

Nursing Notes.

THE following notes of a case nursed at S. John's Maternity Home, Battersea, during March, 1891, and taken by one of the Special Nurses of the patient, have been forwarded to us by Miss Breay, who was at that time Superintendent of the Home. The case is interesting from many points of view.

Firstly, recovery in cases of such complete eclampsia is comparatively rare, and even if the mother survives the child frequently dies.

Secondly, the condition of the mind of the patient is noticeable. When reason returned after an interval of 10 days, she took up the thread of life at the time when consciousness was beginning to fail her, and hoped that her child would be born soon, it then being ten days old.

Thirdly, the patient was fed per rectum almost hourly for 10 days without suffering the least irritation.

The enemata were stopped from time to time in order that a purgative enema might be given, and this method of feeding proved completely successful.

Fourthly, the case is of considerable interest as bearing upon the important point which we have always inculcated in the pages of the Nursing Record, that midwives should be drawn from the ranks of trained nurses. It is quite evident from the notes of this case that the patient could only have been efficiently nursed by fully qualified Nurses, though there was nothing previous to delivery to point to the necessity for her being received into a General Hospital. Miss Breay confirms our opinion on this point, and states that if she had not been able to put on special duty two thoroughly trained and experienced Nurses, who nursed the patient devotedly, the woman must inevitably have died.

CASE OF ECLAMPSIA AFTER DELIVERY.

March 1st.—The patient was admitted into S. John's Maternity Home, Battersea, this evening, apparently in good health. No examination of the urine was made, as there was nothing unusual about the case to suggest the advisability of this being done. The patient is a primipara.

March 2nd.—The patient was delivered at 10.45 a.m. The labour had progressed quite satisfactorily. Neither first nor second stage were long for a primipara, and nothing seemed to suggest the necessity of sending for a doctor until a quarter of an hour after delivery, 11 a.m., when a convulsion took place, and Dr. H. was sent for; 11.15, second convulsion. Dr. H. arrived, chloral and bromide administered by mouth; 11.25, third convulsion; 11.45, fourth convulsion; 12.0, fifth convulsion; 12.30, sixth convulsion; 12.45 seventh convulsion; 1.10, eighth convulsion; 1.25, ninth convulsion; 1.50, tenth convulsion. Dr. W. arrived. Wet cupping was done. Bromide and chloral ordered by mouth. Patient was not able to take it by mouth, so it was given by rectum. Urine found to be solid with albumen. 2.16 p.m., eleventh convulsion; 2.15, twelfth convulsion; 3.15, thirteenth convulsion; 3.45, fourteenth convulsion; 5.15, fifteenth convulsion; 5.30, temperature 103°6'. Pulse 170. Peptonised milk given with brandy \bar{z} i., by rectum; 6.30, sixteenth convulsion; 7.30, peptonised milk and brandy by rectum; 8.15, seventeenth convulsion; 8.45, catheter passed; 9.45, douche given

with Condy's Fluid; 10.0, nutrient enema, peptonised milk \bar{z} i.; 11.0, nutrient enema, peptonised milk \bar{z} i., brandy \bar{z} i.; 12.0, nutrient enema. \bar{z} iv.

