

## OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

## PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL  
CONVALESCENCE.

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"PHLEGMASIA dolens," the familiar "white leg" of child-bed, is, indeed, one of the most dolorous of our patients' troubles, for it not only makes invalids but cripples of them for many months, and often leads to permanent lameness. The older Obstetricians called it "milk leg," and milk suppression being one of the symptoms of phlegmasia, they regarded it as a kind of metastasis, and inferred that the milk had fled to the leg and settled there, and the only way to get it back (?) to the breasts was to keep the infant to them, *volens volens* as far as the poor mother was concerned, and this strange delusion found wide acceptance in lay and medical circles. I do not feel quite sure it is altogether dead yet.

The appearances that mark "white leg" are very singular, and every Obstetric Nurse should know and be able to recognise them. The disease attacks one of the lower limbs, generally the left leg, which becomes enormously enlarged, white, tense, shiny, and *elastic to the touch*. Bear this point in mind; it is diagnostic of the disease. On making careful pressure upon the diseased limb you can feel the enlarged, hard, cord-like veins roll under your fingers, and sometimes perceive lines of red streaks that mark the course of the inflamed lymphatics. The leg is sometimes painfully hot (an unfavourable sign), the lochia are suppressed, the milk secretion scanty or altogether absent. The premonitory symptoms vary, sometimes mild, such as slight rigor, headache, rise of pulse, nausea (a constant symptom); at other times great restlessness, thirst, furred tongue, quick pulse, neuralgic pains round the loins and down the thighs.

A peculiar feature of the disease is the varying seat of the attack. Sometimes the inguinal region first becomes painful and humid, the swelling rapidly extending *downwards* to the limb; again the ham, the calf, the ankle of the foot may be first attacked, the swelling extending *upwards* towards the thigh. The acute stage of the attack lasts about ten or fifteen days, when the constitutional disturbance gradually subsides, the pulse falls, the tongue clears, the lochial discharge returns, at first very offensive, but by degrees resuming its natural character; the swelling of the limb diminishes; it is no longer elastic, but pits upon

pressure; the tenderness of the veins and lymphatics disappears. The proper size of the leg may be restored, but *not* its power; the patient has little control over it, walks with difficulty, and may be lame for months.

Let us briefly touch upon the cause of this sad malady.

The disease attacks the venous and lymphatic circulations, and its origin must be found in the septic and altered blood conditions peculiar to the parturient state, one of its manifestations being an excess of fibrine in the blood, leading to the formation of coagula in the veins; and when the obstruction is in the *systemic*, as opposed to the pulmonary circulation, it is called *peripheral* venous thrombosis, and in the former case there is the peril of embolism. An embolus may be defined as a detached "clot," borne by the current of the circulation into the pulmonary circuit, and in this wise blocking some of the great blood vessels of the heart or lungs, to the infinite danger, if not death, of the patient. Hence we can see that the *localisation* of the disease is a point of supreme importance, and all our Nursing efforts must be directed to favour it.

When a coagula forms in a vein it gradually undergoes certain changes, the blood having the power of separating from itself a fibro-albuminous fluid, which escapes into the cellular tissues surrounding the veins, and rich in lymphatics, which accompany them in all directions. The effusion lessens the size of the coagula, and frees the circulation; the fibrinous clot adheres to the coat of the vein, and in this way a complete cylinder of fibrine may be formed in the interior of the vein. The lymphatics are also involved; coagulæ form in the lymphatic fibrine, and obstruct the circulation; an effusion of lymph takes place into the cellular tissues and skin, giving the white aspect and *elastic* character diagnostic of phlegmasia. The *first* effect of the blood upon the circulation is obstruction of lymph and blood; the second, when the quantity is greater, is inflammation of the lymphatics; if the amount of morbid matter be still further increased, the coagulæ are dissolved, the poison circulates. Diffuse inflammation may result or puerperal fever. From this necessarily brief sketch you will see there are two dangers to be feared—embolism from the venous circulation, septicæmia from the lymphatic—and hence you can understand how interesting, though anxious and critical, a "white leg" is, and that the case is not covered by the name. There is no disease of childbirth that leaves more destruction behind it: lameness, the result of inflammation of the sheath of the nerves; varicose veins from the formation of permanent clots, be-

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