

of necessity always be responsible and generally arduous, but more hands would make it vastly lighter. And so in these matters, and in every other conceivable way, the Probationers of the future would take a better position and receive better treatment than they do at present. And, beyond all this, her education must be made more complete and more systematic if she has paid for it, and so once again she would benefit, and the public would reap further advantage from her future work.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

#### PART I.—MATERNAL.

##### CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 244.)

AS soon as the patient can get about she should leave her bedroom. In country houses she will most likely have a morning room on the same floor; but in town houses she will have to go down-stairs, and I need scarcely tell you that she must be taken up and down in a carrying chair. Next comes leaving the house, and again we must be guided by circumstances. If in a country mansion, there is nothing better to begin with than an invalid chair to be wheeled about in the park or grounds, always bearing in mind season of the year and state of weather; if fine and warm, hours can be spent in the open air, taking a short crutch walk at intervals. After this more extended excursions in a low-running pony-carriage can be made. For town-dwelling ladies, it is on the whole better to get them away for change of air almost direct, and get the above-mentioned appliances at seaside or inland watering-places. I have now brought under your notice lameness after "white leg," from nerve injury. We will now touch upon injury to the veins. Some patients complain of smarting and tingling sensations in the limb, the familiar "pins and needles," which shows us that the venous circulation is still obstructed. Occasionally you will find a varicose condition of some of the veins, and tenderness on pressure. There is no remedy for this trouble but bandaging and resting the limb; sometimes elastic stockings are ordered when the veins in the leg are enlarged. I rather deprecate them myself, and consider the remedy is very often worse than the disease; they irritate some patients unbearably; and as a matter of practical experience, I know that numbers of them

discontinue their use for that reason. I feel more inclined to rely upon well-applied bandages than anything else. You can adopt them exactly to the wants of the patients, tightening or loosening at will; of course bandaging is more trouble, and for those patients who prefer the elastic support there is no need to take the trouble of the former appliance, so I place both plans before you. There is yet the effect of the disease upon the lymphatic circulation to be considered, in some respects more serious than the two forms, as it occasionally leads us to fear another attack. The patient complains of deep-seated pain, there is heat in the limb, and sometimes red streaks mark the course of the lymphatic vessels. Under these symptoms all efforts at locomotion must be abandoned, and absolute rest enjoined, until they subside, more particularly if there be any local hardness or swelling about the limb.

Under favourable conditions all the ill effects of "phlegmasia" are overcome; but recovery is often a long and tedious process, and it is well for Nurses and patients to equally bear that in mind. Our chief aim is to maintain our patients' strength, and wisely husband their vital powers, in order that they may overcome the adverse forces arrayed against them, for impatience, ignorance, or neglect may lead to life-long and irreparable mischief. From the facts I have brought before my Nursing readers they can see how interesting and important a part of Obstetric Nursing a case of "white leg" is, and as such I commend it to their thoughtful consideration.

Before leaving this subject, I will relate a little incident that rises to my recollection, and perhaps may interest some of my young Nursing readers engaged in externe work. It occurred in my early practice, and was the first and the worst case of the kind in my experience. The patient was very young; she did badly all through, and our misfortunes culminated in "phlegmasia." Our Surgeon took a poor view of her case. On a Monday morning, when I visited her, I found her weeping, as only women can weep. Asked her why. "How I wish I could see my mother!" "Why not write to her?" "I can't write, ma'am." "Shall I write for you?" "If you only would, ma'am, I should be so pleased." I sat down by her bed-side and took out my pocket-book, and wrote the copy of the letter from her dictation. There was not much about it, but it was passing piteous. I made note of the somewhat intricate address of the little hamlet in the heart of rural Warwickshire, where her mother dwelt. "Can she read writing?" I asked. "No, ma'am, but 'our Jem' can." I then left her. As I passed from the front door I saw the

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