

is becoming widely recognized that a woman who undertakes the nursing of maternity cases, and who knows nothing of midwifery, is a most unsafe person, as in some emergencies, in the absence of the medical man, the very life of the patient depends upon the nurse's knowledge or want of knowledge in this respect. It may be laid down, therefore, that the maternity nurse should in all cases be both hospital trained and possess a certificate for midwifery.

The relations of the nurse with the patient frequently begin before the labour commences, and a nurse is often asked to assist the patient in deciding as to the probable date of her confinement, as pregnant women are notoriously inaccurate in this respect. A rule which works very well is to calculate the probable date as three months back, and one week on from the end of the last period. Thus, supposing the date of this to be October 15th, the probable date of confinement will be July 22nd. It is also the duty of the nurse to find out and report to the medical man who is attending the case, the history, in the case of a multipara, of former confinements, with special reference to discovering malformations, previous abnormal or premature confinements, history of placenta prævia, or of adherent placenta, ante or post partum hæmorrhage, mania, or eclampsia. Any history of a period at the fifth or sixth month should at once be reported to a medical man, as the case is likely to prove one of placenta prævia. In all cases, a specimen of the urine of the patient should be obtained, and tested, before the confinement, as, should albumen be present, the possibility of eclampsia, during or after the labour, must always be borne in mind, and, should a large proportion of albumen be discovered, the medical man may think well to induce labour and end the pregnancy.

The most scrupulous cleanliness must be observed in every detail of the patient's room. In nursing cases in private houses, it is well to inquire by whom the room has previously been occupied. It may be discovered that a death has occurred in the same room, and that it has not been fumigated, or even that a patient suffering from cancer has been nursed in the bed which the patient proposes to occupy. In a private house, the nurse should, if possible, sleep in a dressing room opening into her patient's room. The child's cot should also be placed in the dressing

room, and he should be bathed and dressed there.

If the patient is not in the habit of taking a daily bath she should have one, if possible, at the commencement of labour. She should then be dressed in a warm flannel or flannelette petticoat, which should button down the left side, so as to be easily removable; the night-dress should be rolled up, and pinned in position well above the waist, and a flannel bed-jacket should be worn.

If a medical man is in attendance upon the case he should be communicated with immediately labour begins—that is to say, directly pains and contraction of the uterus at regular intervals are established. In this case, the nurse, unless she has had direct instructions to the contrary, must not make a vaginal examination, but must act simply in the capacity of monthly nurse. If the nurse is acting as midwife to the case, she must now decide for herself the stage of the labour, and the presentation of the foetus. After having carefully washed her hands and scrubbed her nails, and immersed them for some minutes in a disinfectant (preferably perchloride of mercury, 1 in 2000), she places the patient on her left side, with her knees well drawn up, and passes her index finger, well lubricated, up to the os uteri. She observes the condition of the os, the amount of dilatation, whether it is rigid or no, and passing her finger through it makes out the presentation. If the sutures of the head can be felt, she may satisfy herself that the presentation is a vertex one, the position being determined by the situation of the occiput, which may be known by the fact that it can be easily depressed so that the parietal bones overlap it.

The possibility of other presentations, such as those of hand or cord, with the head, must always be borne in mind, but failing, these the patient may be assured that so far all is satisfactory. Poor women, especially, are well aware that a cranial presentation is to be desired, and an answer in the affirmative to the not unfrequent question, "Is it pitched right for the world, nurse?" often affords the greatest possible relief to the patient.

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