

and maintained for the relief of sickness, the sanitary conditions are so bad that they are absolutely hot-beds of contagion for the healthy. How entirely unfitted they are, therefore, to give the sick a chance of recovery need, perhaps, hardly be insisted upon. But this fact apart, we maintain most strongly that it is utterly wrong, for the sake of the Nurses, and other presumably healthy workers, employed within their walls, that such a dangerous condition of affairs should be permitted to continue in any Hospital.

We would urge Committees of Hospitals to remember that Nurses are now very largely drawn from the better classes; that they are not, therefore, as their predecessors were, inured from early age to unhealthy surroundings, and that consequently these must tell all the more readily upon their health and strength. We do not for one moment believe that any Committee would willingly permit anyone under its care and charge to run any risk. But we do most unhesitatingly say that many Committees are utterly ignorant of the sanitary state of the Institutions which they control, and that it is supposed by most Medical Staffs that their particular Committee of Management causes periodical inspection to be made of the drains and pipes, as well as of the chimneys, and the internal walls and ceilings. Furthermore, we are firmly convinced that while the cleanliness of the paint work and the floors—in fact, of the outside of the cup and platter—is generally most scrupulously attended to, because any oversight here would be at once observed and commented on, it is a rare exception for the vastly more important matters of the traps and drains to be overhauled, merely because they are out of sight, and out of mind.

When attention is drawn to the matter, and inspection demanded, it is, in our experience, more or less grudgingly acquiesced in, as an "unnecessary expense," and even most perfunctorily carried out. But where serious defects are discovered, and reported to the managing authorities, we can hardly believe that any hesitation upon the score of expense would be shown by any body of men responsible for the lives of large numbers of sick and injured fellow-creatures. The great and initial difficulty is to sufficiently arouse lay Committees to the cardinal import to the health of the healthy, and the recovery of the sick, of the purity of the air they breathe and of the water they drink.

There is too much reason to fear that in this, as in so many other cases, "evil is wrought by want of thought," and that at this present moment, and for years past, there has been a terrible amount of preventible sickness and death caused amongst Nurses by the unhealthy atmosphere in which

they are called upon to work. We have never, in these columns, and we never shall make doleful plaint of the hardships of a Nurse's life. But we do now call the attention of Hospital Committees and of the public to what we have good grounds for believing represents a danger which Nurses have a right to demand shall not be added to the other difficulties of their work. We believe that it is very rare for Hospitals to be regularly inspected by a sanitary surveyor. We say, without hesitation, that it is right that they should be frequently thus inspected, and all defects instantly made good. Otherwise Committees are taking upon themselves the immense responsibility of administering Institutions which may at any moment become sickness traps for the healthy, and death-traps for the sick.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER V.—DUTIES DURING CONVALESCENCE.

WE will divide convalescence into three periods, describe the leading characteristics of each, and point out the nursing duties special to them: 1st, From the completion of delivery to the commencement of lactation; 2nd, the establishment of lactation; 3rd, the lacteal period.

The first twenty-four hours of the first period are the most critical of all, as there is a possibility—happily most rare—that a woman may die of hæmorrhage or nervous shock within that time. I draw your attention to the former in order to impress upon you the value of those nursing duties enjoined in my previous papers, that tend to lessen the risks from, if they cannot prevent, puerperal hæmorrhage. We have so recently dwelt upon the immediate duties after delivery that we cannot do better than resume them from No. 91 of the *Nursing Record*, where we left our patient fed and put to rest after her delivery; and the first trouble we have to encounter is the distress she suffers from the post-partum contractions of the uterus, commonly called "after pains," and the popular consolation usually offered to a patient is "that they are all for her good"—like sermons. You may ask, Why these "pains"? One cause is the gradual contraction of the muscular tissues of the uterus, leading to a diminution in the size of that organ, that takes place after delivery; these contractions also expel any coagulæ that may have formed in the cavity of the uterus, which affords a temporary relief from pain.

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