

Training Schools who have at once appointed their Matron, or one of their Medical Staff, to represent their views upon this Council.

One thing only remains to be said which the circular does not disclose. We are informed upon good authority that Registration and all matters relating to it will be taken over entirely by the Registration Council, whilst the Association will devote itself to several important schemes for the benefit of its Members, which have been slowly maturing, and are now almost ready to be carried out. We most heartily congratulate the Association on the excellent, just, and workable scheme which it has promulgated, and wish it a success in its future efforts to assist Nurses equal to that which, we are convinced, its present work not only deserves, but will obtain.

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### TO OUR READERS.

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IT is with great pleasure that we are able to announce that, owing to the increasing appreciation of the *Nursing Record*, it has been decided upon to publish an AMERICAN EDITION, and which will, commencing with this number, be issued each week by Messrs. Bromfield and Co., 658, Broadway, New York. This of course will considerably strengthen the *Record*, both in its news and advertising columns, and thus even further commend itself to the members of the Nursing profession, to whom we are grateful for the manner in which they have aided our efforts to make this Journal in every way truly representative of their calling.

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### OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

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#### PART I.—MATERNAL.

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#### CHAPTER III.—DUTIES IMMEDIATELY AFTER DELIVERY.

WE will now place our second pin. Taking the rolled end of the binder as close to the abdomen as possible in your *right* hand, and placing your *left* hand palm upwards under the *loose* end of the binder, hold it firmly with your thumb and finger in position, whilst you make firm, steady, but gentle traction in a downward direction, from *left* to *right*, on the rolled end of the binder held in your right hand, and bringing it well over the abdomen, pass into your left hand, and holding both sides with a grip of steel between

your thumb and forefinger for a few seconds, with your liberated right hand insert pin No. 2. The advantage of putting your forefinger as I have described is, amongst others, that if it comes to "running-in" pins, you run them into your own finger instead of your patient, and this salutary discipline is of signal service in warning you "not to do so again"! These dexterous manoeuvres with the right and left hand, respectively, that I have just described, constitute the art of obstetric binding, and, of course, can only be perfected by practice, but unless a Nurse thoroughly understands the *right method* of binding she will never be a proficient in it; the repetition of error is *not* knowledge, and no *practice* is of any real *value* unless it is based upon *true* knowledge. We have to place our third pin in precisely the same manner as the second. The space between the pins will depend somewhat upon the size of them. With those I have described to you in a previous paper, from two to three and a-half inches is sufficiently near. Having pinned the binder above the pubis, we must fix our compresses, which, in this instance, are to be napkins. And now I will just say a word as to the best kind of napkins for lying-in use. Let us have them large enough, and not *too* good in quality. Diaper at fivepence to sixpence per yard, half cotton, when washed is softer, warmer, more porous, and hence more absorbent than the fine satin diaper so often provided for us at more than double the price! The same remarks hold good with the infants' napkins, as we shall see in due time.

Now, as to the size for mothers. Each napkin should be about thirty-three inches long, and from fifteen to sixteen inches wide. I find this a serviceable size for all purposes. We will assume that the napkins we are about to use are just to our mind, and at present we are going to compress with them. We have pinned our binder about three inches above the pubis, and so there is no chance of its getting out of position whilst we leave it open for a few minutes. I told you in a previous paper why we compress—viz, to keep the uterus *in situ*, by bringing it into the axis of the brim. For this end we will first apply the lateral compresses. Taking one of our napkins we fold it into halves, then longwise into quarto, and then again into a square of eight thicknesses, and about nine inches long; we then fold this over about four times into a sort of flat pad, nine inches long; we place it longwise on the *left* side of the uterus first, passing it well under the *two* folds of the binder, and down into the left inguinal regions, and leave it there, whilst we place the other pad into the right inguinal region in precisely the same manner; we then

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