

should be 115° Fahr., and it must be remembered that as the uterus is relaxed, the injected fluid finds an easy entrance into the uterine cavity, and the same precautions must be observed as were mentioned as necessary in giving an intra-uterine douche. Thirdly, ergot may be given. Liquid extract of ergot ʒi , in water ʒi . Bi-manual friction may also be tried, and, failing all these measures, which will be very seldom, the obstetric nurse should, after carefully rendering her hand aseptic, insert it into the cavity of the uterus, and keep it there until the uterus contracts upon it and expels it. Medical assistance must, of course, be sent for, but the emergency is one which demands instant treatment, and is frequently over before medical aid arrives. The most usual causes of post-partum hæmorrhage are tardy and precipitate labours, traction on the cord, and the consequent premature and unskilful removal of the placenta, even if inversion of the uterus does not occur; any condition which causes the exhaustion of the patient, and consequent uterine inertia. Hot weather and tropical climates are also predisposing causes to uterine inertia, and consequently to post-partum hæmorrhage. The use of some drugs, such for instance as opium, which causes relaxation of the uterus, may be followed by severe post-partum hæmorrhage, and even death. Severe post-partum hæmorrhage is, as has before been stated, one of the most alarming conditions which can occur, and it is for this reason, amongst many others, that the obstetric nurse should be fully trained, and thus possess the self-control, self-reliance, and resourcefulness, which can only be acquired as the result of a prolonged training. The emergencies of midwifery nurses are probably greater than those which are likely to occur in general nursing, and will tax at times the powers of the most highly trained person. A special training of three months in midwifery only, is, in my opinion, quite insufficient to qualify for the duties which will subsequently devolve upon the nurse, duties which persons with three months' training would probably decline to undertake if they adequately realized the responsibilities involved.

(To be continued.)

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A Guarantee of Purity.

Medical Matters.

HYDROPHOBIA.



AN American contemporary has recently published a very interesting account of the treatment of hydrophobia, as practised amongst the Indians, which, it is stated, is successful when applied within forty-eight hours of the bite of a rabid dog. The wound is thoroughly washed with warm water, so as to cleanse it and favour the flow of blood, and is then sucked either by the patient or a friend until blood ceases to flow, and the wound is made thoroughly dry. Then the operator takes a teaspoonful of common black ink in his mouth, and, applying his lips closely to the wound, slowly and firmly forces the ink into it. The object of this is to blacken the entire track of the dog's teeth, and thus show exactly the extent of the injury inflicted. With a sharp knife the entire blackened surface—that is to say, the complete injury, is cut out, and, the bleeding being checked, the raw surface is freely cauterised with a red-hot iron, which destroys the surrounding tissues, and thus prevents absorption of the hydrophobic poison. The wound is then kept open and dressed with a flaxseed poultice until the whole slough caused by the burning has come away and healing has commenced. In principle, of course, the treatment is based on common sense and physiology. It is well known that comparatively few persons bitten by hydrophobic animals are attacked by hydrophobia, and the reason for their escape is very simple. The poison is conveyed by the saliva of the animal, and if the part bitten is protected by clothing or gloves, the teeth of the dog in penetrating through these coverings become dried, and therefore to a considerable extent innocuous. Then, again, in some instances the saliva dries up in the animal's mouth, and therefore, again, the mere bite conveys no poison into the wound. And, finally, in many cases, such free bleeding follows the bite that any poison which had found entrance is washed out of the wound. Still, when the injury has occurred, it is impossible to tell whether or not any poison has entered the open wound, and precautionary measures must therefore be taken on the supposition that this is the case. Under such conditions, therefore,

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