

## The Nursing of a Case of Craniotomy.

By MACK ALL.

Mrs. X. was a healthy, well-developed woman of twenty-eight years of age. She had had one child, a boy, now five years old, who had been born at seven months. He was still backward, and had an abnormally large head. Mrs. X.'s family history was fairly good, but in her husband's family there was slight deformity. She was supposed to reach full time at the beginning of the month. She was not confined until the fourth week. During the last three weeks of pregnancy she became very heavy, and suffered much discomfort, especially when lying down. During one Thursday night she complained of pain, and was restless. On the Friday morning she took an ounce of castor oil. She had slight pains at intervals until six o'clock in the evening; then their nature changed, they became stronger and more regular, and she was given a simple enema. At midnight the membranes ruptured spontaneously; she was then having strong pains every fifteen minutes. The doctor examined per vaginam. The presenting part could scarcely be reached; it felt like a soft mass, somewhat resembling a breech. From abdominal palpation limbs could be felt lying to the front, and the foetus could be moved. Although the pains continued until eight o'clock on Saturday morning, there was little progress made. Mrs. X. was rather fatigued then, and she dropped asleep. She did not have any return of labour pains until noon. They were strong, and of "a bearing down" nature, when they commenced again. The patient's condition had remained satisfactory all through, and at one o'clock her pulse was 80, and her temperature normal. At 2.15 she was violently sick. Immediately afterwards she had a severe rigor, lasting several minutes. The pains were continuous and severe. Her face was anxious and flushed, and her pulse 140. The presenting part was not then fixed, but as a breech could be felt from external palpation, it was decided that the part felt on vaginal examination must be something in the nature of a hydrocephalic head, or a hydro-meningocele. A second medical man had been called in when Mrs. X. had had the rigor, and at three o'clock she was completely chloroformed, and an effort made to apply forceps. It was found impossible to deliver in this way, and although the foetal heart still beat, the mother's condition was so serious, that it was decided to perform craniotomy. There was no time to obtain suitable instruments, and a pair of large, sharp-pointed scis-

sors were boiled, and used to puncture the head. About a quart of fluid escaped. The head then descended rapidly, and at five o'clock on Saturday afternoon a female child was born, weighing nine pounds. The head and face were very large, there was spina bifida, and no trace of brain tissue. The patient had free hæmorrhage, and five minutes after the birth of the child, the placenta was expressed. The uterus contracted well afterwards, and at eight o'clock Mrs. X. had regained consciousness. Her temperature was 99.6 degrees, and her pulse 104. She had a good night, and next morning passed water naturally. On the third day she had an aperient. Her breasts were bandaged and did not cause any trouble. For five days after her confinement her temperature was between 98 and 100 degrees, and her pulse good. On the sixth day the lochia was offensive and her temperature reached 101 degrees. She was douched twice a day with lysol lotion for a week. Her temperature was then normal, and the lochia had ceased. Mrs. X. had fits of depression, and, during the second week she was in bed, developed a slight cough. Otherwise her condition was satisfactory. She slept well, took plenty of nourishment, and did not complain of either pain, or discomfort. On the twelfth day after delivery she was propped up in bed, and in a fortnight was allowed to get up. A month after her confinement she was in her usual health. Her cough had gone, she was beginning to put on flesh, and went for a short walk every day.

## Correspondence.

### WHITED SEPULCHRES.

To the Editor of "The Midwife."

DEAR MADAM,—I was glad to note your remarks on "Scrupulous Cleanliness" for midwives in last week's Journal. It really is astounding that a direct incentive to dirty habits should have been printed in a medical paper. But what naturally annoys us midwives is the assumption of medical men that we do not tub, and that we are so oblivious of the true principles of asepsis, of personal comfort, and self-respect, that we are content to *appear* clean, and be uncleanly. Moreover, I have been in many medical mansions where there are no bath-rooms, and where the maids have to haul up the small amount of hot water used from the kitchen boiler in the basement. My rule is a brisk cold tub every morning, and two hot baths weekly, and more, if necessary. One Turkish bath (costing 2s. 6d.) monthly I find keeps me in good health, and my skin acting. Women who are personally dirty are dangerous in the lying-in room, even if they do wash their hands and faces!

Yours truly,

ONE WHO APPRECIATES "THE MIDWIFE."

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