

## Obstetric Nursing.

— BY OBSTETRICA, M.R.B.N.A. —

### PART II.—INFANTILE.

#### CHAPTER IX.—CONGENITAL MALFORMATIONS.

(Continued from page 44.)

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

HERE used to be an odd superstition about, that it was "unlucky" (to the baby) to burn these puny little fingers, and the writer got into dire disgrace in early days of practice on that account. On visiting a patient some days after performing the *dreadful operation* I have just described, the mother informed me that "they" ("cherries" or fingers?) had come off "beautiful," and she had carefully put them into a pill-box to show me. I innocently suggested *cremation* as a final ceremony! I had a "lecture." My patient waxed wrathful at the idea. "Burn 'em; no indeed! They belonged to her child and she should *bury* 'em." "Where?" I asked. "In St. Bartholomew's churchyard? How about the burial fees?" I considered this a fair reprisal for the "lecture," and left the house to go to the "next" on my list.

There is another congenital defect affecting one or other arm, and showing itself as muscular atrophy or wasting, commonly called a "withered" arm. This lesion is sometimes associated with a misshapen hand, difficult to describe, looking as though it had been compressed or "crumpled up," and this remains a permanent disfigurement. These manual malformations are of interest in midwifery from a too frequent prevalence of an erroneous impression amongst mothers that they are attributable to a want of skill or care on the part of the attendant, and hence unfairly laid to his or her charge. An illustrious instance of this deformity will occur to my elder readers, and all women engaged in midwifery nursing should be in a position to put the matter in the right light—that is, as one of congenital malformation.

At the same time, the upper extremities—one or other *arm*—may be injured by inevitable accidents connected with delivery; but, speaking from no small experience of difficult midwifery, the writer is not aware of any "accident" that could affect the hands.

Injuries to the arms may arise from two causes—fracture of the humerus, or intense congestion from the depending position of the arm. With respect to the first disaster, it is generally due to

an extreme *width* of the foetal shoulders, and this may be coupled with an undue *narrowness* of the conjugate diameter of the mother's pelvis. In *theory*, it may appear to be almost an axiom in midwifery, that when the head has cleared the pelvis, all difficulties with respect to delivery are over; but, in *practice*, this is not so, for, arrest of the shoulders at the brim, will, and but too often does, in careless hands, prove fatal to the infant from asphyxia. There is only one way out of the trouble, and that is to bring down the arm of what we will call the presenting shoulder; and, in the great *majority of cases*, this can be done without injury to the limb. But not always, for in critical conjunctures, possibly (though not invariably) complicated with pelvic contraction, the amount of pressure we are compelled to exert upon the arm fractures the humerus, and, surely, it is better for a practitioner to incur an unjust imputation of want of skill (?) than to let her little patient perish before her eyes! It is necessary for an Obstetric Nurse to have some knowledge of this trouble, because, being necessarily a witness of it, her testimony should be based upon *facts* and not *fancies*. The symptoms that mark the need for interference are the *increasing* turgescence of the infant's face, and its *deepening* dusky hue. With respect to the fracture, it is easily reduced if *promptly* attended to, being what surgeons call a green fracture.

The symptoms that result from the injury are the first evidences of its existence, *viz.*, swelling, redness, hardness, and extreme tenderness of the upper arm. When these are subdued, the limb can be set in little cardboard splints, rounded at the ends, packed in cotton-wool, and bandaged *secundam artem*, and kept in position by a sling made with a soft handkerchief placed *crosswise* over the chest, so as to comfortably cradle the limb—the sleeve of the gown cannot, of course, be put on the wounded arm—and, in this conjuncture, the little basson coat I described to you in an early paper shines, with peculiar lustre, as it can be slipped over the dressings, and keep the infant warm about the chest. In all respects, Nurse will have to carry out medical instructions. Washing will have to be substituted for bathing the infant for a time, and the least possible amount of dressing and moving about observed. However, these troubles will soon come to an end, and, as far as the writer's experience goes, she has never known any permanent harm to the limb result from the accident.

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