

venting the spread of infection to others. Here the main point is to remember that the throat is the battlefield of the disease, and that all discharges from the mouth and nose are infective, even if they are not obviously purulent in character. All things, therefore, that come in contact with the patient's mouth, such as cups, spoons, and the appliances used for the treatment of the throat, must be placed in some antiseptic solution directly they have been used. In private practice it is convenient to have a bucket of this handy in or just outside the sick room for this purpose.

It is not necessary to enter into the details of isolation and disinfection in hospital practice, as these will vary in different institutions, but in private houses the main points are to isolate the patient in a room at the top of the house and to allow no one but the nurse, or member of the family that is taking her place, to enter the sick room. Outside the door is hung a sheet wrung out of some antiseptic solution, the object of which is not so much to prevent the infection of the air as is popularly supposed, but to act as a label to the sick room. The attendant should wear only washable dresses, which should be covered by an overall whenever she enters the apartment, and taken off when she leaves it. Her hands should be washed before she leaves the room, and in septic cases it is best for her to wear rubber gloves as well. Paper handkerchiefs should be used for the reception of all discharges, and should be burnt immediately after use.

As soon as the disease has been detected, all clothing that the patient has worn should be disinfected—this will be done by the Sanitary Authority—and when he is pronounced free from infection all clothing, books, toys, etc., should be burnt, or, if this cannot be done, disinfected, and the patient should receive an antiseptic bath, and then put on new or recently disinfected clothing before being allowed to mix with others.

#### TERRITORIAL NURSING SERVICE.

The Countess of Minto, C.I., has been appointed Vice-President, and the Lady Ampthill, C.I., a member, of the Territorial Force Nursing Service Advisory Council, in succession to the Duchess of Montrose and the late Lady Grenfell respectively.

The Countess of Minto's work in India, through the Association which bears her name, in bringing skilled nursing to Europeans is well known, and Lady Ampthill also founded a Nursing Institute in Madras. She is also a vice-president of the Society for the State Registration of Trained Nurses, and has taken a deep interest in the question of State Registration, to which Lord Ampthill has rendered such distinguished service.

### OUR PRIZE COMPETITION.

WHAT ARE THE FUNDAMENTAL PRINCIPLES UNDERLYING THE PRACTICE OF MODERN MIDWIFERY AND MATERNITY NURSING. HOW WOULD YOU APPLY THEM WHEN SUMMONED TO A CASE?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, Surrey, for the following paper:—

#### PRIZE PAPER.

First and foremost, the nearest approach to Asepsis possible under the individual circumstances. The degree of Asepsis attainable must be greater or less, according to the condition of the patient's surroundings. It is impossible, with the best will in the world, to make and keep a confinement case *really aseptic* when the woman's bed consists of a filthy conglomeration of rags, flock, and insects, and the patient herself has no knowledge of the ordinary laws of cleanliness. Yet this is a condition which will, more often than not, have to be reckoned with by the modern district midwife. She will naturally approach as near as she can to the high ideal of surgical cleanliness she has, we hope, learnt during her training. A few bowls of her own, rubber gloves and efficient disinfectants will help her.

Next in importance to an ability to maintain Asepsis is the faculty of keen *observation*. The observant midwife will be quick to recognise danger signals which would be passed over unnoticed by a careless or untrained attendant. And she must ever be prepared to meet these emergencies when they arise in the absence of the doctor, for delay may mean the death of the mother and child.

To minimise "the peril" and to lessen "the pain of childbirth" are objects of fundamental import to the modern midwife. Peril from without to be guarded against by Asepsis and gentle deftness of handling; peril from within by quickly recognising abnormalities.

Lessening the pain by warmth, encouragement and suitable help. The fundamental principles may be summed up in a few words—Asepsis, Trained Observation, Altruism.

When called to a case, the nurse or midwife should take in a suitable bag the appliances mentioned in the Rules of the C.M.B. In addition it is desirable to take a clean mackintosh (or the new "mackintet," obtainable at 33, Strand), a few bowls and receivers, Ergot or Ergotine, a hypodermic syringe, brandy  $\text{ʒi}$ ; and a pair of boiled rubber gloves and stethoscope.

On arrival she should take a short history

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