OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 148.)

WE will now turn to another and more recent agent for controlling puerperal hæmorrhage, which is the very reverse of the first, for we inject *hot* water into the uterus instead of cold! Some accoucheurs add one or two tablespoonfuls of vinegar or a teaspoonful of powdered alum to the water, on account of their astringent qualities; but do not *wait* for these additions, for you will lose time if you go away to fetch them, and at times like these moments are momentous indeed! I have reminded you in an early paper always to have a kettle of boiling water in your room or the labour room, and now you see one of the advantages of it. You will require from three to four pints of water in order to keep the suction pipe of the enema *well* under water, and the Doctor will use what he wants. As to temperature of the water, 120° Fahr. has been given as a standard, but a Nurse must have a readier way than that; the thermometer may not be available in time, and she must learn to judge by touch. To do this accurately, place your hand palm *upwards*, *covered* to the wrist with water, at the *bottom* of the basin, and *keep* it there for a few seconds; the water should feel quite hot—only *just* bearable, in fact; you then charge the syringe, and take it and the basin to the bed-side for the Doctor to inject the water into the uterus.

My young Nursing readers may ask the *rationale* of this strangely opposite treatment of uterine hæmorrhage; the hot water acts in a totally different manner to the perchloride of iron—the latter is a styptic, the former a hæmostatic, acting on the serum of the blood, and producing a sort of corrugation of the uterine surfaces. To illustrate my meaning, suppose we take a piece of raw beef, fresh and full of blood, and plunge it into boiling water, and after a few minutes' immersion lift it out of the water. What do we observe? A change in hue; the redness has gone, and the flesh presents a sort of rugous appearance that is peculiar to boiled meat, and is attributable to the coagulation of the albumen all muscular tissue contains. It is said that the idea of using hot water in uterine hæmorrhage was suggested by observing the soddened and corrugated appearance of the palms of the hands in women engaged in washing, caused by the continued action of hot water upon them. Whatever may have suggested the theory of this hæmostatic, the practice has yielded magnificent results. The hot water remedy not only stops the bleeding, but it appears to invigorate the patient, and we get none of the bad after effects of the older refrigerating measures.

Before leaving the subject of intra-uterine injection I will just bring before your notice the glass vaginal tubes now so much used in Midwifery Nursing, instead of the familiar gum-elastic ones. In practical Midwifery we cannot *rely* upon them on account of the risk we run in breaking them by taking them about with us, and we might from that cause find ourselves defenceless in time of sore need. It is different with Nursing. You can always have them ready to hand, and for antiseptic intra-uterine injections they are much to be preferred, as we can boil them, or treat them with strong acids for the purpose of disinfection, which is impossible with the gum-elastic vaginal tubes. The glass ones are of different lengths and various shapes; some are slightly curved, which is an advantage; some are sigmoid in form, though I do not quite know the reason why, but it is no use in hæmorrhage cases. The vaginal glass tube I have on my desk is nine inches long—three inches longer than the ordinary gum-elastic tube. At the lower end is a piece of india-rubber tubing four inches long, by which we attach it to the nozzle of our enema, which altogether gives us an injection tube of *fourteen* inches, a clear gain of *eight inches* in length, a most notable advantage in cases of intra-uterine injection, whether for antiseptic or hæmostatic purposes, as we can pass the tube up to the fundus, and thoroughly wash out the cavity of the uterus. There is one matter I must point out to you: when you select a piece of india-rubber tubing for attachment, see that it fits the *nozzle* of your enema easily and well; in fact, when you get a piece of tubing, take it with you, as well as the *vaginal* tube. A neglect of this precaution has sometimes to my knowledge led to serious delay in cases of post-partum hæmorrhage.

Let us return to our patient, whom we left in much the same position as she was during labour, only with her head as low as possible. The symptoms of severe hæmorrhage are extreme pallor, faintness, falling pulse, and coldness on the surface of the skin, one of the dynamic effects of loss of blood being a subtraction of heat from the body, due to the feeble action of the heart impeding the oxygenation of the blood. Yawning, as marking nervous depression, is a frequent symptom; the worst is restlessness, the arms being thrown generally over the head. As soon as the Doctor gives permission for the