

If you refer to your text books you will find inflammation described as redness, swelling, heat and pain, but in the case we are now considering, which affects an unseen viscus, we have only pain and fever as objective symptoms to guide us. Let us briefly trace the stages and probable terminations of an inflammatory attack. Congestion or invasion, resolution, commonly called "dying away," inflammation, serous effusion, absorption, outpouring of plastic lymph, adhesions, suppuration, abscess, gangrene or necrosis of tissue, replicarnia, death.

An attack of inflammation of the uterus may come on with the utmost suddenness and severity. The seizure may occur in the middle of the night; note the hour, come on when it may. The pain is intense. What is your first duty? To apply *hot* applications to the uterus. Why? To favour resolution, to restore the capillary circulation by relieving the tension in the minute blood vessels. To this end heat and moisture are our chief agents. Remember that half the efficacy of remedial measures in these cases depends upon the *promptness* with which they are applied. Inflammation is a devouring flame. Our first effort is to try and put it out. It has been often said that a timely bucket of water might arrest a great conflagration. I know nothing better to begin with than bran stupes and turpentine. I always enjoin my pupil Nurses to keep two bran bags ready for *instant* use, and half a pint of turpentine. You need not say anything about it to the lady, but a Nurse who neglects to take prudent precautions to meet this probable and grave emergency of an attack of inflammation fails in an important point of duty. The *longer* you have to *wait* for remedies the less will be their power for good.

With respect to the bags, take a piece of flannel—rather fine, preferably new, as the oil with which it is dressed helps to retain the heat—ten inches long, and twenty wide, fold it in two, and run an inch hem all round the open sides, sewing it as near the outer edge as possible to keep the bran from coming out at the seams; before hemming down the open end of the bag put it half full, not more (remember you are not making a pin-cushion, and you must leave room for the bran to swell and to be shaken about). You should have two of these bags made up in the way I have described; put them away and keep them clean and ready for use, which is the case now. I have told you in a previous paper how to prepare a bran stupe for the breast, but as these will have to be much more frequently renewed in cases of inflammation of the uterus, you will require wringers for them. What are wringers? I will describe those we used in Hospital, being as good as any I have seen out of it. They are simply

two sticks about fourteen inches long, and about as thick as an ordinary broom handle, smaller in the middle than at the ends; on each you securely sew a piece of muslin or towelling—I prefer Turkish, as it absorbs the wet more readily than anything else—twenty-four inches long and twelve wide. Have a basin of *boiling* water ready, into which put two tablespoonfuls of turpentine; immerse one of the bran bags in it and keep it there until thoroughly saturated; lift it out of the hot water with a piece of stick or a spoon, or anything else handy, and place it on the wringer, and get someone to take one stick and you the other, and wring the wet out of the bag by squeezing it in the towelling until almost dry. You then apply it *over the uterus*; remember this, for I have seen stupes placed aimlessly over the abdomen, and half their efficacy lost; we require in the *first instance* to localise them over the uterus. Have ready a piece of flannel made hot by the fire, to place over the stupe, and over all the binder lightly pinned. You must be careful not to apply the stupe until the heat of it can be borne by the patient, nor must you renew it too often, for that kind of "fidgetting" does more harm than good. When you change the stupes, be careful to avoid chilling that portion of the skin made sensitive by the application of heat, and proceed in this wise: When bran bag No. 2 is ready and a piece of dry flannel getting hot at the fire to place over it, loosen the binder and slip the bran bag from *under* the piece of top flannel, which you leave *in situ* whilst you fetch the fresh stupe, put that under the flannel, which you then remove and replace by a fresh piece; the wet flannel must be put to the fire at once to get dry and hot ready for the next stupe. When placing the stupes, turn the bedclothes back longwise, and do so with as little exposure as possible. The careless way in which stupes, poultices, fomentations, &c., are applied and changed, is one of the many instances of *bad* nursing that degrade our portion of work. Some Nurses sprinkle the turpentine *over* the bran bag after it has been wrung out, but I do not recommend the practice to *begin* with. We require counter-irritation of course, but like a good many other things it may be overdone, and unnecessary pain inflicted thereby. With respect to summoning Medical aid in these cases, you must exercise a little discretion; as a rule there is no *immediate* necessity for it if you follow promptly the directions I have just given to you. Say the attack comes on at three a.m., you need not despatch a messenger to the Doctor *at once*, but you must not fail to let him know in good time in the morning that his attendance is required, and *write down* the reason why, and when the seizure occurred, &c.

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