

sides, it is proof that it has been subjected to pressure in the gall-bladder, by friction with other stones, and that, in fact, the patient is liable to have further attacks of colic, caused by the future passage of other stones. The simplest and most effectual method for finding these stones is to place the stools in a piece of gauze and subject them to the solvent action of a stream of running water. The colour of the urine should be noted from day to day, until it regains its normal appearance, and bile pigment can no longer be found.

Returning, now, from this digression, it must be noticed that healthy bile is of a golden-yellow colour, rather thick and slimy from the presence of mucus, and that it contains two salts of sodium, which are called the "bile-salts," and a peculiar fatty-looking substance called *cholesterin*. The action of the bile is not only digestive, but also aperient. The chyme coming from the stomach, and mixed with the gastric juice, is acid in reaction; but, just as we saw that the stomach acids prevented the further action of the alkaline saliva upon the starchy materials of the food, so the alkaline bile and pancreatic juice convert the acid chyme into an alkaline fluid, and so prevent any further action of the gastric juice upon the proteids. Then the pancreatic juice picks out the starchy matters which escaped the action of the saliva, and converts these into malt-sugar; but it also turns any proteids, which have escaped the action of the gastric juice, into peptones. Bile has no effect upon the carbohydrates or the proteids; but both the pancreatic juice and the bile act upon the fats of the food. These have, so far, only been separated from the other constituents of the food by the action of the gastric juice upon the latter; but, by the heat of the stomach and the churning to which they have been exposed, the fats have been what is termed emulsified—that is to say, converted from more or less solid particles into a nearly liquid state. This process of liquefying the fat is still further carried on in the duodenum, especially by the pancreatic juice; and, finally, the fat is converted into a fluid oil and what are known as "fatty acids." Now, the chyme, with all these changes in progress, passes onwards in the small intestine; and the arrangement of the muscles, mucous membrane, and serous coat, of this part of the alimentary canal, must be clearly understood.

(To be continued.)

## The Training of Midwives and Monthly Nurses.

BY MISS MARGARET BREAY.

(Continued from page 77.)

THE House work usually begins at 8.30, when the Lady Superintendent takes the report of the night Nurses. The pupils then, under the supervision of the House Midwife, attend to the patients under their care, and when they are made thoroughly comfortable the babies are brought to the nursery and bathed and dressed. The wards are then swept and dusted, and if there are any out-going patients the wards which have been occupied by them are sulphured. Beds are made up for fresh patients and hot water bottles filled. Lastly, any soiled frocks or other garments belonging to the babies, and Nurses' flannel aprons are washed out and hung on a line, to be aired off by the Nurses on afternoon duty. By this time it is usually one o'clock and dinner time.

After dinner comes the time-honoured institution which no Nurse would willingly forego—least of all a Midwife—a cup of tea. Then two o'clock, when the mothers and babies again demand attention. After this the Nurses not on afternoon duty are free to go out, rest, or study, until 5.45 when the evening work begins. Those on afternoon duty get the patient's tea and air all linen that is needed for use.

The evening routine is much the same as the morning, except that it is not quite so heavy. At half-past seven the pupils should be ready to study, or attend a class or lecture, as the case may be. When a case comes in, the pupil acting as Midwife must get the patient to bed, see that everything likely to be needed is in the ward, and, under supervision, conduct the case. When the child is born, and has cried well, it should be wrapped in a receiver, and put in a cot in the nursery until the mother is made comfortable. The monthly Nurse then washes and dresses it, the Lady Superintendent or House Midwife being present at the time. The Lady Superintendent and House Midwife alternately hold themselves responsible for the management of the House cases. The Lady Superintendent should, if possible, be present at the bath of the child on every occasion.

The meals for the patient should be at the following times:—Breakfast at six o'clock, consisting of tea and bread and butter. Lunch at 10 o'clock; for the first few days after confinement this consists of gruel, afterwards of cocoa and bread and butter. Dinner at 12.30; the first two days, beef tea, the third day, fish; after this, if all goes well, mutton in some form, and

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