necessary that wrong and injustice should be permitted in order that discipline should be enforced. And we go further, and confidently assert that authority which is based upon injustice is certain sooner or later to degenerate into despotism; and that, although supineness may for a time permit oppression to continue, it is only necessary for it to become publicly known, for a wave of indignation to be aroused, which will effectually prevent its recurrence.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 137.)

THE first subject I shall bring before your notice is post-partum hæmorrhage. I have touched upon it in an early paper, so far as to show what precautions should be taken to prevent, or if that be not possible, to arrest it with the utmost promptitude, by endeavouring to excite the muscular contractions of the uterus, and that the chief stimuli upon which we had to rely to promote them were cold and friction, the former applied to the vulva, the latter to the uterus, in addition to which we sometimes had recourse to compression of the aorta; besides these topical remedies *secalis* was freely administered. There were times, however, when the muscular contractions could not be aroused, a condition that midwifery writers describe as inertia, and in extreme cases uterine atony, or want of tone, when the uterus can neither be felt or defined by pressure, the torrent of blood pours forth with resistless force, and the patient's life with it.

It was reserved for the medical science of our day to meet this supremely dangerous complication of childbirth by topical and *internal* remedies, applied by means of intra-uterine injections to the exposed surfaces of the uterine vessels. These remedies were of two kinds, styptics or hæmostatics simply, and their use and introduction are due to German genius; but in England it is to Dr. Robert Barnes that we owe their general adoption into Midwifery practice, especially the intra-uterine injection of perchloride of iron, with which his name is indissolubly associated. The styptic was mixed with cold water, and sent into the uterus by a Higginson's syringe, to which was attached a vaginal tube. The solution acted as a styptic, and the exposed uterine vessels were instantly plugged by innumerable thombi, the result of the coagulation of the blood, which is the *rationale* of the application. Sometimes cold or iced water was injected into the uterus for the purpose of *exciting* contraction; and some of our older Obstetricians held that the mere introduction of the hand into the cavity of the uterus had the same effect; but these were not in any way *hæmostatic remedies*, and were not reliable in cases of extreme inertia or atony. I wish my Nursing readers to particularly notice this point. I have so recently described the mode of giving antiseptic intra-uterine injections, that a very brief explanation of the mode of giving hæmostatics will suffice. It is at critical conjunctures like these that the difference between a *well*-instructed Nurse or "sham" one shines with greatest lustre, and no one more than an accoucheur appreciates the former, for a calm, sensible woman is of the greatest service to him in times of danger.

We will assume that the hæmorrhage comes on suddenly, immediately after delivery, the patient being in the position I described to you in an early paper; and if you will thoughtfully refer to it you will see the advantages of *every* detail as to the preparation of patient, bed, and *room* for labour. The first efforts of the accoucheur will be directed to arrest the hæmorrhage, by the application of cold; and as the uterus must not be left unguarded for a moment—the Doctor's strength of hand being more serviceable for that task than yours—the Nurse must take the douching. I prefer it done in this way. You have a basin of cold water placed on the floor near the bed; you take a napkin, and immersing it in the water, wring it lightly out, and place it close to the vulva, and partially in the vagina, and press it well in. Some accoucheurs like to place a wet napkin over the uterus, but I find that dipping the hand frequently with cold water and working the uterus with it the better plan, as you can watch the amount and *duration* of the contractions. The Nurse continues the douching as long as she is told; the Doctor finds he will have to inject, and she must prepare for it, acting according to Medical directions as regards the strength of the solution of iron, and the quantity of cold water to be added to it; and as a rule the Doctor has the salt in his obstetric bag. You get ready the syringe, fixing the vaginal tube as for ordinary douching, charge it, and bring it and the basin close to the bedside; the Doctor leaves the uterus, and coming to the right side of the bed, and just to the front of the patient, Nurse places the basin on the bed and holds it there, near to him, but not in *any way* impeding the free action of the Doctor's right hand and arm,

previous page

next page