

OUR PRIZE COMPETITION.

ON VISITING A WOMAN FOUR DAYS AFTER BIRTH OF HER CHILD YOU DISCOVER THAT SHE HAS A TEMPERATURE OF 103° F. WHAT CONDITIONS MAY CAUSE SUCH A TEMPERATURE, AND WHAT OTHER SYMPTOMS WOULD YOU EXPECT TO FIND IN SUCH CONDITION?

We have pleasure in awarding the prize this month to Miss Mary K. Coleman, Bellevue Hospital Home, 440, E. 26th Street, New York City, U.S.A.

PRIZE PAPER.

A golden rule in midwifery is to regard every high temperature as septic till proved otherwise. Therefore a nurse visiting a patient four days after the birth of her child and discovering a temperature of 103° must lose no time in finding out the cause. There are many conditions which may give rise to fever in the parturient woman, the most serious one being sepsis. In addition to septicemia and sapremia must be considered:—

1. Cystitis, breast abscess, cracked nipples, plegmasia alba dolens (white leg), infected wound, the result of ruptured varicose vein. All of the foregoing would be due to septic infection.

2. Reactionary temperature caused by stress of labour should not last till the fourth day, usually falls within 24 hours of delivery. Engorged breasts, gastro-intestinal trouble, often constipation, or temperature may be due to emotional causes, such as a crying baby, letters, visitors, &c.

3. Rise of temperature may be due to something quite apart from pregnancy, such as influenza, sore throat, bronchitis, or even pneumonia.

4. Puerperal mania, sleeplessness, headache, strange behaviour on part of patient, aversion to the baby, husband, or friends.

5. Tuberculosis, cardiac trouble, rheumatism, venereal infection, or any other chronic disease may become acute during the puerperium; these conditions should have been observed, with proper pre-natal care and preventive measures applied in as far as possible.

6. Eclampsia, history of convulsions, scanty urine, headache, impaired eyesight, oedema, &c., to be considered.

Let us search for the most serious causes first, taking the 103° F. temperature for granted.

1. If on the fourth day the lochia was offensive, scanty, with such symptoms as quickened pulse-rate, a rigor, the patient looking ill, sleeping badly although unconscious of illness, the very worst may be feared—that is, septicemia, a general infection of the circulation by pus-forming organisms. Apart from the danger of this dread condition to the lying-in woman, as such patients do not secrete milk the baby will not have the advantage of breast-feeding from its own mother.

2. If the lochia on the fourth day was offensive, profuse, with tenderness of the uterus, subinvolution, frontal headache, malaise, and anorexia, the cause may be sapremia.

3. The patient may have had an ante-partum vaginal discharge, which would cause trouble.

4. Cystitis symptoms are burning pain in voiding cloudy offensive urine containing pus or blood.

5. Plegmasia alba dolens. One leg would be swollen tense, white, glistening, immobile, and painful, due to a thrombus.

6. The lesion caused by a ruptured varicose vein. There would be an ulcerated wound, purulent discharge, surrounded by an inflamed area, lymphatic streaking of limb, and swelling of the inguinal glands.

7. Breasts may be merely engorged; this usually occurs on the third or fourth day, and is due to increased blood pressure before lactation is established, the breasts being painful, knotty, swollen, and tender.

Treat with hot fomentations till breasts are less painful, then gentle firm massage with warm olive oil.

A flushed breast may occur, which is a superficial infection from a cracked nipple. Treat with hot fomentations; if neglected may go on to a mammary abscess, a serious condition which again involves the baby, as it will to some extent interfere with natural feeding. Mammary abscess must have surgical treatment as soon as possible.

Sore or cracked nipples are distressing; they may be due to badly formed or retracted nipples, or allowing the infant to suck too long when secretion is scanty. Cleanliness is important; an antiseptic pad should be applied to the part affected. In a bad case a nipple shield may be used. It should be applied moist and warm.

Gastro-intestinal trouble may be due to something more acute than the constipation often found in pregnant women, which should yield to such treatment as adjustment of the diet, adding brown bread, fresh fruit, cereals, &c., and a simple aperient occasionally.

A thoroughly trained good nurse will quickly discover signs and symptoms, and report same to the doctor without delay. She will not take any undue responsibility where an unusual condition exists. If working in England she will be acquainted with the rules and regulations of the Central Midwives Board, which are clear and concise in their instructions to midwives as to the conditions in which medical aid must be sent for.

Rule 20, for example. In case of a lying-in woman, when there is any abnormality or complication, such as offensive lochia, if persistent, &c. Many of the above conditions are most serious, and will require highly skilled nursing under the direction of a doctor.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, S.R.N., Miss M. Ramsey, S.R.N., Miss P. Thomson, Miss Mary James.

QUESTION FOR MAY.

What is malnutrition? Among what classes is it principally prevalent? What are the causes, and how should they be combated?

THE PRINCE OF WALES CONVALESCING.

The life of the Prince of Wales is of far too great value to the Empire for him to take unnecessary risks, and his two recent accidents when riding have caused great national anxiety. If he would just believe how greatly he is beloved, he would cease to cause our hearts to flutter around. The Prince is being kept at rest and free of immediate engagements.

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