

milk pudding. Tea at 4 o'clock, the same as breakfast. Supper at 7.30, bread and milk, or cocoa and bread and butter. Gruel or cornflour at 10 o'clock and the same at 2 a.m., certainly for the first few days, and longer if necessary. A basin of gruel should also always be given as soon as the patient is made comfortable after delivery.

The work of the district Nurses begins at 10 o'clock. They visit all cases under their care, make the mother comfortable, and make her bed; take her pulse and temperature and make a note of them, and wash and dress the baby. The neighbour, who is probably doing the housework, should be instructed to have hot water ready, together with needle and cotton, thread, starch powder, linen rag, &c., as it saves the Nurse much time if she does not have to look for all these things on her arrival. The woman in attendance very easily gets into the way of having everything ready, and is usually pleased to be asked to do so. The district Nurses return to the Home in time for dinner, and immediately afterwards, should note down in their case books the pulses and temperatures of their patients, together with any other observations they have made. These should be left for inspection in the Lady Superintendent's office, and they should also give her a verbal report. If there is any abnormal symptom about a patient who is being visited by a pupil, the Lady Superintendent or one of the qualified Midwives should at once visit her. If there is the least reason to fear any septic trouble, one of the doctors in connection with the Home should be called in immediately. Here I would again point out the advisability of taking only trained Nurses as pupils. Symptoms may be passed by unobserved by a person with no previous training, which would be immediately noticed by a trained Nurse. The district patients are usually visited for ten days after confinement and then dismissed as convalescent if all goes well. If they have been followed up by a pupil Midwife, they should always be dismissed by the Midwife who attended the patient at her confinement.

If a district Nurse has any reason to suppose that she has come in contact with any infectious disease during her morning round she must at once return to the House and disinfect before going on to another patient. It will be found necessary again and again to impress upon Nurses that a carbolic bath is *not* an ordinary bath with a dash of carbolic thrown in, but that it is necessary to take a soap and water bath first, and then to bathe in carbolic of a definite strength, certainly not weaker than 1 in 40. The treatment of the head in the same way must also be insisted on. It is astonishing to find what very loose ideas even

trained Nurses have on the necessity for being absolutely exact as to the strength and measurements of antiseptics, and even as to the importance of a plentiful use of soap and water, and a nail brush. It will add much to the comfort of district Nurses if arrangements are made that those who have been called up in the night have their breakfast in bed the next morning. All fresh cases must be visited within six hours after the Nurses leave the House, and all necessary points, both as regards the mother and child attended to.

If a Nurse has been infected by a septic case she must, even after disinfection, refrain from attending any other midwifery case for some days, and for even a longer period, if this is considered advisable by the medical man in attendance.

I should also like to point out the absolute impossibility of a Nurse being able to combine general district Nursing with that of midwifery cases. This will, I think, be self-evident when the general character of the cases attended by a district Nurse is considered. On looking down the columns of a district Nursing register I find recorded case after case of enteric fever, also not infrequently cancer of the breast, or the uterus, puerperal fever, colotomy, and so on. What Nurse who has been taught—as all Midwifery and monthly Nurses should be taught—the fearful risk of infection from cases of this sort to women at the time of their confinement, could conscientiously undertake the nursing of both? The sooner the general public also recognises the impossibility of this the better.

In conclusion, I would say, let no one undertake Midwifery or monthly Nursing who has not well counted the cost. It is in many ways the least attractive, the most despised, certainly the hardest and the most trying kind of Nursing that can possibly be undertaken. The Midwife never knows when she is off duty, often for nights together she does not have a whole night in bed. She is out day and night in all weathers, the strain of the responsibility of her cases is sometimes enormous; she seldom knows what it is to feel otherwise than sick and inexpressibly weary from want of sleep, and she has fits of hopeless depression from the same cause. She gets her meals often very irregularly, her work is probably little known, and little accounted of, and yet—there is a bright side. The work is intensely interesting, and becomes increasingly so as time goes on. She has the satisfaction of knowing that she is working in the only branch of Nursing where the need for Nurses is greater than the supply. Her patients are almost invariably appreciative of her work, often touchingly so. She meets

[previous page](#)

[next page](#)