OBSTETRIC NURSING.

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PART I.—MATERNAL.

Chapter IX.—Lesions.

Deviations from Normal Convalescence.

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At their completion, this Course of Lectures will be published as one of the Series of "Nursing Record Text Books and Manuals."

THE lesions incidental to childbirth very seriously complicate and retard convalesence, and we will therefore give them a passing notice.

The injuries may affect any part of the genital tract, viz., the uterus, vagina or perinæum, and implicate those pelvic organs most intimately associated with them—the bladder and the rectum. We will take them in the order enumerated and begin with the uterus. There are two forms of injury to which it is liable—rupture and laceration. The former, and by far the more formidable and fatal, affects the fundus or body of the womb; the latter the cervix. Rupture of the uterus is one of the greatest calamities of childbirth, and if not immediately fatal from shock, it is rapidly so from intense septicæmia. It is marked by *sudden* acute agonising pain (which has been likened to severe cramp of the uterus), the suspension of all labour pains, and hæmorrhage (but not invariably) from the vagina. Deathly pallor, an expression of terror and suffering on the countenance, coldness, rapid fluttering pulse, are the signs that herald collapse. There are also two serious complications with this terrible accident when the rupture is complete; a loop of intestine may escape through it, and give rise to symptoms of strangulated hernia, or hæmorrhage may take place into the abdominal cavity. Hence we see that there are three great factors to bring about a fatal result; two lives are sacrificed, for the infant is almost always destroyed by the catastrophe. There is another point to be borne in mind in rupture of the uterus (fundal), that it is more often traceable to *pathological* than to mechanical causes—the former may be due to a softening or degeneration of the muscular tissue of the organ, rendering it unable to bear the strain of parturition; the latter can only be to crass negligence or culpable violence. The practitioner who is unfortunate enough to meet with such a misfortune as rupture of the uterus is apt to be the object of censures at once unjust and untrue, and an Obstetric Nurse should be one of the first to put the matter in the right light before the friends of the sufferer.

The injuries that affect the cervical portion of the uterus are far less serious and far more frequent than the fundal. They are of two kinds—rents and lacerations; the latter implicate the os uteri, the former the cervix itself; in some instances the whole disc of the vaginal portion of the cervix has been detached and expelled with the head. Unlike the lesions we have just been discussing, the cervical injuries are attributable to *mechanical* causes, for the most part due to careless instrumental or manipulative interference.

We may, perhaps, except cases of extreme rigidity, as a cause of lesions to the os uteri; but these again can be so carefully and skilfully treated as to lead to no abiding mischief.

Laceration or rupture of the vagina may occur without involving the uterus, and may prove fatal, which was the case in a patient of mine. This lesion *may be* due to accident or violence previous to labour. In the case I have mentioned the woman had been subjected to a brutal assault some days before confinement.

The Perinæum.—There is no portion of the parturient passages more subject to injury than the perinæum, and in almost all instances the mischief is due to mechanical causes. Spontaneous lesions to this merciful and protective integument are *extremely* rare in skilful *patient* hands, and if occurring are of far less magnitude than those attributable to traumatic disasters. The perinæum occupies the space between the posterior commissure and anus; it closes the lower outlet posteriorly and prevents the prolapse of the pelvic viscera, and a little reflection will show us the importance of this pelvic safeguard; it is the last portion of the genital tract upon which the fœtal head rests, and it at once guards and guides it into the world. The perinæum has veins, nerves, and lymphatics; it has also a wonderful property of elasticity, rendering it capable of immense distention on the one hand and a marvellous and almost instantaneous contractility after the expulsion of the infant on the other.

Lesions of the perinæum, unlike those I first brought before your notice, are patent; they can be *seen*, and for this reason they have a great interest in Obstetric Nursing. Ruptures or lacerations of the uterus, either fundal or cervical, are invisible, and, except in the former, where they are declared by the severity of the symptoms, may remain unknown. Injuries to the perinæum may be partial or complete: the former are called lacerations, the latter rupture, in which the whole of the integument is involved, and but too often the sphincter ani laid open. The seat of the injury in both cases is the central prominent line that anatomists call "raphe," a seam or join, and

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