

rightly insisted upon the necessity for an improved system of nursing, and for the abolition of the wasteful, extravagant, and incompetent "pauper help." But the Board has not gone, as many had hoped that it would go, to the root of the whole question. It has not pointed out to the Boards of Guardians that if they desire to have efficient Nursing, they must have their Nurses efficiently supervised; that, in other words, they must have a Trained Nurse at the head of the Nursing staff, with complete control over her department. This is the beginning and the end of the next reform in Workhouse Infirmaries Nursing. The need of Trained Nursing is admitted. Trained Nurses are willing, if properly treated, to undertake the work. But there must be a clear definition of the duties which devolve upon the Matron, and we earnestly hope, therefore, that the Local Government Board may see its way at an early date to consider this important question, because then we take it for granted it will deem it its duty to complete the great reforms which it has already initiated in the Poor Law service, by recommending that the organization of the medical and nursing departments of the Poor Law Infirmaries should be assimilated as closely as possible to that which is in force in our voluntary hospitals. Infirmaries should be thrown open to medical students, for the clinical material which they contain is at present not only vast, but utterly wasted. They should be officered by a clinical staff of consulting physicians and surgeons with as many residents as may be necessary. They should be made into Nurse Training Schools with a thoroughly skilled Lady Superintendent responsible to the medical staff for the care of the sick, responsible to the Board of Guardians for the general management and discipline of her Nurses. All this will doubtless come in time, and the sooner the better, because by this means alone will the ratepayers secure economy combined with efficiency.

### On Antiseptic Midwifery in Private Practice.

By SOLOMON C. SMITH, M.D., M.R.C.P.

(Continued from page 67.)

**W**HEN the child is born and the after-birth has been expelled by external pressure, as is the proper and now the usual practice, the position is as follows:—The uterine wound is practically closed by the contraction of the womb; any lacerations which may have occurred in the neck of the womb or in the vagina are bathed with blood and other fluids flowing from within outwards, and therefore so far uncontaminated, and all the mucus and other matters which had accumulated in the vagina during the labour have been swept out by the progress of the tightly fitting child through its whole length. The walls of the vagina now lie flat against one another, as also do the sides of the external orifice. If the

uterus has contracted firmly and the binder has been properly applied, what was a passage large enough to be traversed by the child is but a mere chink, and through it there flows a steady stream of freshly exuded fluid, passing always outwards from its pure source within. If therefore we have been careful that nothing foul has entered—if the fingers and the instruments have, by washing and the use of lotions, been rendered thoroughly aseptic—and if the external surface, which we may now look upon as the edges of the wound, have all the time been kept pure by repeated bathing with antiseptic lotion, there is nothing now to fear in the way of septic mischief except from future tainting of the discharges outside and the spread of that septic taint upwards into any clot or decomposable material which may be lying in the passages. All we have to do, then, is to keep the outer parts aseptic. This is done by absolute cleanliness.

Soon after the confinement is over, when the soiled things have been removed from under the patient, the upper parts of the thighs, and the cleft towards the anus, must be washed with warm water and soap, and then before applying the napkin the skin all round must be dabbed with the perchloride solution 1 in 1000. Every morning this process should be repeated, and every time a napkin is changed the parts should be just wiped over with a pledget of cotton wool wet with the lotion.

If a bed-bath be used for washing purposes care must be taken that the parts which come in contact with the patient shall be wiped each time with 1 in 1000. It is often possible however, to clean more effectually by turning the patient on the left side with the knees well drawn up, placing a clean towel on a mackintosh under her, as in this position it is easier to get to the parts round the anus, towards which the discharges always sink, and which really are the most important to keep clean.

It is much the best plan not to use ordinary diapers, but to substitute for them the cotton wool, or wood wool sanitary towels which are sold for the purpose.

If there should be any lacerations of the perinæum, not extensive enough to require sewing up, it is a great advantage, although not absolutely necessary, to puff them with iodoform, but in regard to that it will be best to refer to the doctor in attendance. What we have spoken of as analogous to the edges of the wound, viz., the lips of the vulva, need not be separated in washing them. They must, however, be kept absolutely clean. Probably about a dozen napkins may be wanted during the first twenty-four hours, and so they will be wiped with the lotion about a dozen times

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