

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL
CONVALESCENCE.*(Continued from page 280.)*

AS well as the nerves of special sense, other and greater nerve centres may be the seat of the attack—the medulla, for instance, that controls involuntary muscular actions, and through the phrenia, or nerve of respiration, influences or paralyzes the respiratory function. Again, the poison may attack a higher centre, and the brain be affected, setting up irritation or inflammation with effusion, and effusive apoplexy may ensue. A number of years ago a distressingly sudden death from this cause took place before delivery, and the patient fell dead at her Physician's feet.

We have outlined some of the causes of puerperal convulsions, and we must now direct our thoughts to the seizure itself, which is apt to be confounded with hysteria, epilepsy and apoplexy. With respect to the first, hysteria is not a frequent concomitant of pregnancy, but on the approach of labour hysterical women exhibit uncontrollable excitement, which more often than not takes the form of unreasoning terror of the coming event, which most seriously impedes the course of the labour. And here I must impress upon Nurses and patients alike how important it is in women of hysterical temperament to keep the bowels well open, more especially when the time of labour draws nigh.

An enema, such as I described to you in a former paper, is desirable when labour commences; or, if that be objected to and time permits, a saline aperient, such as a seidlitz powder taken in warm water, is serviceable, as it acts on the kidneys as well as the bowels, and a professional friend of mine is of opinion that it assists dilatation.

When labour has actively set in, the only means for calming the nervous excitement are anæsthetics (chloroform) or certain narcotics, such as chloral hydrate. But as a matter of practical experience I can testify to the value of aperients to begin with. If skilfully treated, the hysterical attacks lead to no bad results, and maternity ends all the trouble. I need scarcely tell my Nursing readers that hysteria is more frequent in primipara than multipara.

Epilepsy.—It would be hardly necessary to describe the familiar symptoms of this malady, were it not that the fits have a strong superficial resemblance to eclampsia, and it is as well for a

Nurse to know how to act in *either* case on an emergency. Her patient may be an epileptic, and in that case a seizure need not occasion any great distress. I have attended many epileptics, but have no recollection of any bad results ensuing to mother or infant; and as a rule there was no fit at all. Supposing that a lady who was *not an epileptic* had a convulsion on the advent of labour that bore every feature of an epileptic fit, it would be a matter of the gravest import, and medical aid should be summoned at once; but your first duty will be to treat it as such (epilepsy), and take measures accordingly until the Doctor arrives.

Now what are the characteristics of an epileptic fit? Violent involuntary muscular actions of the limbs, lividity of the features from facial distortion, all of which are present in a puerperal convulsion. Your first step is to protect the tongue from injury by the clenched teeth. I have seen instances when the tongue has been caught as it were behind the teeth, and the risk of suffocation increased by it. If possible at the moment of seizure place something between the teeth; I have often used the handle of a tooth brush as the nearest thing to hand, and placed it, bit fashion, across the mouth. Or you can get a tablespoon and press down the tongue with the handle, and keep the lower jaw from clenching it. These plans are necessary also to keep the wind-pipe open.* Loosen the clothes from round the neck and over the chest, admit air into the room at once from an open window, and keep it open till the fit passes off. Wherever the patient is attacked there let her lie; the floor is about the safest place for her. *Gentle* restraint must be used to prevent injury to the patient from the violent actions of the limbs, remembering that these are struggles for breath, and that *suffocation* is the peril of the seizure. Now all these events happen in an epileptic convulsion. In what respect does eclampsia differ from them?

(To be continued.)

STANLEY'S MEDICINE CHESTS.

IN a recent issue of the *Nursing Record* we dealt very exhaustively with "In Darkest Africa," incidentally quoting Mr. Stanley's remarks respecting the efficacy and value of the medicines supplied by Messrs. Burroughs, Wellcome & Co. By the courtesy and kindness of this well-known firm we are permitted to give our readers two illustrations, which speak for themselves. The

* To induce an inspiratory act, dip a sponge into cold water and dash the water from it sharply right into the face, repeating this application when necessary.

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