

ing dietary, and keep the bowels free. The "show" often frightens women with their first child. Perhaps you will have a message, as I once did, to "come at once, as the blood was simply pouring away." On arrival a slight discharge of blood was all the cause of alarm, merely the onset of normal labour.

Keep up the patient's strength with suitable food, and her spirits by a calm, cheerful manner, and let the doctor know his services will be required. He will, of course, have given instructions as to *when* he is to be summoned and whether he wishes any examination made prior to his arrival. As a rule doctors are opposed to such a practice for good reasons. A very leading London obstetrician strongly deprecates it, and advises even practitioners to make only one examination and no more in a normal case. Probably the medical attendant will wish an enema soap and water to be given at the onset of labour, and the patient will find it a considerable relief. The nurse should also keep a watch on the bladder, and induce the woman to pass urine during the doctor's absence from the room. The first stage may seem long and tedious, but encourage the patient, and do not let her think her's is an unusually lengthy case; let her sleep if she wishes, though at first it is as well to walk about the room. If she complains of pain in the lower part of the back apply friction for relief. The pains become gradually more severe, culminating in the birth of the head; the shoulders quickly follow, and the second stage is over. The nurse is entrusted with the child, and when pulsation has quite ceased in the cord the doctor gives orders for it to be severed. A ligature is tied about two inches from the child's abdomen, another about two inches further off, and the cord is cut between the two ligatures. While waiting for the pulsation to cease the nurse may cleanse the infant's eyes and mouth with boracic lotion, and wipe the hands clean and dry. After separation he is wrapped in a well-aired flannel receiver and placed in a safe, warm spot till he can receive undivided attention.

The third and a most important stage of labour has yet to come, the expulsion of the placenta or afterbirth. The nurse has prepared an empty vessel in which to receive it, and also is ready to produce at a moment's notice a hot douche. Should there be any hæmorrhage the doctor will probably give one, and some accoucheurs like to douche at the close of every labour.

When the placenta has been expelled and the uterus is firmly contracted like a hard ball, the nurse may cleanse the patient with wool dipped in lotion and dry her with a soft, warm

towel. All soiled clothing is removed, a warm, dry pad placed over the vulva, and the mother comfortably tucked up and given a drink of warm milk, after which she will perhaps go to sleep. The placenta and soiled articles must be at once removed from the room, the former to be burnt on the kitchen fire with an added handful of salt.

Resignations.

AT ST. BARTHOLOMEW'S HOSPITAL.

The news of several resignations of officers of long standing in Metropolitan Hospitals will be received with much regret by those who have worked under them.

At St. Bartholomew's Hospital Miss Ellen Greenstreet (better known as Sister Mark) will shortly be retiring from the position which she has honourably filled for twenty-seven years, of Sister of a large medical ward in this great hospital. One of the distinguishing marks of the Bart.'s Nursing Staff, which speaks well alike for hospital and nurse, is the devotion of its members to the interests of the hospital, the length of their service and the reluctance with which they at length sever their connection with it. Sister Mark retires with a pension which denotes the appreciation in which her services are held, and with the good wishes of both governors and nurses.

Miss Fowler, the Superintendent of the St. Bartholomew's Trained Nurses' Institution, is also shortly retiring after twenty years' service. Miss Fowler has proved herself a most conscientious and efficient officer, and the way in which her books are kept may serve as a model to anyone holding a similar position. We hope that she may long enjoy the rest to which she is looking forward.

AT THE ROYAL NATIONAL ORTHOPÆDIC HOSPITAL

At the Annual Court of Governors of the Royal National Orthopædic Hospital, London, W., held on February 28, 1906, the Committee received with deep regret the resignation of Miss Frances Hole, the Matron, who has been absent on leave through serious illness for more than a year.

It had been the hope and expectation of the Committee that prolonged rest and skilled medical treatment would have enabled her to regain her health and resume her duties.

Miss Hole, who was Matron of the late National Orthopædic Hospital for seventeen years, has come to the conclusion that her state of health will not allow her to undertake the increased responsibilities brought about by the amalgamation, and has, therefore, resigned her post.

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