OBSTETRIC NURSING.

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PART I.—MATERNAL.

Chapter VIII.—Deviations from Normal Convalescence.

(Continued from page 256.)

Puerperal Convulsions.—This rare and serious complication of child-bearing is dependent upon and co-incident with pregnancy, but reaches its most dangerous developments at or after labour. The malady cannot be prevented, nor always foreseen ; yet an outline knowledge of some of the assigned causes of the disease, and a recognition of the symptoms that mark, but not invariably, its existence, is of practical importance in child-bed Nursing. Medical authorities, with that distracting divergence of opinion that adds so greatly to the value of it, are by no means agreed as to the etiology of the disease ; and a woman student rises from her books in much the same bewildered state of mind that a passenger (our sex) experiences in endeavouring to find a main line at Clapham Junction.

The first question that naturally rises to our lips is, "Why should a pregnant or parturient woman have convulsions at all?" If my readers will refer to a former paper, in which I dwelt upon some of the abdominal pressure symptoms of pregnancy, we may perhaps take our first step upon our humble path of enquiry. In that instance I pointed out the effect of the pressure of the gravid uterus upon the large intestine, which occasions much discomfort, but is not fraught with evil consequences at all approaching in magnitude and seriousness to those that result in some cases from similar pressure exerted upon the kidneys, which is greatest between the sixth and ninth months of gestation, and is again intensified when the uterus begins its descent towards the pelvis, which as you know is the *first* premonition of the advent of labour.

If we take merely a cursory view of the functions of the kidneys (the most purely excretory organs of the body), and regard them as the means by which superfluous water is conveyed from the system, their importance would be sufficiently obvious. But when we further consider that the *tubuli uriniferi* of the kidneys may be compared to a magnificent system of drainage, through which waste tissue matters of the most varied and complicated kind are passed in a state of solution through the main channels (the ureters) into a membranous muscular sac for final elimination, and that this process goes on unceasingly and unrestingly, we shall fully realise the stupendous issues that depend upon the integrity of the renal organs, with which gestation interferes from the purely mechanical pressure of the gravid uterus upon them.

These silent secrets of Nature have been wrested from her by the hand of science, and in the laboratory of the physiologist the urinary secretion both in health and disease has been subjected to the most careful, patient and exhaustive examination ; and hence the physician can not only diagnose diseases of the kidneys, but of organs remote from them, by testing the urine. We may almost liken the bladder to the homely dustbin, that is the receptacle for the waste rubbish of the house ; it would be hard to say what they are, but as prudent housewives we are exeedingly glad to have them all taken away. Whence come these "waste" products of the house of life, almost any one of which if retained in the system would be detrimental to health, and in some instances quickly fatal? Let us give a few moments' attention to this great question, and see how Nature deals with her "waste." There are three main channels of elimination, each having a special duty allotted to it. The carbon "waste" in the venous blood is consumed or the lungs utilised (the only waste that is) as fuel, by which the heat of the body is maintained, and without which no vital process can go on. The intestine (large) ejects the waste products of digestion, notably the nitrogenous. To the kidneys are consigned the waste products of the highly organised, azotised tissues, which, as you know, all contain *albumen*, that wonderful substance that in Nature's plastic hand may be called the very cornerstone of the house of life ; there are also mineral substances in solution to be removed, and possibly waste nerve fibre, but these will not enter into the subject we shall have to consider. The skin, with its millions of pores, has a function not unlike the *tubuli uriniferi*, in so far as the removal of waste products in solution goes, in the form of perspiration, and you know that the skin exerts a compensatory or vicarious action for the kidneys, under certain conditions of renal distress.

Let us digress for a few moments to touch upon the anatomy of the bladder, in so far as it bears upon our portion of nursing work. It is a pelvic organ, a hollow muscular viscus, lying in front of, but somewhat below, the uterus, the urethra running in an oblique direction under the pubic arch, and merging into the bladder, which, when distended, rises about half its height above the symphasis pubis. During the expulsive pains of labour the meatus is apt to become injuriously compressed between the head and the

previous page next page