

them. In that case, we ask why the fact of such proposals having been made should be mentioned at all. It confirms many of the arguments brought against the Fund that one quarter of the first thousand proposals should have been perfectly unacceptable. It raises the question as to whether the Founders would have been equally satisfied that their conditions had been complied with, if five hundred, or even seven hundred and fifty, out of the thousand had been discovered to be unsuitable. And, furthermore, as to what would happen if the number of *bona fide* subscribers were to fall to five hundred, or even to two hundred and fifty Nurses.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER IV.—CONVALESCENCE.

THERE is another source of infection to be feared for lying-in women that we cannot altogether overlook—viz., the zymotic poisons. This evil invades us from without, and defeat is sometimes our only intimation of the presence of the foe. All infectious diseases are hazardous to parturient patients, and almost all to newly-born infants. Perhaps the most so to mothers are scarlatina, erysipelas, and last and worst, puerperal fever itself, which, until the value of antiseptic precautions was recognised, raged with devastating force in Maternity Hospitals at home and abroad, and in lesser degree private practice. You may ask, what are the most likely channels of communication for the zymotic poisons? I reply, Surgeons, Midwives, Nurses, and *visitors*; and I emphasize these last, for no one acquainted with Midwifery practice amongst the middle and poorer classes of society can fail to observe how recklessly infectious diseases are spread amongst our patients by the custom of women coming from disease-stricken homes, or accompanied by young children just recovering from scarlet fever, for instance, and not fit to be about, or suffering from whooping cough, to which I have found newly-born infants peculiarly sensitive.

Midwives, too, among the lower ranks of the calling, are culpably ignorant and negligent as to conveying infection, for (like their immortal prototype, "Sairey Gamp") they make themselves equally available for *lyings-in* and *layings-out*, with what results to their patients from these last performances I leave to the imagination of my readers in the Nursing profession. Nurses also

were at one time ignorant or regardless of the baneful risks of their attending sick and Midwifery cases indiscriminately, coming for instance from an infectious disease to nurse a lady in her confinement—oftentimes, to my knowledge, with the most deplorable results. Surgeons are more likely to spread puerperal fever than the above-mentioned, but stringent precautions on their part have greatly minimised risks to lying-in patients from that source of infection. Amongst poor women attended by Medical Students cadaveric poison is most to be feared for them, and here our new found ally and potent germicide perchloride of mercury may prove of signal service, as also in Hospitals; but these two last do not fall within the scope of my papers, which are devoted to home Nursing only, and I merely give them a passing notice when speaking upon the subject of the zymotic poisons as they affect parturient women. Amongst other risks we must not omit to mention that a woman may lie in with the seeds of infectious diseases in her system, such as small-pox, scarlatina, and typhoid, or any of which may prove fatal to herself or infant, or both, and under any circumstances such a misfortune very seriously increases the perils of the puerperal condition. In these cases I think it would be more prudent to have a Medical, rather than an Obstetric Nurse, as the latter might convey infection to her other patients.

I have now brought under the notice of my readers all I have to say upon the matter of antiseptics and infectious influences; but there is still one more side of the subject to discuss, in a sanitary point of view more important perhaps than all the antiseptics put together—ventilation—and in private practice often most difficult to carry out as regards the lying-in room. It is very easy to give you *paper* directions for the proper ventilation of your patient's room, but the reverse of easy for an Obstetric Nurse to carry them out, sometimes from structural defects, but more often from opposition on the part of patients or their friends. There is a great deal of sanitation taught now-a-days, and more *talked*, but not half enough *acted upon* in private homes, and in some cases the opening of a window would almost lead to dismissal for a Nurse. It is often difficult to get people to understand that fresh air wisely introduced into a room does *not* mean chill to the patient, for that is far oftener the result of careless nursing than open windows.

In ventilating your patients' room there are two points to consider: how to get the stale air out, and the fresh air in. There are two exits for the former—the fire-grate (which in our climate should have a fire in it ten months out of the

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