

better, from twelve to fourteen hours being none too long. Supposing delivery took place at two a.m., the following afternoon at four p.m. might be soon enough. It being necessary then to use the catheter, let us consider what is the best way to do it.

There are, as you know, two kinds of catheters used in surgery, called male and female respectively, and there are a number of materials used in making them. In our branch of work those most frequently used are gum elastic, metal, including silver, celluloid, and glass. I like these last-named, and there is no reason why a Private or Hospital Nurse should not use them, but in Midwifery work the same objection holds good with them as with glass vaginal tubes—liability to breakage. The glass one I have is almost eight inches long, and corresponds in calibre to No. 7 gum elastic catheters, and is the size I always select for my bag; and I think you will find that for all practical purposes the last-named is about the most useful to us, as I will show you. Selecting then a gum elastic male catheter, No. 7, we will adapt it to our work. We will cut it down four or five inches from the tip, which is no use to us, and insert the stilet as usual. When we want to use our catheter we take out the stilet, and fix on a piece of india-rubber tubing about forty-five inches long; they must then be immersed in any of the antiseptics you are using. *Perhaps* I may let you have *two* of my corrosive sublimate powders out of my Midwifery bag, mixed according to rule. You will require a *quart* of water for the catheter and the tubing and your hands. It has been objected to the use of tubing that it is an excellent medium for the conveyance of infection. Quite so! if you are *not* careful, and the same may be said of all that you use, hands included. How will you disinfect the inside of the tubing? for this is the gist of the objection; it is easy enough to do the outside. In this wise: get a small glass or tin funnel to fit your tubing, and insert it into one end of same; then pour through it as much of the antiseptic as you like, hang the tubing over a towel-horse to drain, and then put it into the sponge bag with your enema, so as to keep it as much as possible from the air.

(To be continued.)

WE should never be content. There is always something to alter, to abandon, or to pursue; and in that honest, earnest work which our consciences approve we shall find neither room, time, nor inclination for the idle and selfish spirit of dissatisfaction which paralyses our powers, destroys our happiness, and renders us unable to bless or to help our fellow-men.

## NOTES ON LECTURES GIVEN BY THE MEDICAL OFFICERS OF WITHINGTON HOSPITAL.

TAKEN BY MISS MARY JOHNSON, M.B.N.A.

### LECTURE I.—SICK NURSING.

BY DR. ORCHARD.

**SLEEP—POSITION IN BED.**—It is most important to notice the manner in which a patient lies in bed, as from their position the nature of the disease may be judged. If a person suffering from acute *pneumonia*, after having laid on his back for some days, turns on his side, it is a very good sign that he is getting better. In *peritonitis* the patient will draw up the legs to relieve the pain; in *bronchitis* will be almost always in a sitting position to enable him to breathe more freely; in *rheumatism*, the head being more or less affected, the patient should be kept in bed perfectly still, and on no account allowed to sit up. Strict attention should be paid to the manner of sleeping, the number of hours a patient sleeps, whether it is peaceful, restless, any moaning or muttering, or if awaking startles, or nervous, or is at all alarmed, or if he clutches at imaginary objects; picking the bed-clothes is not a good sign. If after sleeping the patient is refreshed and conscious, or in pain. A Nurse ought to train herself most minutely to notice little things, as from little things greater ones are formed.

**REPORTS.**—Reports should be given accurately and distinctly.

**RIGORS.**—Rigors or shivering comes on at the onset of a serious illness or fever; great notice should be taken of the time the rigors last. The temperature of the body is always higher than natural during a rigor.

**PARALYSIS.**—In paralysis always notice what part of the body is affected. A patient suffering from paralysis, the twitching or contortion may commence in the thumb, proceeding from the thumb to the hand and arm, gradually making its way over the body, generally one side being more affected than the other.

**HEMIPLEGIA AND PARAPLEGIA.**—The two most common forms of paralysis are hemiplegia and paraplegia. *Hemiplegia* is that form of paralysis which affects one half of the body without the other side being at all affected; hemiplegia is either right or left. *Paraplegia* means paralysis of the lower half of the body, but there is no right or left paraplegia; it must affect both sides, if not equally, at all events to some extent.

**BED SORES.**—Prevention of bed sores consists in keeping a patient perfectly dry and clean,

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