

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL
CONVALESCENCE.*(Continued from page 221.)*

THERE is yet another nursing point about "phlegmasia" that does not occur in normal convalescence. It is necessary for the patient to remain in bed for some weeks in order that the affected limb may be kept in that state of *absolute* repose that is the chief point to aim at to effect good recovery. How can we best relieve the tedium of this enforced rest? Surely by making our patient as comfortable in bed as we possibly can. When the lady is getting better, she can assume the semi-recumbent position and yet rest the affected limb, and I know of no more comfortable arrangement than a chair bed-rest. By this I do not mean an ordinary bed-rest with a seat put to it, but an easy-chair *sans* legs. A few months ago a patient of mine was lamed with white leg. She had a favourite cane easy-chair in her bedroom. "How nice it would be if I could have that in bed!" she said. "Have it cut down," said I. And cut down it was. And this is what we did with it. We moved the bolsters and pillows out of the way, and put our chair that had been so disgracefully treated close up to the head of the bed and steadied it there; brought our leg-rest close up to the seat, lifted up the lady on to her chair, and made her cosy with cushions and pillows to suit her own comfort. This extemporised arrangement met with unqualified approval, and I have recently been thinking out a modification of it on a permanent basis, and have had it put in hand. When completed, I shall most likely bring it before my nursing readers.

After the chair comes the question of a convenient bed-table. I have never yet seen anything better than the one invented fifty years ago by an eminent mechanician, which really is a *table*, nice for meals, an easel for reading, and plenty of room for working or writing "traps."

By the way, the simplest and *safest* inkstand for *bed* use is the homely reversible one, for if it does get upset (a way inkstands have) in bed there is no fear of "spills," and consequent spoiling of quilts and coverlets, to be dreaded.

If the lady is laid up in the winter, we shall require a light for her table in the early afternoon. I do not think you will find anything much safer than the pretty shaded candle lamps that are made

now. We have hardly elbow room enough for oil lamps, and the heat from them is oppressive.

In these tedious cases, visitors, that under ordinary circumstances are to be regarded with distrust, may be hailed as allies to the Nurse, always provided they are of a *cheerful* frame of mind. "Dolens" is dismal enough in itself, without any added depression.

Reading to the patient, *always* allowing her to select the book, &c., beguiles many a weary hour in the day.

To my mind there is nothing better serves to take an invalid out of herself than the pen, within due limits of course, and assuming she cares for writing. It should be done in the *early* part of the day, before dinner. I quite deprecate it after that meal. A patient may go to sleep over her book, whether she reads it herself or has it read to her; but she is not likely to write and sleep; and whatever interferes with natural slumber is most distinctly bad.

In order to emphasise the value of the arrangements I have just described to you, I will bring the case before my younger Nursing readers *ab initio*.

A lady is confined on the first of any month—say of January. Symptoms of phlegmasia show themselves between the seventh and ninth days after delivery. The disease reaches its *acmé* ten or twelve days afterwards, on the nineteenth or twenty-first; that makes at least three weeks in bed. It will be ten or fifteen days before the disease begins to wane and the swelling of the limb subsides; this brings us to the first or second week in February. The patient as a matter of *prudent* nursing should remain in bed for two or three weeks—nearly *two* months from the day of her confinement; by this you can see that it is a matter of first necessity to alleviate the tedium of this protracted convalescence, and diet plays an important part in shortening it. The use of fresh vegetables and ripe fruit must not be overlooked, especially when *solid* meat can be taken in change with soups for the mid-day dinner, and in my judgment beef and mutton are more to be selected than fish, poultry or game in these cases: we want to get all the *strength* we can out of the food. As pie or pudding crusts are better avoided, you will find few things nicer or more digestible than boiled rice to serve with stewed fruit or preserves; and as a great deal goes to the proper cooking of this useful farina, we will enter into the subject a little, and at once dismiss from our minds the familiar *conglomerate* of spheroid form so dear to our everyday cook, and prepare it curry fashion, as our Indian friends like it. The first point is to have the very *best* grain; we require so little that price should not

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