

boiled) should be placed over paper, to serve as a draw-sheet. Valences should be removed from the bed, also loose carpets and all unnecessary furniture must be removed from the room. A table and two chairs should be obtained and covered with clean newspapers (which have been baked in an oven), if clean table covers cannot be procured. Nothing unclean should approach either patient, bed, or table. During the first stage, the patient may walk about the room. Give her hot milk or tea often; remind her to empty bladder at intervals. During this time, the nurse must prepare the water, nail brush, and soap for doctor's hands; also a bowl with a solution of perchloride of mercury (1 in 1,000), in readiness for the doctor before making a vaginal examination. She must also have a bowl of swabs ready, and a vessel to receive placenta. A measure glass, teaspoon, and drinking water should be at hand.

For the baby.—Sterilised thread and scissors, in carbolic lotion (1 in 20) or lysol, clean linen rag to cleanse the mouth, swabs for eyes, in boiled water, and a small piece of blanket or flannel to receive baby.

After the third stage is over, during which great care must be exercised, and the doctor has left, the nurse must swab and make her patient comfortable. She must remember to thoroughly disinfect her hands before bathing patient.

The vulva and thighs should be well washed with soap and water, and the parts thoroughly bathed with disinfectant. A pad of absorbent wool or towel must be applied. All soiled things removed from the bed and room.

The binder may be rolled in under the back and brought well over the hips, and should also be applied firmly over hips and fundus. Care must be taken to apply the binder evenly, and to avoid all creases, especially underneath. The room must be kept cool and quiet.

The temperature and pulse should be taken and noted. Milk or gruel should be given warm, not hot, and the patient left to rest.

The nurse must keep a close watch over the patient for at least an hour after delivery. If she is not remaining permanently with patient, she must then inspect and if necessary change the sanitary towel, to satisfy herself that the discharge is moderate, and also note her general condition.

The patient should be encouraged to sleep.

Instructions should be given to a relative or friend, before leaving, on no account allow any visitors in the patient's room.

A visiting nurse should pay another visit within six hours and satisfy herself as to the

general condition of mother and infant, and whether the bladder has been emptied in each case.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. Douglas, Miss F. Shepard, Miss M. M. G. Bielby, Miss De Fleur, Miss E. Fenn, Miss T. Robinson, Miss M. James, Miss P. Saunders.

Miss E. Fenn points out:—"If possible the nurse will arrive at the house two or three days—or even longer—before the baby is born. She will then be able to advise the mother as to choice of the lying-in room, position of bed, floor covering, furniture, and so on. She will also supervise the disinfecting, and thorough cleansing of the room and furniture, will collect and disinfect all necessary bowls, pails, &c.; will make up the labour bed, and the baby's cot, will have the fire laid, and will have everything ready in the room, covered over with clean sheeting, that will be required during and immediately after the confinement. She must also arrange that there will be a good supply of artificial light and of hot water. The bed should be single, and if possible there should be a second bed on to which the mother may be moved with the doctor's sanction on the third or fourth day. She will see that the mother has a daily bath, paying particular attention to the nipples, and that she has a motion of the bowels at least once daily. Also that she takes plenty of nourishing food, and as much open-air exercise (walking) as she is able to, short of fatigue."

Miss Gladys Tatham writes:—"Briefly, the duties of the nurse may be summed up thus, to obtain, and maintain, the greatest possible cleanliness of the patient and her surroundings—to minimise the danger, and as far as possible increase the comfort, and decrease the pain, of her patient."

QUESTION FOR NEXT WEEK.

What are the special points to be observed when nursing a case of dipsomania?

THE LIFE OF FLORENCE NIGHTINGALE.

The Life of Miss Florence Nightingale, by Sir Edward Cook, who has had access to her private papers, was published on Tuesday last. As the official record we desire to carefully study it, and especially the chapter dealing with the registration controversy, before reviewing it for the benefit of our readers.

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