

most cheerfully wake up at short intervals during the night to care for motherless or sick puppies, or to feed disconsolate chickens, and who was most successful in rearing them. By all means let us have an order of veterinary nurses, only—one proviso with regard to them at the present day would appear to be necessary—we are of opinion that they should not be eligible for admission to the Register of the Royal British Nurses' Association until they can produce evidence of general, in addition to special, training. But we have no doubt that they would experience no difficulty in being placed in the "Official Directory" edited by Sir Henry Burdett.

SEX QUESTIONS.

A QUESTION is being raised in the medical papers by a member of the medical profession which is somewhat novel, and appears to us important. This gentleman states that he was recently elected resident medical officer to an English Infirmary. After the election, however, he learned that he would be expected to share a sitting room with a lady doctor who was one of the three residents. This being the case, the newly elected resident "felt bound on principle to resign the post." We do not quite understand how the situation affected this gentleman's "principles," but we fully agree with him that the arrangement was an eminently undesirable one. It is not unreasonable that a hard worked medical officer should wish to relax in the privacy of his own room. He may even wish to smoke strong tobacco, to kick off his shoes, and put his feet on the mantlepiece. Why not? But, given he is a gentleman, if his lady colleague is in the room, he will feel that these harmless recreations are unbecoming in her presence. He might indeed teach her to smoke, but sauce for the goose, it has been amply demonstrated, is not always sauce for the gander, and it might be as much as her post was worth to her to acquire the art. The lady also would feel a certain amount of diffidence in producing her mending basket in the common sitting room, or, if she did, cannot one imagine the result? "Oh, I say, that wretched washerwoman hasn't left a button on my shirt, and my socks are all in holes. It would be awfully good of you if you would just fix them up for me. I'll see that case that has just come in for you if you will." And so, unless she was a "new woman" the lady would degenerate into the factotum of

her more helpless colleagues, and "go under." In our opinion, if a common sitting room must be shared, the residents should all be of the same sex. When we last heard of the appointment it was still vacant, so why should not an aspiring medical woman apply for the post which her male colleague has rejected "on principle"?

The Nursing of Maternity Cases.

By MARGARET BREAY,

Late Superintendent St. John's Maternity Home.

(Continued from page 470.)

IF the nurse has satisfied herself that the presentation is an ordinary vertex one, she must next consider whether time will admit of her administering a soap and water enema, and a vaginal douche. If it be possible to obtain free action of the bowels, the discomfort of the patient later on will be much reduced; and the vaginal douche is desirable on the grounds that it greatly aids in removing rigidity of the os uteri, frequently a cause of prolonged labour in primiparas and nervous cases. It also cleanses the parturient canal, and, therefore, minimizes the risk of secretions finding their way into the child's eyes, and eventually causing ophthalmia. Before these steps are taken, however, the nurse must decide as to the stage of the labour and the probable time at her disposal before the birth of the child. It may be well here to mention, therefore, that there are three stages of labour. The *first stage* lasts from the first painful contraction of the uterus to the full dilatation of the os, and the rupture of the membranes. (The end of the first stage is frequently stated to be coincident with the rupture of the membranes, but this is inaccurate as, not unfrequently, the membranes rupture prematurely, and the full dilatation of the os does not occur till some time afterwards; on the other hand, when the os is fully dilated, the office of the bag of membranes as a dilating agent is accomplished, and the membranes, if they are not naturally, should be artificially ruptured during a pain, when they will be found to be tense. It may sometimes be found necessary on other occasions, such as when an excess of amniotic fluid impedes the contractions of the uterus and the consequent progress of the labour, to rupture the membranes. There are very few occasions upon which this cannot be done with

[previous page](#)

[next page](#)