March 3rd.—12.30 a.m., catheter passed. Urine \bar{z} v. drawn off; 2.0, nutrient enema \bar{z} i.; 3.0, nutrient enema \bar{z} i.; 3.35, eighteenth convulsion; 4.10, nutrient enema; 4.40, catheter passed, urine \bar{z} iv.; 5.45, nutrient enema; 7.0, nutrient enema; 8.10, nutrient enema; 8.20, catheter passed, urine \bar{z} vss.; 9.30, nutrient enema \bar{z} i. During all this time patient appeared unconscious, but at 10.35 could be sufficiently roused to take food by mouth; 10.35, milk \bar{z} iv. by mouth; 10.40, nutrient enema, \bar{z} i. peptonised milk; 11.35, milk \bar{z} iv. by mouth; 11.40, nutrient enema, \bar{z} i. peptonised milk; 12.20 p.m., brandy \bar{z} ss. by mouth; 12.30, catheter passed, urine \bar{z} vss.; 12.40, nutrient enema; 12.45, milk, \bar{z} iii. by mouth. Dr. P., the consulting physician to the Home, came down and met Dr. W. 1.25, milk \bar{z} iv. by mouth; 1.40, nutrient enema. Patient took plenty of hot water by mouth during the morning; 1.45, brandy \bar{z} ss. by mouth; 2.0, milk \bar{z} iii. by mouth; 2.35, milk \bar{z} iv. by mouth; 2.40, brandy, \bar{z} ss. by mouth; 3.0, milk \bar{z} iv. by mouth; 3.45, nutrient enema, milk by mouth \bar{z} iv.; 4.15, milk by mouth \bar{z} iv.; 4.30, catheter passed, urine \bar{z} viss.; 4.40, nutrient enema; 4.45, brandy \bar{z} ss. by mouth; 5.0, milk \bar{z} iv. by mouth; 5.40, nutrient enema. Patient still apparently unconscious, could be roused to take food, but never spoke; 5.45, milk \bar{z} iv. by mouth; 5.50, brandy \bar{z} ss.; 6.20, milk \bar{z} iv.; 6.40, nutrient enema; 6.50, brandy \bar{z} ss. by mouth; 7.0, milk \bar{z} iv. by mouth; 7.40, nutrient enema; 7.45, milk \bar{z} iv. by mouth; 8.0, brandy, \bar{z} ss. by mouth; 8.15, milk \bar{z} iv. by mouth; 8.30, catheter passed, urine \bar{z} vi.; 9.0, milk \bar{z} iv. by mouth; 9.15, brandy \bar{z} ss.; 9.40, nutrient enema; 9.50, milk \bar{z} iv. by mouth; 10.40, brandy, \bar{z} i. by mouth. Patient still apparently unconscious. Has not spoken, but takes food by mouth well. 11.0, nutrient enema \bar{z} i.; 11.20, milk \bar{z} i., brandy \bar{z} i. by mouth; 1.20, liq. am. acet. \bar{z} ii. by mouth; nutrient enema.

March 4th.—12.40 a.m., milk \bar{z} i., brandy \bar{z} i. by mouth; 12.30, catheter passed, urine \bar{z} v.; 1, nutrient enema; 1.30, milk \bar{z} i., brandy \bar{z} i. by mouth; 2, nutrient enema; 2.30, milk \bar{z} i., brandy \bar{z} i., by mouth; 3, nutrient enema; 3.30 milk \bar{z} i., brandy \bar{z} i. by mouth, liq. am. acet. \bar{z} ii.; 4, nutrient enema; 4.45, catheter passed, urine \bar{z} ix.; 5, nutrient enema \bar{z} i.; 5.20, enema ol. ricini \bar{z} ij. followed by enema saponis. Satisfactory result. 5.45, milk \bar{z} i., brandy \bar{z} i. by mouth; 6, nutrient enema \bar{z} i., liq. am. acet. \bar{z} ii.; 6.30, milk \bar{z} i., brandy \bar{z} i.; 7, nutrient enema; 7.30 milk by mouth \bar{z} i.; 8, liq. am. acet. \bar{z} ii., nutrient enema; 8.30, catheter passed, urine \bar{z} ixss.; 8.45, milk \bar{z} i., brandy \bar{z} i. by mouth; 9.45, milk \bar{z} i. by mouth; 10, liq. am. acet. \bar{z} ii., brandy \bar{z} i. by mouth; 10.15, nutrient enema, calomel gr. \bar{z} ij.; 10.45, brandy \bar{z} i. by mouth; 11.15, milk, \bar{z} i.; 11.10, nutrient enema; 11.45, milk \bar{z} i., brandy \bar{z} ss. by mouth; 12, liq. am. acet. \bar{z} ij. Patient has not yet spoken.

March 5th.—12.20 a.m., milk \bar{z} i., brandy \bar{z} ss. by mouth; 12.30, catheter passed, urine \bar{z} viss.; 12.50, milk \bar{z} i., brandy \bar{z} ss. by mouth; 1.25, milk \bar{z} i., brandy \bar{z} ss. by mouth; 1.30, nutrient enema; 2, liq. am. acet. \bar{z} ii.; 2.20, milk \bar{z} i., brandy \bar{z} ss. by mouth; 2.50, milk \bar{z} i., brandy \bar{z} ss. by mouth; 3, enema saponis. Satisfactory result. 3.20, milk \bar{z} i., brandy \bar{z} ss. by mouth; 3.50, milk \bar{z} i., brandy \bar{z} ss. by mouth; 4, liq. am. acet. \bar{z} ii.; 4.30, catheter passed, urine \bar{z} ij.; 4.35, milk \bar{z} i. brandy \bar{z} ss. by mouth; 4.55, nutrient enema; 5.15, milk \bar{z} i., brandy \bar{z} ss.; 5.45, milk \bar{z} i., brandy \bar{z} ss.; 6.15, milk

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