always existed, so they were bound to continue to exist, by urging that sin had always been in the world, but that this was surely no reason why it should be legalised. And, as bearing on the same point, we may say that we have received information from nearly every part of the country within the last few months which leads us to believe that there is a great, and, moreover, a very growing, feeling amongst Medical men that the time has come for carefully considering the whole question of Midwives, and on the basis of ending them altogether rather than improving their training a little, and increasing thereby their capacity for mischief a great deal. The reasons which are advanced for these views are highly important, and we will endeavour next week to explain them.

OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter IX.—Lesions.

Vesico or Recto Vaginal Fistula.

(Continued from page 88.)

At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

We will now touch upon those lesions that not only affect the genital tract, but other and contiguous organs. If my Nursing readers will refer to the plates in their Midwifery text-books, they will see that the vagina lies between and closely adjoins two other pelvic organs—the bladder and the rectum; and hence it becomes at once apparent that injuries to the vagina, unlike those to the uterus or perinæum, lead to collateral, and in either case to very distressful, conditions. The seat of the lesion is the vaginal walls, and it may arise from two causes:—First, *prolonged pelvic pressure* from the fœtal head, leading to inflammation, sloughing, and the formation of fistulous openings into the vesical or rectal parietes; or, second, to *direct* injury to the same from a careless use of forceps. The former is by far the more frequent cause, the latter by no means unknown; and experience shows us that the disaster unhappily arises in both instances from bad practice.

We will take the vesical trouble first, and it is obvious that the diagnostic symptom that marks it is the escape of the urine *per vaginam;* and there is an important clinical fact to be observed, that this symptom may, either *directly* or *remotely*, result from the lesion. If it has been brought about by the first-mentioned cause—prolonged pelvic pressure from the fœtal head—it may be some time after delivery before the dribbling of urine is observed, and hence the lesion remains undiscovered, and even unsuspected, until then. If, on the other hand, the vesical injury is brought about by careless use of forceps, it is declared at once by the characteristic symptoms.

There is a clinical point to be observed with respect to the last-mentioned cause of vesical damage to which I must call the attention of my young Nursing readers—that it may be simulated or marked by incontinence, that is, the involuntary passing of urine after delivery from causes quite unconnected with the lesion in question. For instance, during the birth of the head, some of the pelvic nerves may be pressed upon, and, as a temporary consequence, the muscular control over the bladder be suspended. The trouble is of short duration, and need not occasion any anxiety, as the natural function returns when the cause that arrested it is overcome by repose, nourishment, &c., after labour. There is yet another cause that may lead to involuntary escape of urine that is not due to anything occurring during labour, but after, and that is over-distention of the bladder from too long retention of urine, leading to damage to the vesical walls. I know not whether shame or anger more fills my thoughts as I write these lines, for well we know that this disaster *cannot* happen to our patients unless from the crass ignorance or neglect of those in charge of them; and were it not that we *know* that such apathy exists, it would take a great deal of "telling" to make us believe it. I warned you about this matter in a previous paper, to which I must refer you, and told you how to deal with it.

To recapitulate: the involuntary passing of urine after delivery may be due to, 1st, actual injury at the time of labour; 2nd, passive injury, setting up inflammatory action, and tending to the formation of fistulous openings in the vaginal walls; 3rd, pelvic nerve pressure from fœtal head; 4th, perforation of the vesical walls from over-distention; 5th, constitutional causes antecedent to and unconnected with labour. This latter is not very frequent, and a case of the kind that came under my notice may not be without in-

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