

diphtheria cases are under treatment, where outbreaks of scarlet fever are far from unknown, milk, the great carrier of contagion, is placed by each patient's bed, all uncovered and ready for any infective germs which care to enter it.

We need go no further. We leave the Medical Staff of the London Hospital—who place “the best men their college can produce” under the control of the Matron in medical matters—in undisturbed possession of their complete confidence in Nursing arrangements, more loathsome, more dangerous to the sick and the healthy, than would be permitted to exist for five minutes in any other Hospital with which we are acquainted.

### OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

#### PART I.—MATERNAL.

#### CHAPTER VIII.—DEVIATIONS FROM NORMAL CONVALESCENCE.

(Continued from page 40.)

At their completion, this Course of Lectures will be published as one of the Series of “Nursing Record Text Books and Manuals.”

IN the other form of the disease, melancholia, the very reverse of all the conditions we have touched occurs. Instead of unnatural excitement we get deep nervous depression; the patient is silent, sullen, and distrustful; weeps, and is oppressed with the idea that everybody around her (Nurse as well) is treating her unkindly. Her downcast eyes and *furtive* glance under the lids mark suspicion and despondency. *She never looks you in the face* when answering any question put to her, and more often than not preserves a sullen silence. The idea in her distraught mind appears to be *flight*, and if not watched she will attempt to rise from her bed and escape from the room. She rejects her food, and you can only get it down by stratagem or force. Appears anxious to get possession of her infant, under a vague impression that evil menaces her child. Takes a wayward dislike to her Nurse, who sometimes has to depart on that account, but her successor fares no better.

I have just outlined the more salient points of the two forms of puerperal dementia, as in its incipience it falls within the range of child-bed Nursing; it is not necessary to enter into its later developments, as they are most uncertain, and being for the most part protracted, they do not belong to Obstetric Nursing.

There is one Nursing point of great importance in puerperal dementia, whatever form the disease may assume—*viz.*, *vigilance*. The sufferer must

be *watched* unceasingly; but this watchfulness again must be marked by *apparent* unconcern, so as to lull suspicion on the part of the patient. The necessity for this care becomes manifest when we consider how often women in this distressful condition attempt ill to themselves or infants. Again, in their distraught minds an idea of *flight*, escape, appears to be ever more or less present in their thoughts. In visiting a poor patient not long ago, I found her just endeavouring to get out of her bedroom window. Had she succeeded, certain injury, if not death, must have resulted. Her friends stated she had not been left unguarded a quarter of an hour.

We must ever bear in mind in treating these cases that puerperal mania, in whatever form it may show itself, is *essentially* a disease of *nervous exhaustion*, and drastic or depleting measures are to be entirely deprecated. Sustaining food, *sleep* and fresh pure air are the best restoratives, and gentle but *firm* restraint must ever be exercised. It is important to keep the bowels open, but the selection of the aperient must rest in medical hands. Nor must stimulants be administered without the *knowledge* and sanction of the Doctor.

Insomnia is an ever-present symptom of the disease, and we know too how frequently women suffer from it during pregnancy; but under ordinary circumstances sleep returns after delivery, especially in primipara. Sleeplessness induces nervous depression, and is a precursor of puerperal mania in almost all instances; and as far as my experience goes, ordinary opiates and sedatives fail in their ordinary effects to promote slumber. Quietude is an essential point to be observed, and, as sleep more often comes to the sufferer during day than night, precautions have to be taken lest those precious but fitful slumbers should be broken. Quietude is easy to obtain in country and suburban dwellings, but in towns very difficult and costly, as tan has to be laid down in front of the house to deaden street noise. And in these cases again we lose the blessed influence of fresh pure air, notably when laden with health-giving ozone.

There is another point that falls under a Nurse's observation, and sometimes gives her a warning of impending dementia—the *expression* of the patient's countenance. This fact we know holds good in all cases of sickness: medical authorities call it “*facies*,” and an experienced Nurse can often tell by the *look* of her patient what she is suffering from; and in our portion of work the face is a very tell-tale feature. In the acute form of the malady the symptoms declare themselves so decidedly that no one can possibly mistake them. It is in the subtler and

[previous page](#)

[next page](#)