ever, occurs. This means, that the Nurse should be exceedingly careful in any cases where a crack or chafing appears; her hands must always be surgically clean before she allows herself to touch the breasts. "It is also a good plan to use a breast-binder in all cases where the breasts become, in the slightest degree, uncomfortable from distension." It affords a wondrous degree of comfort in a large number of cases, and is especially useful when the child is still-born. Should the breasts be simply pendulous, use the binder as a support, pinning it just tight enough to make it comfortable.

In other cases where it is necessary to dry up the milk entirely, apply the breast-binder as soon as the child is born, and keep it in position until the eighth or ninth day. Pin it in front, from below upwards,

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