

this new work, and has already rendered invaluable services to nursing and hospitals in protecting and strengthening educational standards.

Throughout her entire career Miss Goodrich has held the affection and esteem, not only of her pupils, but of the hospital authorities, medical staff, and others with whom she has been associated. She possesses the rather unusual quality of being able to oppose without antagonising. She is fearless, straightforward, and yet so kindly and courteous that she secures ready sympathy and effective co-operation. She possesses, in fact, in a high degree those spirited qualities, that rare insight into human character and human motives, which enable one not only to work with others, but to lead them. She was President of the American Society of Superintendents of Nursing Schools in 1905, and was made President of the American Federation of Nurses in 1909. She has been Chairman of several important committees in the various societies, notably for several years of that Committee of the Superintendents' Society related to the Department of Nursing Health at Teachers' College. There is no aspect of nursing affairs with which she is not familiar, and there is to-day no more distinguished woman in nursing in America than Miss Goodrich.

It will be remembered that Miss Goodrich, as President of the American Federation of Nurses (now the American Nurses' Association), attended as its official delegate the International Council meeting in London in 1909. Who will ever forget the dignified rebuke she administered from the platform when she was told by the anti-registration spokesman that there were colleagues in London opposed to professional co-operation. How she instantly stepped forward and said with deep feeling: "I never felt so sad as I do at this moment to hear that there are 67 matrons of leading hospitals in London who are not willing to meet with us to discuss the best way to meet the needs of the sick and of suffering humanity. I beg Mr. Holland's pardon, but I think their place is here, and not his"!

A woman of charming personality and valiant spirit, THE BRITISH JOURNAL OF NURSING warmly welcomes Miss Goodrich as President of the International Council of Nurses, feeling sure that through her administration, the honour of the profession of nursing for which it stands will be in very safe keeping.

At the Annual Meeting of the Australasian Trained Nurses' Association affiliation with the International Council was considered.

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH SEVERE POST PARTUM HÆMORRHAGE IN THE ABSENCE OF MEDICAL ASSISTANCE?

We have pleasure in awarding the prize this week to Miss Elizabeth Jeffries, Bath Road, Wolverhampton, for her paper on the above subject.

PRIZE PAPER.

In treating a case of severe post partum hæmorrhage in the absence of a doctor the first thing to do is to empty the uterus. The pillow should have already been removed from under the head after the birth of the child, and the patient placed in the left lateral or dorsal position, whichever is preferred. If the placenta has come away, the uterus should be massaged abdominally and all the clots expressed from it. If the placenta has not come away, the uterus should be massaged abdominally, and efforts made to express it. If unsuccessful, an attendant should be asked to grasp the uterus abdominally, and the hands and forearms hastily scrubbed and disinfected; 1 drachm of lysol to 1 pint of boiled water is preferable for the latter, as it also acts as a lubricant. The vulva should be swabbed with an antiseptic with the left hand, and the right hand should then be introduced cone-shaped into the vagina, following up the cord until the placenta is reached. It should then be peeled off from the uterine wall, beginning where partial separation has taken place; the left hand should be placed over the uterus externally. Having ascertained the complete removal of the placenta, all the blood clots and placenta should be removed from the uterus on the withdrawal of the hand. A hypodermic injection of ergotine $\frac{1}{10}$ gr. should then be injected into the buttock, or liquid extract of ergot 1 drachm be given by mouth, but to ensure a quick action the former method is usually adopted.

An intra-uterine douche of lysol 1 drachm to 2 pints of boiled water (temp. 120°) should then be given. A little vaseline or cloths wrung out of cool lotion should be applied to the buttocks to prevent scalding. The douche should be given without using any force, with the left hand on the abdomen over the uterus, to prevent any of the fluid getting into the Fallopian tubes. Great care should also be taken to exclude all the air from the tubing before giving the douche. The hot fluid will cause the uterus to contract.

If this fails to check the hæmorrhage, bimanual compression of the uterus should be done. The hands should be again disinfected

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