

Things Worth Remembering.

Two correspondents of the *Nurses' Journal of the Pacific Coast* give the following useful hints:—
OBSTETRICAL WORK IN THE HOME.

E. W. writes:—

A large, thick pad, made of the common cotton such as is used for making comforters, and covered with cheese-cloth, is a good thing to place under a patient when a Kelly pad is not available; or, it may be used under the Kelly pad in order to protect the bed when the pad is removed.

A roll of pieces of old, clean muslin, sterilised, makes it possible to be economical of one's supply of sterilised gauze.

An inexpensive absorbent cotton made by "J. & J." is rolled in layers with a smooth finish. It can be used for vulva pads without covering with gauze, which is a saving of time and expense.

Keep the nipples perfectly dry. Wipe carefully after nursing. If this does not keep them dry, use sterilised vaseline twice a day or oftener if there is the least symptom of chapping. A good ointment for this trouble is made by rubbing bismuth into castor oil until a stiff paste is formed.

Be sure that your obstetrical outfit contains several strips of sterilised gauze, a yard in length, for vaginal packing, in case of hæmorrhage.

VINEGAR AS A HÆMOSTATIC IN GYNÆCOLOGY.

Obstetric Nurse, referring to other journals, reminds obstetricians that in every cottage there is a valuable hæmostatic which can be utilised in an emergency. A pint of vinegar, a tablespoonful of table salt, and a couple of clean handkerchiefs, are always at hand. In a profuse hæmorrhage, following a miscarriage, or after labour, the patient is made to drink half a glassful of pure vinegar, and the vagina is tamponed with the handkerchief moistened with the vinegar and salt. This is done with the patient in the obstetrical position, lying across the bed with her head low, the thighs and legs strongly flexed, and the hips at the edge of the bed. The vagina is cleared of clots before introducing the tampon.

The use of sterile gauze over the breasts of an obstetrical patient seems to her unnecessary. She writes:—In my training this was not taught, and I have been in charge of a maternity hospital for two years and do not teach this to my nurses. We use boric acid on the nipples and the babies' mouths, and keep a clean towel over the breasts. If there is the slightest abrasion we use tincture of benzoin on the nipples and the shield for nursing until the soreness has disappeared. For the babies' eyes we use 20 per cent. argyrol immediately after birth, and cleanse thoroughly with boric acid when dressed. We never have had a case of ophthalmia. I wonder if antiphlogistine is commonly used for sore breasts when the milk first comes. I find it invaluable; we use it also for the occasional cases when a baby's breast is hard and sore.

Miss Anderson, the Lady Superintendent of the East End Mothers' Home, established an interesting record last year, for out of 1,200 cases not a single maternal death took place.

The Perils of Overlying.

Dr. James Godding, Deputy Coroner for East London, held no less than eight inquests, on one day, in the Stepney Coroner's Court, last week, on the bodies of infants found suffocated in bed while sleeping with their parents.

The peril of the death of infants from overlying is great, and in view of such an illustration needs no emphasis, although it is an undoubted fact that the infant mortality from this cause would be greatly lessened did all parents whose infants sleep with them go to bed sober, as is evidenced by the increased death rate on Saturday nights, but, we know of no statistics which show the death rate of infants, who sleep apart from their parents, from cold. In a hospital, or private house, where the temperature can be kept even, and the cradle supplied with a hot water bottle, no doubt the infant can be kept warm and comfortable apart from its mother, but, in the case of all young things, warmth is naturally afforded by the warmth of the mother. Why, therefore, with proper care, should this be different in the case of the human mother and infant? A ninth case of overlying reported last week was that of an infant whose mother told the Hendon Coroner that she and her husband took their two children to bed with them because they had not enough warm clothes to make up the children's bed. The suffocation of the child was the unhappy result, but, had the child lain in the bitter cold of last week in a banana box, with no artificial heat, and with insufficient covering, we do not think it would have escaped with its life through one night. Which is the lesser of the evils? Which holds out the greatest chance of life to the waif born into such unpropitious conditions?

An Important Point.

A point of interest and considerable importance to midwives was recently raised before the Central Midwives' Board when a midwife was charged with not sending for medical help in the case of a foot presentation. The Chairman appeared to take the only logical view that if a midwife is permitted to attend a case in which the breech presents, this covers a footling also, but it is evident that some Local Authorities do not share this opinion. Yet it is certain that a breech presentation may change into a footling in the course of labour. It is a point all midwives should note.

The Maternity Wards at the Middlesex Hospital.

The new maternity department at the Middlesex Hospital embodies the latest scientific improvements, several new features having been introduced. The nurses and students can now see midwifery practised under improved conditions, and on the completion of their training carry their ideas into practical effect.

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