

genital canal. The thrombus most frequently forms low down in the vagina, or in the labia; this last being the more favourable position, as we can see the mischief and be on our guard against it *ab initio*. The appearance of the vulva in some cases of labial hæmatocele is most singular; the parts are enlarged, hard, tense, and livid, and present a "shiny" appearance quite characteristic, but difficult to describe. The rapidity with which the tumour increases is most remarkable, and so is the size to which it attains. There is only one way to meet this serious complication, and that is *prompt* delivery—the more skilful the hand the better to avoid risk of abrasion. Although delivery places the patient out of immediate danger, there are grave risks to be feared from the disaster; the thrombus may burst and hæmorrhage result, and this is more likely to occur when the seat of the extravasation is vaginal. In some rare instances the tumour is opened and the coagula liberated; but in either case the resulting hæmorrhage is controlled by swabs of cotton wool, dipped into a solution of perchloride of iron and pressed firmly on to the exposed surface.

The most favourable termination of hæmatocele is absorption after delivery; but this does not always take place. The swelling may inflame, supuration take place, and theseptic risks be seriously enhanced from pyæmia. In these cases great care has to be exercised to keep the wound clean. If vaginal it must be swabbed with tow or cotton wool dipped in any antiseptic solution that may be ordered, and rinsed out with a douche of the same, using the water quite warm.

If the lesion is labial, antiseptic swabbing with lint or cotton wool may suffice in cases of abrasions of the surfaces, combined with bathing the wound if necessary. If there be inflammation bread and water poultices may be required. I like them made with crumb of a stale tin loaf, commonly called French bread, as being lighter and more spongy than any other; the *better* the bread the *better* the poultice. Be sure to make it with *perfectly* clean *boiling* water, and cover the basin instantly with a plate or saucer, and let the bread soak well before you apply the poultices; it will make it all the softer. For the purpose under notice I prefer to put it into a piece of old book muslin that has been made soft by frequent washing, squeeze the bread as dry as possible, and fold the muslin round it so as to keep it together. When you apply the poultice, cover it over with a *piece of flannel*, and fasten it top and bottom to

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the diaper with safety pins. I never recommend oil silk for this purpose, and very few others.

The diet must be sustaining, the bowels kept open, and tonics such as quinine are generally ordered. Suckling may have to be abandoned, and the patient must lie in bed for a week or two beyond the usual period.

*Varicose Veins.*—This familiar malady of child-bearing women is an enlarged condition of the superficial veins of the lower extremities and pudenda, and is brought about by the pressure of the gravid uterus upon the internal iliac veins impeding the upward current of the blood. The trouble is relieved by delivery, but not always cured by it. It has been observed that the veins of the *left* leg are more frequently and more seriously affected than the right, and one reason for this is to be found in the increased pressure from that portion of the descending colon called the "sigmoid flexure," which is lodged in the left iliac fossa, and this pressure is greatly increased by a loaded condition of the intestine; and best method of relieving the obstruction to the venous circulation from this cause is to keep the bowels regularly open. Rest in the recumbent or semi-recumbent position—that is to keep the feet *raised* when sitting in a chair upon another chair, or a high stool—is very necessary. *Standing* should be avoided as much as possible, though gentle exercise in the open air daily is much to be commended during pregnancy. And here I must point out how detrimental to the uterine health of women is *continual standing* quite independent of pregnancy. Long sitting can be compensated for by a brisk walk, but too much standing renders exercise irksome, and makes a woman feel always tired; and our Hospital records tell us how much they suffer from being kept too long standing, and this is one of the many preventible evils from which poor Nurses suffer. I really think I could pick out a Nurse by her feet, *sans* uniform!

After rest comes mechanical means to obviate the effect of pressure upon the veins. An abdominal belt to support the weight of the gravid uterus is most serviceable, and surgical stockings or bandages to relieve the lower limbs. There are two possible accidents that may be averted by carefully bandaging the affected leg—hæmorrhage by the rupture of a vein, or bruising the coats of a prominent vein, which leads to a sore, and sometimes an ulcer of most intractable character may be set up by a blow on the unprotected limb. Hence you see how important it is to have the leg

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