

with which he inserts the vaginal tube into the uterus. You take no thought of the returning fluid, for if the instructions I gave you were followed out, neither bed, bedding nor carpet would be damaged thereby.

The result of the operation is the instantaneous arrest of the hæmorrhage. You take away the basin and syringe, the doctor again guards the uterus and you give aid to the patient. Place a clean warm napkin under the nates and another to the vulva. The doctor firmly presses upon the uterus to force out any fluid or coagula that may remain in its cavity, and you watch the amount of discharge as it falls upon the napkins. If they are quickly saturated renew them, and when the flow abates attend to the lady, whom you will find pallid and faint. Remove the pillows from under her head, loosen the night-dress from her throat and chest, and give her a glass of cold water (the thirst after hæmorrhage is most distressing), open the window of the room, and gently fan the patient's face.

And here I must remind my young Nursing readers that syncope or faintness by retarding the heart's action is a natural mode of arresting hæmorrhage from *any* cause, and we must closely watch the effect it has on the patient by marking her pulse.

The next point is stimulation, and this must be *implicitly* placed in the Doctor's hands. The usual and best stimulant is pale brandy, given in small quantities at a time. Nothing could exceed the reckless, headlong, ignorant way in which brandy *used* to be given in these cases, as much as a pint or *more* being poured down a woman's throat in the course of half an hour, by these "heroes of the day," to save (?) her life—and kill her afterwards! Nature, with infinite wisdom, was retarding the heart's action, and science (?) was doing her best to accelerate it. Why do we give brandy at all in these cases? To *maintain* the heart's action when the pulse shows it is failing, by a little gentle aid from time to time. The *first* and truest restorative is plain cold water (I have never seen that ejected), then brandy and water in teaspoonfuls at a time, say at intervals of five or ten minutes. If you give milk and brandy *too soon*, they are rejected, and the patient further weakened by vomiting. It is useless to overtask the stomach; we cannot get back the vital power all at once; we must be patient and vigilant, not reckless and thoughtless. Whilst the faintness continues the window must be kept open, and all the air got into the room possible; cover the patient over with a blanket. We cannot move her until her strength is somewhat restored, but speaking generally, the *sooner* we place her in the recumbent position the better,

and as the styptic will prevent the recurrence of the hæmorrhage, we must act as soon as the pulse gives us permission (?).

Before entering fully into the nursing duties required after cases of *severe* post-partum hæmorrhage, I must make a little digression, to bring under your notice another and widely-different remedy (although we pursue the same method), that has for many years steadily grown into favour in Midwifery, and, as Midwifery Nurses, I am anxious to bring it before your notice, as well as the great styptic agent we have just been discussing, which will form the subject of my next paper.

(To be continued.)

NURSING ECHOES.

. All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith.

THE following important circular has been issued by the National Health Society, which has already done such excellent work in raising the standard of knowledge of health matters amongst the general public. I congratulate the Society not only on the work it proposes to undertake, but also upon the most admirable and popular lecturer whose assistance it has secured, and whose intimate knowledge of Nursing and interest in Nurses is so well known.



* * *

"FOR several years I have been much impressed with the backward condition of hygienic teaching in England, which, it seems to me, should form a most important part of the education of women; teaching them how, first of all, to care for their own bodies and keep them in health; and, secondly, how to care for and rightly train all under their charge, or amongst whom they work. The time of a school girl is already full to overflowing with the varied subjects she has to learn, and many of which, however, are not of the remotest use to her in after life; while the important subject of personal and domestic hygiene is almost entirely neglected. Such being the case, and the period between the close of school life and the commencement of domestic duties being one of comparative leisure, educational classes have now been established at local centres all over London for the special teaching of personal and domestic

[previous page](#)

[next page](#)