

7. Conditions of the membranes: If they have ruptured, or are intact; their toughness, and the shape of their protrusion.

8. Notice if the rectum is loaded.

9. If the head (in vertex presentation) is fixed in the brim, or otherwise.

10. In some cases of malpresentation the cord will be felt. (Prolapse of the cord.)

11. Examination by palpating the abdomen. The great danger of carrying septic infection from the outside into the vagina is avoided.

QUESTION II.—ANSWER BY No. 9.

The bag of membranes has various uses; such as, during pregnancy, to protect foetus from injury during labour; to act as a fluid wedge to dilate the genital canal; then to flush out the tract to clear it from germs, the lactic acid generated in liquor amnii being an antiseptic. After the foetus has been delivered, there is again a rush of water to flush out canal. The bag of membranes consists of the amnion and chorion, within which is found the foetus, surrounded by a fluid derived partly from excretions, from foetus, from waste from uterus, etc.

It would be necessary to rupture membrane in a case of normal labour at full dilation of the os, if it does not happen spontaneously through pressure; in a case of transverse presentation, if version has been successfully performed; in delivery of twins, 30 minutes after birth of first child, to avoid the possibility of the retention for some time of the second child; in hæmorrhage (but then only if patient be in strong labour), to allow of foetus being driven down over os, and contractions to take place to close up placental sinures from which hæmorrhage is occurring. It is necessary also in a case of hydramnios, if excessive; the rupture being made very high up, and with a sharp instrument, such as a stilette of catheter, knitting needle, probe, etc., previously boiled.

In no case but that of the rupture in normal labour, when the membranes fail to rupture themselves, should a nurse perform this operation, unless she is unable to get medical aid. Her chief duty is to preserve them, sending for medical assistance, and waiting as long for it as possible. It is possible to rupture membranes prematurely if examination per vagina be not carefully made, especially during a "pain" or uterine

contraction; so such examination must be carefully made.

If it is necessary to rupture membranes, friction can be kept up on one part of protruding membrane during a pain, but if it be too tough a sharp instrument must be used, the operator exercising great care to avoid injury to any surrounding part, or to the foetus contained within. It is seldom that this has to be resorted to as friction, while there is considerable pressure, is usually sufficient.

ANSWER III. BY No. 2.

The third stage of labour is from the birth of the child till the expulsion of the placenta. After the birth of the child, there usually follows an interval of cessation of uterine contractions, this interval is a varying one. With a contraction of the uterus the placenta, with the membranes, are expelled into the vagina, and then through the vulva, where they are received into a vessel.

Method: As soon as the child is separated from the mother, a hot swab wrung out of lotion should be placed over vulva, the uterus must be firmly grasped and held, care being taken not to knead it. If there be an assistant, the nurse should follow out the body of the child, and not relax her hold of the fundus; failing an assistant, the patient may be able to grasp the fundus whilst the cords or ligatures are being tied—one near the vulva, the other about two inches from the child's umbilicus.

Whilst grasping the uterus, the nurse should wait for a contraction of the uterus, and if at the end of 20 or 30 minutes the placenta is not expelled she may, if there be a contraction, press the placenta downwards and backwards in the axis of the pelvis, using the uterus as a pusher.

As the placenta is being received at the vulva it should be grasped on the foetal side, and twisted round and round, outwards and upwards, towards the mother's abdomen. This is done in order to make the membranes knot, and so avoid breaking them. Should they break, they may be held between the thumb and second finger, and twisted round and round the index finger; if too short to do this, they must be tied with a ligature and left. After the expulsion of the placenta the uterus should be kneaded up till it is as hard as a cricket ball. The temperature and pulse should be taken, particularly the