

some toast sopped in it, if there is coldness as well as faintness, or if preferred, a cup of warm milk thickened with arrowroot. I do not advise the bed-clothes to be changed so soon as the second day; if you are careful about your draw-sheets and napkins it is not necessary, especially if you bear in mind the instructions I gave you as to the mode of preparing the bed for labour. Do not forget that the feet must be kept warm; if the patient complain of *coldness* have the foot warmer *in* the bed, not too near the feet, whatever the warmth of the outer air may be. Do not have a *weight* of clothes over the patient; wearing her bed jacket, she does not require to be smothered over her chest with bed-clothes, nor anywhere else; one blanket and an eider-down coverlet would be sufficient, *heavy* bed quilts to be avoided. The blanket you at first wrapped her up in may not be required for more than twenty-four hours; it may then oppress her.

Severe "after pains" sometimes follow after hæmorrhage, especially in multipara; so long as they have their usual characteristics they need occasion no anxiety, and are best alleviated by opiates.

There is no need to act upon the bowels under careful feeding and management for four or five days; I incline to saline aperients in these cases, but that is a matter for medical direction. What is our next anxiety? The reactionary fever that often follows severe post-partum hæmorrhage, accompanied in most instances by immense breast engorgement, headache, restlessness and slight delirium; these symptoms are relieved by the milk flow, but great care and vigilance must be exercised in the management of the breast to avoid trouble in that quarter, and I must refer you to my papers on breast management, when you will see the value of every detail I gave you. It is highly desirable that the patient should suckle, but this is a matter not in the hands of a Nurse, only urge in the interests of the lady's health. When the cares of lactation are overcome, the patient may be said to enter on her path of recovery; there is no part of Obstetric Nursing that calls forth more skill, care and vigilance *from the first* on the part of the Nurse than this great calamity of child-birth; it may almost be called the touchstone of her worth.

Speaking from no small experience in this matter (and no easy chair adviser writes you now), I do not hesitate to say that the two things that so often bar the path of progress are the reckless use of stimulants and narcotics; the less brandy and the less opium we have the better for our patients. The former injuriously affects the brain and aggravates the headache we get after blood loss, the other the secretions, obstinate constipa-

tion being one of them. Pure air is our best stimulant, pure food our best restorer, and both tend to induce *natural* slumber, which should be encouraged in every way by repose, quietude and a soft subdued light in the room during daylight.

Other things being favourable, the sheets may be changed and bed made on the fifth day, observing the directions I gave you for doing so for the *first time* in ordinary labour. By this time, if the bowels have been moved, we can make a change in diet—more solids, fish and chicken in change with broths and milk. And here let me remind you that in feeding our patients we must always have great regard to *position*. So long as they are compelled to keep *recumbent* it is wiser to keep to fluid nourishment, but when they assume a semi-recumbent position solids can be given in small quantities in change with fluids. When the patient is strong enough to sit up on the sofa for an hour or two in the day, she can take a solid dinner, including farinaceous puddings.

All the careful and prudent measures I have pointed out to you as necessary in ordinary convalescence become doubly so after post-partum hæmorrhage. The diet should be generous, but delicate, and the Bordeaux wines should form a part of it. The air of bedroom and sitting room should be kept as pure as possible, and a temperature of 68 degs. Fahr. preserved day and night. I strongly commend the wearing of light woollens *next* the skin, all over the body; it avoids the necessity for overloading the outer clothing, which leads to oppression, and being often thrown off in consequence causes chills and "drawbacks." Season of the year and strength of patient permitting, change of air must be sought; it is usual to send patients to the coast, but in my judgment it is wiser to try, in the *first* instance, the soft dry inland air of one of our spas—Cheltenham or Leamington, for instance—where we get the advantages of the chalybeates to aid recovery; and when strength is returning the seaside air will be better borne, and hence more beneficial. I should the more particularly recommend this plan for town-dwelling women, especially Londoners, who are, as a rule, more delicate in health than country ladies.

Before leaving the subject of puerperal hæmorrhage there is one point respecting it I must bring before your notice, as it may serve to impress upon your minds the *extreme* importance of all the measures we have just been discussing. It may have struck some of my Nursing readers that in face of the fact that under modern treatment a recurrence of the hæmorrhage was *not* to be feared, we yet insisted upon the necessity

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