

is prevented. It will be the Nurse's duty to remove by means of a small syringe all the blood which can be so sucked out from the tube at such intervals as the operator may direct. As a rule, the pressure which is placed upon the abdominal cavity by means of bandages and strapping, together with the free exit of blood through the glass tube, suffices in a few hours to check the hæmorrhage. Whatever the Nurse takes out should be placed in a graduated glass so that the amount withdrawn each time can be accurately noted and recorded. As a general rule, the amount gradually diminishes, and becomes first pale, and then quite colourless. When this occurs, the operator will probably remove the tube and allow the opening in the abdomen to granulate up and close.

But supposing that there is no drainage tube in the abdomen, the occurrence of hæmorrhage has to be learnt from certain classical signs. The patient becomes restless, and attempts to throw herself about in bed. She becomes paler and paler; a cold sweat breaks out on her skin. She complains of "an empty sort of feeling" in her stomach, and as if she were "sinking through the bed"—this being due to the want of blood in the vessels of the brain and of the abdominal organs. But above all, the most important sign is a gradual quickening of the pulse, and it is a practical point to which the attention of Gynæcological Nurses can never be too strongly directed, that a steadily increasing frequency of the pulse after an abdominal operation is the greatest sign of danger.

In all illness, a rapid pulse is a storm signal; after abdominal operations, it is the signal gun of Nature's possible shipwreck.

But the practical question will be asked: What else may this increase in the rate of the pulse mean?

Speaking generally, it may be said that during the first three days a steady increase in the quickness of the pulse from hour to hour most frequently means internal hæmorrhage, and when it is associated with a falling temperature and with the classical signs of bleeding, which have been already described, the diagnosis is comparatively easy. After the third day, it is comparatively unusual to get secondary hæmorrhage, and then an increase of the pulse more commonly means the third danger which has been referred to—some inflammatory mischief, usually peritonitis. In this event, however, there is generally an additional indication of danger given by the thermometer—the temperature gradually rising, perhaps, to 101 deg. in the evening; down to 100.5 deg. in the morning; up to 102 deg. that evening; down again a little the following morning, with a still further rise that night. Then, with this, there is very often a rigor—one of the most significant signs of a collection of pus in the lymphatic canals. But it is in the

early days after the operation that the value of the pulse rate is greatest, and that the observation of the nurse is so all important to the doctor in his decision as to the nature of the impending danger.

(To be continued.)

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



A Meeting of the Executive Committee was held on 13th December, 1894, at which H.R.H. the President took the chair, when the following medical men and registered Nurses were elected members:—

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Sir William Broadbent, Bart., M.D.
Launcelot Andrews, M.D.
Louis C. Parkes, M.D., D.P.H., M.O.H.
Walter Spencer, F.R.C.S.

Trained at

Elizabeth Allwork	... Chelsea Infirmary.
Edith H. Archer	... Alfred Hospital, Melbourne.
Mabel Barling General Hospital, Birmingham.
Mildred Bassett St. Bartholomew's Hospital.
Lucy A. Bird Royal Hospital, Edinburgh.
Rosamond Bruce	... Sister St. Bartholomew's Hospital.
Emma Bryan St. Bartholomew's Hospital.
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Mary F. Cosgrove	... Royal Hants County Hospital.
Martha A. Dean	... General Hospital, Nottingham.
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Mary Hand General Hospital, Birmingham.
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Alice Hepper West London Hospital.
Bertha Higginbottom	... Norfolk and Norwich Hospital.
Catherine Hoare	... St. George's Hospital.
Jane E. James St. John's House.
Alison Kinchela	... County Dublin Infirmary.
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Alice F. Lawson	... General Hosp., Tunbridge Wells,
Camilla Lloyd Wellington Hospital, N.Z.
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Emily Petchell Manchester Royal Infirmary.
Alice M. Rackham	... Guy's Hospital.
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Florence Reed Chelsea Infirmary.
Margaret Ringwood	... General Infirmary, Leeds.
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Charlotte Scarfe...	... Mile End Infirmary.
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A. Evelyn Smith	... Kimberley Hospital.
Jeannette Stephens	... St. Bartholomew's Hospital.
Dorothy Tennant	... St. Bartholomew's Hospital.
Hannah Turner...	... St. Bartholomew's Hospital.
Eleanor Vernet Middlesex Hospital.
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