OBSTETRIC NURSING.

— By Obstetrica, M.B.N.A. —

PART I.—MATERNAL.

Chapter VIII.—Deviations from Normal Convalescence.

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THE presence of albumen in the urine of pregnant women has long been known to Obstetricians, and more than fifty years ago Dr. Lever ascribed albuminuria as a probable cause of puerperal convulsions. One of the most interesting clinical facts to my mind about this singular and dangerous malady is that we diagnose a *cause* that does not invariably produce the effect predicted of it; and we get an *effect* of which we have neither warning nor absolute knowledge of the *cause;* in short, you may have albuminuria without convulsions, and convulsions without albuminous urine.

A case occurred in my experience not long ago illustrating this fact. The attack was sudden, unforeseen and fatal, distinctly eclampsia, but not a trace of albumen was found in the urine passed by the patient a few hours before death.

Another case came under my notice, though not personally. The patient, a lady of high birth and illustrious rank, was nursed by a friend of mine. Albumen had been diagnosed by her Physicians in the urine before confinement to such an extent as to lead to the gravest fears of convulsions during labour. Nothing of the kind took place, the labour being normal.

These discrepancies, known to every man or woman practitioner in Midwifery, have been held by some authorities to invalidate the whole theory of albuminuria as a cause of eclampsia.

Is this really true?

Let us give this interesting subject a few moments' attention. We will take "albumen," and leave albuminuria in abeyance. Knowing that albumen exists in the urine in pregnancy without serious results accruing, may we not fairly infer that it is present in thousands of cases that are never diagnosed, and be almost led to the belief that it is not the albumen discovered in the urine (it is safe enough in the bladder), but that which, for some reason or another, has not safely passed the renal portals, nor been conveyed by the excretory duct into that safe receptacle, for final ejection as "waste"? The foe has escaped detection, and the first intimation we receive of his fell presence is defeat.

Let us now consider the causes assigned by Obstetricians of consummate eminence for the peculiar blood depravation of pregnancy, that lies at the root of the evil, under four aspects—first, from renal congestion; second, pressure of the gravid uterus; third, pathological change in the blood; fourth, sensitive hyperæmic condition of the sympathethic nervous system during pregnancy. We will take the "renal congestion" first, and "pressure," as one of its causes, and others further on.

It has been over and over again observed that convulsions (puerperal) occur most frequently in primapara, and notably in young and healthy country women. We can in a measure account for this fact, that in this class of patient the abdominal walls are firmer, stronger, and less yielding to the resistance of the growing embryo, than in multipara or in town-dwelling women; and hence an increased renal pressure during pregnancy. When we say that an organ is "congested," we know that its function is temporarily impeded; there are two vital organs (or shall we rather say four?) in which "congestion" is quickly followed by serious blood changes—the lungs and the kidneys—and all Nurses are familiar with nephritis and pneumonia; and when *both* lungs are attacked it is called "double," and the case is grave indeed, and were it not for this merciful provision of "duality" in organs so vital, our little span of life would be shorter still, for we *may* overcome damage to *one* lung or one "kidney," but if we had only *one* of either, our friends the Doctors would be rapidly relieved of their patients, and "chills" would swell the "bills of mortality" instead of theirs.

I do not know whether the thought has occurred to other practitioners in Midwifery, but it has been often borne into my mind, how much the pressure troubles of gestation are increased by the upright position of women; amongst the equine or bovine mammalia, for instance, the weight of the growing embryo is borne by the abdominal walls, and the quadrupedal position still farther helps to support it, and we can see by contrast how much more serious the risks of visceral pressure are in the one case than in the other. And I would observe, *en passant*, how the fatuous but preventible habit of tight-lacing adds to the inevitable pressure evils of the upright position; add to this some of the habits of civilisation (?) of women, and the chances against them are still further augmented.

We shall enter upon the health aspects of pregnancy upon some future occasion—they are fraught with great interest, to mothers especially—but now go on with our task. In addition to the mechanical results of pressure, there may be recent or antecedent causes of nephritic mischief, the former often due to "chills" or injudicious dietary; the latter to old lesions,

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