Registered will make it more difficult for others not to seek the same privilege, and will strengthen the hands of the Association, therefore, and hasten forward the time when its leaders consider themselves ready to apply for the incorporation of the Nursing Profession by Royal Charter.

OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter V.—Duties During Convalescence.

(Continued from page 147.)

AMONGST the minor troubles of convalescence there is none that occasions more distress to our patients than an attack of constipation, which is sometimes as hard for them to bear as labour itself. What are the causes that tend to produce it, and what the measures best suited to alleviate, if we cannot altogether avert the evil, are points of much interest in Obstetric Nursing.

As the trouble is mostly intestinal, we will in the briefest manner outline the anatomy of the intestine, which consists of two parts, small and large, and these again are at once divided and connected by a singular structure called the ileo-cæcal valve. The functions of these two portions of the intestinal tube are remarkably different, and so are their structural peculiarities. The small intestine commences at the pyloric end of the stomach and ends where the large begins, at the cæcum; it is intensely convoluted, and so intimately associated with all the digestive viscera that it may almost itself be called a digestive organ, for therein most of the great processes of alimentary assimilation are carried on. Nature having with infinite care and complexity extracted from the partially-digested substances sent from the stomach into the small intestine all that she requires for her use, passes on the waste products of digestion through the cæcal portal into the large intestine. This effete matter is *gradually* (I wish you to note this) removed from the system by a series of muscular movements called peristaltic, peculiar to the whole intestine, but assisted in the colon by a sacculated structure special to it. The large intestine takes a winding but a far less devious course than the small, and ends at the commencement of the rectum, the pelvic portion of the large intestine.

From this necessarily imperfect sketch you may gather that the function of the small intestine is nutrition, of the large excretion; and we will now consider the relation of the uterus to the colon, and in what manner it may affect it. The uterus is, as you know, a pelvic organ, and under normal conditions it does not enter the abdomen unless in its gravid state, and we may fairly say that as far as the abdominal viscera are concrned it is an intrusive and most unwelcome guest, and were it not for the elasticity of the abdominal walls this pressure upon the viscera would lead to serious, if not fatal, results. I shall have to revert to this subject in a future paper, but now we will deal only with the large intestine. The first of the abdominal organs to feel the ill effects of the ascending uterus is the colon. The cæcum that marks the commencement of the ascending portion of it lies in the *right* iliac fossa. In its descending portion there is a curious deflection that anatomists call the sigmoid flexure of the colon, from its S-like shape, lodged in the *left* iliac fossa. The pressure of the gravid uterus upon these portions of the large intestine tends to impede its natural action and to produce the constipation that is one of the troubles of mid-pregnancy. After delivery the uterus remains in the abdomen for some time, and in its descent towards the pelvis we get a recurrence of the cæcal and sigmoid pressure first mentioned. The weight of the abdominal walls and the uterus is also felt by the intestine. During the expulsive stage of labour the pelvic portion of the colon, the rectum, is much pressed upon by the fœtal head, and its tonicity weakened, and all Obstetric Nurses know that the worst troubles of constipation culminate in rectal inertia. Repose in the recumbent position also tends to impede the natural peristaltic action of the intestine, just as conversely the upright position and exercise favours it. Flatus or an accumulation of air in the intestine is a cause of constipation by distending its walls, and thereby impeding its natural action, just as an over-distended bladder prevents natural micturition.

The narcotics that are sometimes given hypodermically, or otherwise, to induce sleep or soothe pain after delivery, tend to constipate the bowels, and some of the most troublesome cases of rectal inertia that come under one's notice are due to this cause. *(To be continued.)*

One of the best lessons to be learnt is the absolute necessity of preventing work from degenerating into worry. It is worry that kills for the most part, not work. To learn to put forth our best powers steadily, continuously, in the proper grooves, to the proper ends—this is one of the most precious fruits of wisdom and experience.

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