

servants is given the power to decide whether a patient requires a special Nurse or not, and the right to refuse a Special Nurse, when the Medical Officer says one is necessary; when the Matron is permitted to veto a *post-mortem* examination, which medical men demand, and to which the friends of the deceased consent—then we maintain most solemnly that grievous wrong is being done. Because it is not a question of the dignity of the Medical Staff. That is a matter personal to themselves, but also impersonal, inasmuch as an indignity to them officially is an indignity to the whole of their profession, and one therefore for which very justly their brethren will hold them accountable. It is the much graver matter of the principle of the relative positions which should exist between medical men and Nurses, for which we contend. If those positions are permitted to be reversed in high places, they will insensibly come to be ignored elsewhere. If the Matron of the London Hospital is permitted to exercise dominion over the eminent Physicians and Surgeons of that Institution, the example will seek to be repeated again and again. Representing Nurses, we know that such a reversal of position would be in the long run disastrous to them. They cannot get work nor succeed in it without the help, the advice, and the control of the medical profession, and in their names we protest most strongly against the nursing despotism which has been permitted to grow up at the London Hospital, and which assuredly must end in disaster if it be permitted to continue there, or to be imitated elsewhere.

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 196.)

WE will now enter upon the nursing duties required in phlegmasia. Our guiding principle must be based upon the opinion most generally entertained by living Obstetricians, that the disease may be regarded as a *conservative* process as far as the safety of the patient goes, only becoming *destructive* under certain extreme pathological conditions; and hence we can plainly see the need that the affected limb should be kept in *absolute repose*, and in such a position as shall bring the utmost comfort to the patient.

We will take the limb first, and we find two

conditions that claim our care: immense enlargement, leading to a weary sense of *weight*, and numbness from obstruction to the venous circulation. We must rest the limb. How? We must raise it. How much? In Hospitals slings may be brought into requisition to help us in these matters; but in home nursing it is usual to prop up the limb by placing the foot upon foot-stools, small boxes, big books, piles of pillows, and so on; and, acting upon the cuckoo cry, that "position is everything," raise up the leg as *high as possible*, to the often discomfort of the sufferer, not only from the crude methods adopted to attain that end, but from their crass unreasonableness. How shall we afford the most perfect rest to the limb with the greatest amount of comfort to the patient? Remember, we have not inflammation and extreme tenderness to deal with, and that the pain and weight of the limb is comforted by judicious support.

The following plan, pursued in a case in my practice some few years since, I have found as good as anything that has come under my notice. We had a plank of wood made the length of the limb, eight inches wide (six might do in some cases), rounded at one end to slip under the thigh; another and shorter plank, the same width, about eight inches high, and fastened on to the upper end, on which to rest the foot. As a routine rule, the *heel* should be on a level with the *hip*. This plank formed an inclined plane, sloping gently *upwards*, upon which, after we had carefully padded it, as it were, from end to end with Southall's absorbent sheeting, we placed the leg, which was greatly enlarged. So much for mechanical support. The next point of equal importance was the application of heat and moisture, which we carried out in this wise. We had two of the india-rubber hot-water bags so much used by homœopathic practitioners, *long* shaped, filled with hot water, and placed along the plank and *under* the absorbent sheeting. This gave us bottom heat. We then placed flannel stupes wrung out of hot water by our wringers as dry as possible, and put them on and round the limb. Over all these we had a sheet of oil silk hung *loosely* over the leg-rest to protect the bed-clothes from getting wet and keep some of the heat in. In addition, we had a hot-water tin, filled with boiling water, put *under* the plank to keep the bed warm. By these contrivances we put the limb into a sort of vapour bath, and kept our stupes hot for a length of time, and carried out three cardinal points of treatment—*repose*, heat, and moisture—with excellent results in that case, at any rate.

In addition to these measures opiates are sometimes required when the limb is very painful—

[previous page](#)

[next page](#)