

Among women of the poorer classes "phlegmasia" is generally regarded as "something similar to rheumatics," and they have a rooted idea that rubbing with "oils" (whatever they may be) is the right thing to do.

When the weight and misery of the enlargement is relieved by the gradual diminution in size of the limb, there still remains a "deadness" and loss of power ever very hard to bear, especially in the weakened, delicate state of the patient. I have found a little *gentle* manipulation of this kind afford relief. Raising and resting the foot upon a stool, anoint the leg with some simple emollient, such as vaseline or sweet oil, and taking it between the *palm*s of your two hands, exert a little gentle, *equable* pressure along the whole length of the limb in a *downward* direction, always beginning at the thigh and ending at the foot; not *backwards* and *forwards*, but downwards and forwards. Do this several times in succession before applying the flannel roller. These measures seem to restore surface circulation, and are some relief to the "numbness" of the limb that is so trying to the patient, to whom I think it is time we turned our attention.

The constitutional effects of the disease vary, which makes it difficult to give routine directions. Some women feel far more ill than others, and as a rule the milder the *general* symptoms, the better the recovery of the patient, though the *limb* may be immensely enlarged; but ever bear in mind that careless nursing may at any time retard convalescence, or render some of the evil results of phlegmasia permanent.

The lady will have to lie in bed some two or three weeks longer than is usual after delivery, and as it is *most* imprudent to get her out of her bed *too soon*, you must make the bed and change the linen in the way I described to you in my previous papers, to which I must refer you for all bed-side details, as they hold good in normal cases, and are still more necessary to be observed in critical ones. As it is generally the left leg that suffers, and the patient lies on the *right* side of the bed, if you carry out all the instructions I have given you in managing the bed-clothes when using or applying the bed-bath or slipper, you avoid all chance of chilling the affected limb whilst performing your bed-side duties.

There is a point of dress that I have found of practical importance in these cases—and I may say in our portion of Nursing all through—that the lady's nightdress should be *open* from top to bottom, and fasten with buttons, French fashion. You can see how important this arrangement is in "phlegmasia," when you have to keep the affected limb in *perfect repose*—a cardinal point in the Nursing

of it. It is awkward to draw the nightdress over the hips, and not good management to pull it over the head; and hence any Obstetric Nurse can see the advantage of having the nightdress open all the way down when we have to change it. A Nurse I knew—a sensible, practical woman—liked her ladies to wear *long* chemises and *short* night jackets instead of a nightdress, which was a very convenient attire in cases where there were breast troubles to deal with; but on the whole I prefer the long open nightdress made a good width to anything else.

I have brought both plans before my nursing readers, and they can select either—subject, of course, to the wishes of the lady. The *flannel* bed-jacket, or nightingale, should in all cases well cover the hips. I also advise removing the waterproof sheeting from under the bedclothes—there is not much discharge in these cases—and substituting the absorbent sheeting for it, which can be frequently changed. The room must be perfectly ventilated by driving a current of air through it once in the day, and keep the window *open at the top all day* (if the temperature of outside air is not less than 68 Fahr.), which lets out the "used-up" air of the bedroom. If in warm weather, it would be desirable to have the window open at the *bottom* as well to let the fresh air in; but this is often a difficult matter, for the structural arrangements, or rather want of them, in most bedrooms would lead the current of incoming air to blow on the patient, or place her in a "draught" when the bedroom door was opened.

I once saw this difficulty met in a sensible, practical way at a country house I was at, and as ventilation is a most important point of nursing, a little description may be neither uninteresting, nor unprofitable to my young nursing readers.

Scene: A handsome sunny bedroom in a pleasant country house, in a beautiful and breezy part of one of our western midland counties; lovely summer's day; we open the window at the bottom to admit the soft warm air and the delicious fragrance of the lime blossom from a tree near the house. Borne on the wings of the light breeze, "Zephyr with Aurora playing" went on in such a frolicsome way that small articles were sent flying about, and at last a stand of rings was overturned. There was nothing to be done but to turn out the intruders, close the window, shut them (?) out, and with them the summer air. Shortly afterwards the lady's husband entered the bedroom, and seeing much searching of maids about the carpet for the scattered rings, inquired the cause. "I am so sorry we cannot have the window open, for the wind blows everything about, and I feel the draught on me, though

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