

One case recently was rather annoying and called for great patience.

I was called at 1 a.m. on Saturday morning and remained till daylight. Went down to the beach for a walk to fill in time till 4 a.m. At 6 a.m. I went along to fix up another patient in the same district, then back to see how things were going on. Decided to go back to town. Went down again, but did not like to leave the patient, as her husband had left her, and she was alone except for a little woman got in for company. So I stayed the night, sat up part of the time and then lay down on an old couch with a coat over me. After a time the pains left, so I went to my other patient, and then took a taxi home for dinner. I might add that the pains were caused through compact bowels also retained urine. I gave two enemas, castor oil and baking soda, which had good results.

Patient sent for me again on Tuesday. I gave more oil, which acted, and pains went off. Next Sunday evening I was called again. I sent for the doctor on Monday morning. He came at 11.30 a.m., found the os was dilating and gave Pituitrin. Ruptured membranes and the baby was born in a very short time. No complications whatever, although the patient had a bad finger which needed treatment daily. On the Sunday her temperature was 100 deg.—the evening before the child was born.

Some homes are ill provided with the best of all things in midwifery—"clean linen"—so to be sure I carry a rubber sheet and often two half sheets for use at case, old linen to tear up, and cotton wool. A great deal of heavy washing is saved in this way.

Almost all babies eyes are treated with 1 per cent. Silver Nitrate, and the mothers taught to feed their babies to the best of our ability. I have a number of cases without a doctor, but many of the doctors recommend the patient to me, especially where the means are limited. For the fees the Hospital Authorities allow me to fix the fee as I think, according to the patient's ability and also according to length of treatment.

During the year there was a case—Phlegmasia—requiring special treatment. Baby went back, had to be put on bottle, humanised milk, and still lost weight. I gave one feed of Benger's Food daily with humanised milk, and then he came along well. Patient recovered and was about in six weeks.

During the winter a few elderly ladies gathered together and made lots of clothes for the mothers and babies, also for the unemployed workers and their families. These ladies gave me a good many things which the mothers require whilst in bed. Extra clothing, bedding, etc., clothes to lend till baby was short-coated, etc. Some return them. Others never do, but they have done much to help the improvident or the extra hard pressed mothers in our town.

I fear I have expressed myself rather badly, but I thought a description of maternity work as district cases might interest some. The district is large and extends six miles. When a case is at each end, it is very tiring riding in the trams. I have a free pass, and find the trams good, but much time is wasted waiting for them when travelling between routes. One can never fix hours and the position is of necessity very tied, but I prefer it to private nursing.

All the same, private nursing experience is a good experience and helps one to sympathise with the blunders in household management one sees so often in the daily round. With tact we often get much improvement in many homes. Others are almost hopeless.

In all cases in all homes it is wonderful how the ex-babies love the new babies and often ask for more. We have our laugh with them when some tiny tot asks: "Are you the lady who brings the babies," or they amuse you by being afraid you will take it away when they see you handling the new arrival.

I am sure this is too long, so I will conclude, but I feel sure more District Maternity Nurses are needed because I cannot take all the cases offered to me and the district attention is better than bad attention.