approaches, warm baths will most likely be ordered in order to assist the peeling or desquamating process, and I need hardly say that the utmost care will be needed to guard against cold. When no symptoms of dropsy take place before the end of the fourth week, it may always be hoped that the patient may escape without this formidable sequel to scarlet fever.

In the very small space which I have at my command, I think it will be of very little use for me to talk to you at any length about small-pox. It begins very much as all other fevers do, with the exception that it is in the outset almost invariably accompanied by severe pain in the back and vomiting, and when these symptoms are violent they usually usher in a severe form of the disease. There are two kinds of small-pox. The milder sort, where the pustules or pimples are distinct, is called *discrete;* the severer form, where they coalesce, and their common outline becomes irregular, is called *confluent.*

You know that the fearful scourge of small-pox has much abated since the discovery of vaccination, so much so that it is extremely rare to meet a person now-a-days disfigured by it; but perhaps some of you do not know the difference between vaccination and inoculation, both of which terms I have no doubt you have frequently heard used.

Inoculation is the insertion beneath the cuticle of a healthy person of a minute quantity of the matter taken from a small-pox pustule. A person so inoculated contracts the disease, it is true, but does so in a much milder way than if it were taken in the *natural way,* as the saying is. Why this should be so is difficult to conjecture; but so the fact remains. Some say the Chinese discovered inoculation, others the Brahmins; but in was introduced into England from Turkey by an English lady in 1715, and the process became in a few years very general. Vaccination is the introduction, in the same way as inoculation, of matter taken from the udder of a cow suffering from a particular eruption. On the second or third day a pustule, similar to that of small-pox, forms on the place where the puncture took place, and about the eighth day there are some slight feverish symptoms, which soon subside, and this slight inconvenience has the effect, in most instances, of securing the person who has been subjected to it against an attack of small-pox. If such an attack does occur, it is generally in a modified form, and a fatal case is exceedingly rare when revaccination, at a proper interval, has been performed.

(To be continued.)

Be at peace without thinking of the future; there may be none for you!—*Fenelon.*

OBSTETRIC NURSING.*

Training of Monthly Nurses—Desirability of general preceding special training—Aim of training not merely to gain a certificate—Antiseptic Midwifery: its object and methods—Prevention of blindness in the newly-born—Concluding remarks on the character and work of a Nurse.

(Continued from page 328.)

If, then, antiseptic cleanliness of the hands of the attendants, of the sponges, of the instruments, of the macintoshes, and of everything brought into contact with the genital organs, prevents puerperal fever, it follows that when puerperal fever occurs it is because the attendants' hands and appliances have not been antiseptically clean. Where, then, do these disease-producing germs find a lodging? The answer is that these microbes, which are *invisible* dirt, lodge wherever *visible* dirt is in the habit of lodging. In regard to the hands, for example, they are found especially under the nails and in the grooves at the sides and at the root of the nails. While in regard to sponges and instruments, they are apt to lodge in every cranny and crevice, in every interstice of a sponge, in every joint and hinge of an instrument, in the interior of a catheter and of an injection pipe, in the nozzle of the douche apparatus, in every spot of dirt on a macintosh, in every groove of a bed-pan. Hence it is that, to ensure antiseptic cleanliness of the hands, it is necessary first to wash them thoroughly in soap and hot water, scrubbing beneath and all round the nails with a good nail brush, and then to rinse them thoroughly in the antiseptic solution, again using the nail-brush very freely. Hence, too, it is that unless every single appliance or apparatus used is submitted to a similar process of antiseptic purification, the method is imperfectly carried out and the result may be grave disaster. The antiseptic douche, being a matter of less vital moment, should be left to the discretion of the Medical attendant, to be employed or not as he may direct, but in other respects the Nurse is bound, in duty to her patient, to carry out the details of the antiseptic method without waiting for instructions. No Doctor can possibly object to a Nurse attending to the disinfection of her own hands and of all the various appliances for which she is responsible.

Seeing that antiseptics are of such extreme importance, it behoves us to select for use that kind of antiseptic which has been proved to be the most efficient. It is now universally admitted

*An address to the British Nurses' Association, delivered May 17, 1889, by Charles J. Cullingworth, M.D., F.R.C.P., Obstetric Physician to St. Thomas's Hospital.

previous page next page