

OBSTETRIC NURSING.

— BY OBSTETRICA, M.B.N.A. —

PART I.—MATERNAL.

CHAPTER VIII.—DEVIATIONS FROM NORMAL
CONVALESCENCE.

(Continued from page 16.)

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

WITH respect to the Nursing duties required in puerperal fever I have but little more to tell you. They must be entirely subject to medical guidance, and cases vary a great deal. Assistance will be necessary, and the services of a Medical Nurse have to be obtained.

Whatever may be the path of invasion, the uterus is the seat of the disease, and when we consider its peculiar parturient condition, we can understand how readily infection may be spread through the system. Sudden and intense uterine pain generally marks the onset of the attack. I have pointed out to you in a previous paper what *immediate* measures to take in a case of post-partum inflammation of the uterus, and they are the same here to begin with, but there is a marked difference in the cause of the two forms of the disease, viz., septic or traumatic. In the latter it more often than not yields to prompt and skilful treatment; in the former it is not so; it but too often defies all treatment, and every fresh symptom is an increased source of anxiety. Nothing really alleviates the intensity of the pain. We get septic vomiting, mostly of a bilious character, that nothing controls—as far as my experience of the disease goes the most disquieting point of all; sometimes diarrhoea that nothing checks, and exhaustion from either or both ends the scene; hurried respiration, insatiable thirst, hot sweats, a sallow hue of the complexion; and, in spite of the intensity of the sufferings, consciousness retained to the last. All these symptoms occurred in a case that was under my care not many years ago. Patient was confined on a Sunday. The attack came on at ten p.m. on the Tuesday night following, and ended fatally at midnight on Thursday, less than a week from delivery; and others equally rapid have come under my notice.

I should not enter into these matters were it not to emphasize to my Nursing readers how important are all the measures of precautions I brought before your notice. There are many people, even now, who consider them unnecessary "fuss," but if these doubters could only witness a case of septic puerperal fever, they would admit no precautions were too excessive or too *minute* to

avoid it. Relying upon sound prophylactic measures, I hope and believe that puerperal fever will become as obsolete a disease as the plague. We do know one thing—its ravages are greatly diminished under modern treatment and modern sanitation.

Other cases, again, run a more protracted course. There is more scope for medical treatment, and more room for hope; but even here defeat often baffles effort, and we feel there is no "cure" like "prevention." In all instances the mammary secretion is checked, the lochial discharge lessened, and very offensive and antiseptic vaginal douching must be freely used. I have seen good results from cathartic enemata. There is often flatus in the bowels and intestinal pain from that cause. The most hopeful symptom is for the patient to be able to take and *retain* food on her stomach, which must be given cautiously and under medical direction, for her chance of life depends more upon judicious feeding than anything else. Recovery is tedious and not complete without change of air. As a rule, the Obstetric Nurse accompanies the lady, and it is almost as beneficial to the one as the other after the long strain that such a misfortune as puerperal fever entails upon both.

Puerperal Dementia.—This mysterious malady afflicts women of all conditions of life, and is most uncertain in its results. Sometimes the attack is only partial, at other times protracted, and in extreme instances permanent, but in either case it owes its distinctive name to the fact that the *first* indications of the disease show themselves in child-bed, or soon after. There are two forms of the disease, known respectively as the acute mania, and sub-acute melancholia. The latter is marked by a deep and unaccountable nervous depression; in the former the sufferer often attempts the life of her infant, in the latter her own. It has been remarked that, as in puerperal fever, so in puerperal dementia, a woman loses all her maternal feelings and forgets or despises her offspring, but I have known the reverse to take place; and a woman has had a nervous dread of any evil befalling her child, manifested by a deep distrust of some *one* individual, who, to her distraught mind, means ill to the infant. I found a poor afflicted patient of mine, not so long ago, with her infant so closely gripped to her breast as to really jeopardise its life; and we had to resort to stratagem to get the babe away from her. She informed me with mock seriousness that "the woman next door had a spite against her, and wanted to *kill* her boy; and she was going to take him right away from the place"; and in all probability the patient would have attempted *flight* had not timely restraint been exercised.

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