

partum inflammation of the uterus? In the first onset, to endeavour to check the spread of the inflammation, by relieving the tension upon the local capillaries, restoring the circulation-resolution. This is generally done by heat and moisture—stupes and fomentations, according to medical direction. Hop poultices are sometimes used, or laudanum sprinkled on the stupes, instead of turpentine, when the pain becomes excessive. The strength of the patient must be maintained by fluid nourishment—predigested milk, mixed with soda-water, if the thirst is great; strong beef tea in quantities ordered by the Medical Attendant. To every half-pint you can add a pinch of the *best* isinglass, dissolved in a little warm water. Barley water made *very* thin, and acidulated with a little fresh juice, is a soothing drink, taken like all the other fluids from a feeder or through a feeding tube. The pain is too great to move the patient about much, but you can sponge her face and hands, using a little purified borax in the water, as it cleanses the skin from the clammy sweat we get in these cases. Keep the room well ventilated. In winter you will want a fire to help you, but the window must be *kept* open at the top and opened at the bottom morning and evening for a short time. You must protect your patient from draughts by covering her head with a soft woollen handkerchief and keeping the bed-clothes over her. You must get air through the room if possible twice in twenty-four hours. Condy should be placed in plates or saucers about the room. Anodynes may relieve pain, but the best chance of sleep is pure air. In the early stage of the attack an aperient is serviceable, but that matter rests in the doctor's hands; also what and how to be administered.

Assuming that, instead of the attack passing off, it gets worse, what may we infer is taking place? The formation of pus cells in the serous fluid effused from the coats of the capillary vessels, for stagnant blood, like stagnant water, becomes corrupt. This may localise the disease, but it adds to its dangers. The symptoms that lead us to fear the formation of matter are recurrent rigors, the time of which must be put down; rise in temperature and pulse, both to be recorded; increased pain; most anxious of all, vomiting, for which ice is required, in addition to medicines. It has often occurred to my mind that if we could get frozen *distilled* water for our patients, it would be safer than the ordinary ice we send for to the fishmonger's or the ice depôts; these last are better. The Wenham Lake ice at one time had a great reputation for purity. In the winter ice is taken from ponds and pools of doubtful antecedents, to the fish shops, and when

we send there for ice we have not the slightest guarantee for purity. Of course my remarks only apply to ice for eating for the sick.

I shall not enter into a medical history of these cases. In spite of all the care possible they sometimes end fatally, and Nursing duties have to be carried on under conditions that do not fall within the scope of these papers. In other cases the inflammation spreads to the peritoneum, the closed serous sac that contains the abdominal viscera, and at this time the uterus is in the abdomen. This form of inflammation is called puerperal peritonitis, or para-metritis, and this complication leads to an evil not present in the case we have just touched upon. The abdominal sac, like all other serous sacs, is lined with a smooth, glistening, soft, almost silk-like membrane that protects every organ it enfolds; but when this membrane becomes the seat of inflammation, an outpouring of plastic lymph takes place and binds the intestines or other organs to it, as it were; these bands are called adhesions. In the case of the uterus they are apt to lead to future mischief in subsequent labours, for under the strain of parturition the "adhesions" break down, and set up little centres of inflammation, and thus bring old troubles back again. The symptoms that mark this phase of post-partum inflammation are constipation and tympanites, the abdomen becoming hard, tense, and tender. Nourishing enemata will have to be administered, as the food cannot pass through the intestine; injections will have to be given, as ordinary aperient medicines are not suitable.

There is one point I must earnestly impress upon my nursing readers—that the inflammatory fevers occurring during the puerperal period have a special danger attending them that similar diseases, under ordinary circumstances, have not; they interrupt the whole phenomena of convalescence from child-birth. Lactation is suspended, the lochia are suppressed, or scanty and ichorous, and, worse than all, the involution of the uterus is impeded. I have briefly described to you the meaning of "involution" in an early paper and need not repeat it. Whatever interferes with it brings upon a mother all the evils and miseries summed up in the word "sub-involution," a misfortune it is one of the very first duties of Obstetric Nursing to prevent, for difficult indeed is "cure"! We must also remember that *post-partum* troubles are in a measure *preventable*, and if I have brought them under your notice (I fear somewhat tediously), it is to direct your earnest attention to the terrible results that may follow upon ignorance, indifference, carelessness, or neglect.

(To be continued.)

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