

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VII.—THE LOCHIAL PERIOD (DUTIES DURING).

(Continued from page 63.)

CONTINUING the subject of post-partum inflammation of the uterus, we have had the severe rigor that showed the shock the nervous and muscular tissues had sustained from some extraneous and untoward cause, for we may be quite sure "inflammation" is no part of Nature's plan, and that she has been thwarted in some way or other; and it is to this point I wish to direct your earnest attention. I fear that my recent papers may have appeared to my Nursing readers to have been unnecessary and tedious, but I hope to show you that the application of them may not be without practical value to our portion of Nursing duty, and that a little knowledge is not a dangerous thing in thoughtful hands, if it tends to ward off dangers by averting them through careful and wise precaution.

After the rigor, what do you notice next? Intense local pain, a rise in the temperature and the pulse. Why is this? We shall find the cause in a disturbance of the capillary circulation, in this instance affecting a muscular organ, the highly vascular and sensitive parturient uterus, which like every other organ and tissue in the body must derive its oxygen (life) from arterial blood, and this again must be re-supplied with oxygen from the air, and for this purpose must be conveyed by the venous system to the lungs for purification. When from any adverse cause this capillary interchange of pure for impure blood is arrested, and an organ cut off from arterial nutrition, we get a condition called *congestion* (marked by the *rigor*), the beginning of the inflammation, that will be attended by pain. Why? The vasa motor nerves of the sympathetic or *sensory* nervous system have the task assigned to them of distributing the arterial blood, and for this purpose they accompany the arteries throughout their minutest ramifications, and there is no tissue of the body that requires a more constant and abundant supply of arterial blood than the nerves themselves, and when from any cause the supply runs short, the watchful sentinel (the nerve) sends instant tidings of its own and others' distress to head-quarters—the brain—and we call it a sense of pain, which means that the tissues are "short of oxygen"; were it not for pain we should remain unconscious of

danger to any unseen or other organ, and hence even pain has a purpose in Nature's plans.

What happens, then, when the oxygen demands of an organ—in this case the uterus—are not supplied? The venous blood returned to the right side of the heart from that organ is over-charged with carbon "waste," and this must be removed *from*—not returned *to*—the arterial blood (we must bear this fact in mind), and "burnt up" in the lungs. To do this more oxygen will be wanted, which means more air must be brought to the lungs. The respirations are increased, more carbon "waste" is being decomposed by the oxygen of the air, more heat is generated, the temperature of the body rises, and our clinical thermometer enables us to register this increased heat.

I hope the few points to which I have called your attention will enable you in some measure to understand why increased rate of respiration quickens the heart's action. As we all know when we run to catch a train or tram, and if we are at all "short-winded," the exertion makes us "pant for breath," but if we have a sound heart this temporary acceleration of its beats is a matter of no consequence. In the case we are considering, the heart is thrown into hurried action from pathological causes, there is an undue strain upon the circulatory "department," the heart bears its share of work, and has more to do in a given amount of time than it ought to have; its dual duty must be done within the limit of a pulmonary circuit, extra muscular exertion is put forth to do it, and the heart beats are increased; the pulse rises, we count the pulsations, watch in hand, and find them probably two-fold more rapid than they ought to be.

Thoughtfully consider what a pulse of one hundred and twenty to one hundred and forty beats a minute implies. Can we be surprised if the vital powers give way under the continued strain, and that constitutional symptoms show themselves? The tissues feed the fires of fever, and hence the emaciation that follows it, and we must feed the tissues. The food of fever is drink. During the rapid combustion of tissue going on in the lungs water is generated, the pulmonary exhalation is increased, and we sometimes get hot exhausting sweats. The great heat of the blood dries up the moisture from the skin and other tissues, the cutaneous transpiration is checked, and the skin becomes parched and burning, intense and continued pain racks the nerves, delirium and prostration of strength show us that the vital powers are beginning to fail under the strain put upon them.

What are the Nursing duties for a case of post-

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