

before or after using is not only disgusting but dangerous, but I have seen a nurse put a thermometer back in the case without washing, after taking a temperature. I have seen nurses taste broth, etc., and replace the spoon in it. All these things make a lasting unfavourable impression on the sick person. One woman told me that she shuddered many times during a long illness to see her nurse set hot things on the dresser and table and lay dripping medicine spoons on clean covers. We should be just as careful of others' furniture as of our own, not battering and marring it, or leaving white marks from plants or flowers set down or watered too generously. I have heard nurses say of a patient, "She wants something every minute." After all, if we are helpless in bed, dependent on someone for everything, we must make many requests, unless those very things are foreseen to a great extent and offered daily by the tactful nurse, without waiting to be asked for them.

When an examination of the chest, heart, or any part of the body is to be made, the nurse should arrange the clothing, not stand by while the physician awkwardly does it, often embarrassing the patient.

One thing that is noticeable in nurses is their ready adoption of hospital and general slang. As they hurry along in groups one may hear frequently stray phrases, as "it was fierce," "I'm all in but my shoe-strings," "she gives me a pain," "I've got no time for him," "got my bumps for it," "grouch a mile wide," "old hen," "won't stand for that," "some class to that," "isn't that the limit," "all to the good," "I beat it," "chewing the rag," "gee," "piffle," "hop to it," "aw, cut it out," etc. There is much in slang that is expressive and bright, but more that is cheap and stamps the user. It is a good plan to take notice of frequently recurring expressions in our conversation.

It should not be necessary to remind any nurse that carelessness or coarseness in speech is inexcusable, but I have been dismayed many times at some conversations heard by patients from their nurses, and too often quoted. Fastidiousness in speech is one of the most important requisites of all nurses.

It has been decided by the Council of the Australasian Trained Nurses' Association to form a special register for Mental Nurses. This decision will be brought before the annual meeting of the Association, and it is hoped that all will realise that it is in their interests for the Association to embrace this branch of nursing, which has now reached so high a standard in New South Wales.

## Our Prize Competition.

We have pleasure in awarding the 5s. prize this week to Miss Ethel Florence Lukey, University College Hospital, Gower Street, London, W.C., for her article printed below, on

### THE USUAL SYMPTOMS OF PREGNANCY.

The following are the usual symptoms of pregnancy:—(1) Changes in the uterus; (2) changes in the cervix; (3) changes in the vagina; (4) amenorrhœa; (5) mammary changes; (6) morning sickness; (7) uterine contractions; (8) pressure effects; (9) uterine soufflé; (10) funic soufflé; (11) foetal heart sounds; (12) foetal movements; (13) ballottement.

(1) Uterine Changes.—When the uterus becomes impregnated it grows very rapidly, and has increased blood supply. It is normally situated entirely in the true pelvis, and cannot be felt above the pubes until after the 16th week of pregnancy. It reaches to the umbilicus at the 24th week; the ensiform cartilage at the 36th week; at the 40th week "lightening" has occurred and the uterus is lower in the pelvis, so that the height is about the same as at the 34th week.

(2) The cervix becomes softer and violet coloured from congestion.

(3) The vagina becomes moister; veins are enlarged; there is violet discolouration.

(4) Amenorrhœa starts from the beginning of pregnancy, though some women lose slightly the first month or two, and from the first day of the last menstrual period may be dated the day of labour. The average duration of pregnancy is 280 days.

(5) Mammary changes start from first month. There may be pain, tenderness in the breasts. At the third month sense of fullness and presence of secretion and pigmentation. The second areola forms during the 20th week.

(6) Morning sickness generally occurs during the first three months. It is due to toxæmia, caused by inability of the kidneys to do the extra work necessary; toxic matter is collected in stomach during the night, and the first morning meal is vomited.

(7) The uterus contracts all through pregnancy, but cannot be felt externally till about the middle of pregnancy. These contractions are also not felt by the patient.

(8) A pregnant woman also suffers from pressure effects, such as frequency of micturition, varicose veins in leg and vulva, hæmorrhoids, constipation, indigestion in various forms and dyspnœa.

(9) The uterine soufflé is a murmur in the

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