

can reveal and bring to harvest. In thankfulness for what has already been accomplished for Nursing in 1890, in good hope and assurance that still greater results will be achieved in 1891, we cordially wish Nurses all over the world, and our readers in particular, "A VERY MERRY CHRISTMAS AND A MOST PROSPEROUS AND HAPPY NEW YEAR."

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 291.)

THOSE who are familiar with the former must have observed with surprise how quickly the effects of the seizure pass off, and many patients will rise up of themselves after an attack, and appear to be almost unconscious of what has taken place; and, furthermore, we know that the fit may *not* recur until after a long interval, and also that they are not often fatal. In puerperal convulsions, the fits return in *rapid* succession and are very often fatal. There is also a peculiar sort of sibilation (that appears to come from the throat), difficult to describe, but almost diagnostic of the disease. Perfectly healthy women may be attacked who never had a fit in their lives before.

Apoplexy.—In certain cases (and as far as my experience goes the most often and most rapidly fatal are the seizures that resemble apoplexy) there may be *slight* facial distortion, loss of consciousness, stertor, and the coma which deepens into death. This form is more frequent in multipara.

The cases of puerperal convulsions that end in recovery (and by far the larger number do under modern treatment) require no special Nursing duties; you must prepare as usual for the reception of the infant, and make much the same preparations for the labour as those given previously. The case is entirely under medical direction, and you must be guided by it in all things. It may, perhaps, interest some of my younger Nursing readers if I just touch upon the measures usually resorted to on these occasions. By the general consensus of Obstetricians it has been decided to leave labour to follow its course, and to confine their efforts to controlling the disease.

Venesection was adopted by the older Obstetricians, and at a time when phlebotomy was in the ascendant, and when women of all ages

were "let blood" on periodical occasions whenever difficulties presented themselves, we can well understand that in a conjuncture so grave as puerperal convulsions, the ever-ready lancet should be their first resource. The practice is obsolete now, for it was found that whether the attack were sthenic or asthenic, the results were far from satisfactory as regarded the mortality from the disease. *Purging* as a derivative treatment was also resorted to, and a free purge of jalap and calomel, or a dose of croton oil, was found efficacious at the first onset of the disease in alleviating the severity of the symptoms, and what was of more consequence, relieving the renal troubles.

Another plan that was brought before my notice by an eminent Obstetrician was the constant application of cold water to the nape of the neck. The patient in these cases was on the bed, and they managed to get her head well over the side of it, face downwards, and dashed down cold water from a jug held high up. The calming effect of this measure was described as excellent, and no bad results followed. I just wish to point out that the two last methods were not *per se* fatal to life.

Anæsthetics are now more resorted to than anything else; *per oram*, in the form of chloral hydrate, combined with bromide of potassium, and so on, or by inhalation, as chloroform. The controlling effect of chloroform over the paroxysms is indeed remarkable, so much so it has almost led to an abuse of the remedy, and a patient has had chloroform enough administered to lead to a fatal issue without any convulsions, which occasions some confusion as to its therapeutical value. It reminds one of the Irishman who, when a poor cow on shipboard had her legs broken in a storm and was despatched on that account, said, "She was killed to save her life!"

The *apoplectic* form of the disease—as far as my knowledge of it goes the most hazardous of all—I have only seen treated on the same lines as an ordinary attack of apoplexy, and therefore have not much to say about it: it occurs as often just after as before the birth of the child, and in both instances, as far as I have seen, the infant is born living. (To be continued.)

PUERPERAL CONVULSIONS.

To the Editor of "The Nursing Record."

SIR,—In the *Nursing Record* of December 4, 1890, I see an article headed, "Puerperal Convulsions," by "Obstetrica." The article was brought under my notice by a Nurse, who

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