why it officially attempted to wreck the British Nurses' Association, except it were to prevent the defrauding practices of the London Hospital being exposed by the advent of the Registration of Trained Nurses. Everyone knows also that the Committee now pretends to believe that all the serious and uncontradicted charges brought by Miss Yatman and other Nurses and the late Chaplain against the Hospital have been instigated by the Association which it attempted to ruin. Which is one of the most remarkable examples of a "guilty conscience" of which we ever remember to have heard.

OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter VIII.—Deviations from Normal Convalescence.

(Continued from page 172.)

Having prepared your catheter and tubing, you must position your patient. She must lie on her back and close to the edge of the *right* side of the bed, having her knees drawn up. Bring an empty chamber to the bed-side, and put the tubing in it. Dip both your hands up to the wrists in the antiseptic solution. Rub a little vaseline along the whole length of the catheter and on the forefinger of your *left* hand, which you pass *longwise* under the bedclothes, and, placing it over the pelvis, you separate the labia from above downwards, and just above, and a little backwards from, the vaginal entrance, you will define the orifice of the urethra. Take the catheter in your *right* hand, pass it beneath the bedclothes and under the *right* thigh of your patient, and, guided by the bulb of the index finger of your *left* hand, gently insert the tube into the meatus. And here let me impress upon the minds of my young nursing readers that *no attempt* must be made to pass the tube until you have clearly defined the orifice of the urethra. It is this clumsy fumbling with the catheter that occasions sometimes injury, and invariably pain and discomfort to the patient. Remove your left hand, and keep the tube *in situ* with your right. In my practice I pass the catheter well into the bladder some three or four inches. There is sometimes a little vesical displacement after labour, and sometimes the muscular action of the bladder is weakened, and I find a *careful* exploration serviceable in both instances, as it is most important that the bladder should be *thoroughly* evacuated in order to avoid catheterism as much as possible. Withdraw the tube as gently, slowly, and carefully as you inserted it. There must be no hurry over the operation from first to last. Remember these manipulations must *all* be done without the slightest exposure or risk of chill, and with the least possible amount of discomfort to the patient. There are fewer difficulties in catheterism after post-partum hæmorrhage than any other conditions of childbirth. We resort to it as a measure of prudence rather than necessity. The patient's life is in no peril for the want of it, as is the case in other complications. Under ordinary circumstances, and if thoroughly done, you will find once in twelve hours—that is, night and morning —quite sufficient for passing the catheter. I have dwelt minutely on this subject because, in Obstetric Nursing, we do not require catheterism often, and you are apt to forget your Hospital instructions; and I advise you to get your lesson by heart, and then you can repeat it as often as is necessary. It is most important for the comfort, not to say safety, of her patients that a Nurse should be an expert in this portion of her duty.

Our next care will be to consider when we shall change the lady. If my readers will refer to my paper on the preparation of the patient for labour, you will see, if those directions are carried out, how important they become in times of trouble, and we shall find that we can leave, and safely leave, our patient quiescent for twenty-four or thirty hours after delivery, and *perfect repose* is a first necessity after puerperal hæmorrhage Say a lady was delivered at two a.m. on a Monday, the following Wednesday morning would be soon enough to change her night clothes. Draw-sheets and napkins must of course be renewed as often as necessary, but this will not disturb the patient much, but even then the former must not be moved for twelve hours after delivery. In hæmorrhage after the intra-uterine injection has been given, and *before* the patient is moved, it is advisable to sponge the vulva, and also wash off all the blood stains on the buttocks, thighs, or knees, but that done I deprecate any more bathing of the genitals until the day we change the night-dress. I have given you minute directions how to change and wash your patient. I need not repeat them, only let me emphasise that everything must be done with extra care, gentleness, and precaution against *chills*. It is advisable to give the lotion I mentioned to you as cleansing and cooling to rinse out the mouth or even gargle the throat with, and clean the teeth. If the lady be strong enough to stand it, the hair may be loosened and combed out. When you have finished have some light refreshment ready, as your patient may get faint after her exertions—a little mulled claret with