

for a patient being kept *in absolute repose* in the recumbent position for so long after delivery. The *reasons* for this precaution are of great interest. To *rest* the heart, weakened like every other organ of the body by the blood loss it has sustained, is of first importance, and you know that syncope, or retardation of the heart's action, is a natural mode of arresting hæmorrhage; and sudden movements or undue muscular exertions may dangerously increase this weakness of the heart and lead to fainting.

There is also another and different reason for a continuance of repose in the recumbent position of great interest, which I will briefly touch upon, in order to emphasize the necessity for all the measures I brought before your notice with respect to the Nursing duties required after puerperal hæmorrhage. What does a lessening of the heart's beats or muscular action imply? A slackening of the blood current of the whole of the circulatory system, pulmonary and systemic, and this retardation again tends to the coagulation of the fibrine that is one of the blood constituents; and when the blood flow of any wounded or exposed vessels is *suddenly* arrested, a clot is formed, which temporarily *plugs* it, and were it not for these minute coagulæ, the ligature of the Surgeons would be unavailing, for the force of the blood current would break through all artificial restraints. Hence we may say the *only* means of arresting hæmorrhage from any cause is due to the fibrine contained in the blood, and its physical property of coagulation; and were it not for this wonderful provision of Nature we should none of us cut our finger but once! In pregnant women, and in the puerperal state, the amount of fibrine contained in the blood is greater than under the ordinary health conditions of women, and hence there is a tendency to coagulation, and the *slightest* resistance will lead to the formation of minute fibrinous clots. Now what becomes of these *clots*, and where do they go? These two simple issues are of stupendous moment to the safety of recently delivered women. Let me illustrate my meaning by a little metaphor. We are walking in the fields on a fine but frosty autumnal morning, and we watch a little rill flowing by our path, whose course is impeded, not arrested, by small crystals of ice adhering to the grasses and weeds that grow in its midst. Remember, too, that ice is solidified water, and coagula solidified blood, and we will see where the simile holds good. The sun comes out, the ice melts into the stream, and offers no further impediment to its course. Now, imagine the blood stream, having not ice crystals in it, but particles of fibrine ready to cling (coagulate) round any

obstacle that may offer the slightest resistance to the current. Now what do we desire? that they should melt—be absorbed in the systemic before they reach the pulmonary circulation, and clog some of the blood vessels of the heart or lungs, to the infinite danger, if not death, of the patient.

I have brought this matter before you in a simple, homely way, and earnestly commend it to the thoughtful consideration of all women engaged in Obstetric work or Nursing. You see how important it is that the circulation should be kept as equable as possible, and the blood stream flow calmly as it were to the heart; hence the reason for perfect repose, *mental* and physical.

I think I have said all I have to tell you about puerperal hæmorrhage. My next paper will deal with another complication of child-bearing.

(To be continued.)

NOTES ON LECTURES GIVEN BY THE MEDICAL OFFICERS OF WITHINGTON HOSPITAL.

TAKEN BY MISS MARY JOHNSON, M.B.N.A.

(Continued from page 173.)

LECTURE II.

BY DR. ORCHARD.

VOMITING.—A patient commencing to vomit, the time between the food being taken and rejected should be observed; also the quantity and quality, and if offensive, and if the vomiting is continuous. Milk often comes back in a curded state, or of a solid substance like beans. If the vomit is of a deep coffee colour, the patient is then in a dangerous condition, and seldom lasts long. In Bright's disease, cancer of the stomach, and children suffering from whooping cough and brain diseases, there is much vomiting.

BLADDER.—Often great mischief arises through neglecting to notice the quantity and quality of urine a patient passes during the day. In paralysis, fever, and inflammation of the brain the patient often requires the catheter passing two or three times during the day, simply because he is unable to pass urine.

RETENTION OF URINE.—Retention of urine occurs when the urine is secreted by the kidneys, but not voided from the bladder.

SUPPRESSION OF URINE.—Suppression of urine is of much more serious nature than retention of urine. It is due to mischief of the kidneys, and, if not relieved, will cause death by blood poisoning, owing to the urine being retained in the

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