

tised twice each month in ordinary service, and daily when an infectious case is being cared for. The granite basins and finger brush must be sterilised by boiling each night; the bottles and stoppers boiled and freshly labelled twice each month when the bag is fumigated; and wiped often with a sponge wet with 1 to 1,000 bichloride of mercury solution or 1 per cent. lysol. The copper cylinder should be refilled each night with pledgets of absorbent cotton and placed in the steam steriliser for one hour. The other supplies are to be replenished as needed.

#### THE ENGAGEMENT VISIT.

A patient applying for service early in pregnancy may first be visited by the nurse, and a history, with external examination and external pelvic measurements, obtained.

A pregnancy history blank can be filled out by the nurse largely, as follows:—

#### PREGNANCY.

Date of expected labor.....  
 Mrs..... No.....  
 Age.....Nat.....Married.....yrs.  
 Husband's name and business address ..  
 No. of pregnancies.....Character of labours.....  
 Date of last menstruation..... Life felt.....  
 Previous health..... General conditions.....  
 Physical examination: Date.....190.....  
 Breasts..... Nipples.....Abdomen, tense,  
 flacid, medium. Height of fundus.....  
 (Edema present?..... Where?.....  
 Varicose veins?..... External measurements  
 of bony pelvis. Ant. spine.....c.m. Crests  
 .....c.m. Troch.....c.m. External con-  
 jugate.....c.m.  
 .....Nurse.

The nurse should instruct the patient regarding her habits while awaiting her confinement, especially in regard to frequent baths and outdoor exercise and a proper bowel evacuation daily. A wholesome diet can be suggested and errors in her general habits pointed out. Advice should be given in regard to the preparation for confinement, the importance of cleanliness inculcated and the supply of infant's wardrobe and clean bed linen investigated. The supplies enumerated in the average text book on obstetrical nursing are quite out of reach of the very poor and many things can be omitted with convenience and safety. The following is a list for infant's wardrobe and other needed articles, which may come within the means of even the poor and will answer nicely if laundered often: Three flannel binders 6 in. wide and 18 in. long. The edges should be torn and left—no hemming; two or three dozen diapers of cotton material, light weight cotton flannel, washed and ironed before using; two soft old linen towels; twenty or thirty 2 in. squares of old linen to be destroyed after use inside the diaper; three knit shirts of light weight, mixed

cotton and wool, long sleeves; three flannel or flannelette skirts on sleeveless waists; one white skirt.

The dresses should be of outing flannel, if birth is to be in winter; of white lawn, if in summer weather. From three to six plain slips are almost indispensable.

Squares of cheese cloth (12 in.) quilted with a layer of cotton batten between are a great help in keeping the skirts and dresses dry, when placed between the diaper and skirts.

One or two white cheesecloth comforts (tied with white zephyr or cotton) one yard square. One piece of old but clean flannel—a portion of an old blanket will answer—to wrap about the child at birth before its bath.

Four ounces of olive oil or fresh lard. As large a supply of clean towels, sheets and night dresses for mother as possible should be urged. Three night dresses, three pairs of sheets and one dozen clean towels will be quite enough and often more than the poor can provide. A piece of enamelled oil cloth one yard square and quite new will be useful in keeping the mattress clean, but clean newspapers may take its place. The patient should be asked to collect a large package for that purpose. A new hand basin of granite or tin and a large teakettle to sterilise water in should be suggested.

A date must be settled on for the doctor's examination, and direction given the patient to have the bowels and bladder evacuated before presenting herself. If her symptoms indicate poor elimination she should bring a specimen of urine with her. On no occasion should the nurse make an internal examination, but the character of the vaginal discharge can be inspected and a report made of the same on the record, which she must present to the physician in charge of the case promptly.

(To be continued.)

The Russo-Japanese war has already produced a Russian Florence Nightingale, for Varia Stoessel (wife of General Stoessel) deserves as large a niche in the halls of immortality as that filled by the noble figure of "the lady with the lamp."

Mme. Stoessel accompanied her husband to the East when he was given the series of important commands which finally culminated in that of General Commanding at Port Arthur. At the outbreak of hostilities she organised the nursing, and latterly spent all her waking hours amongst the dying and dead. She also helped to organise the 500 women left derelict in the town, who were developed in a surprisingly short time into whatever they were best fitted to be. The heroic figure of Varia, his wife, will be linked together with that of General Stoessel in the history of the future when the story of the siege of Port Arthur comes to be written.

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