

The Midwife.

CASE STUDY.

The Case Study Method as a means of promoting powers of observation and scientific reasoning in student nurses was described at the Interim Conference of the International Council of Nurses at Geneva by Miss Gertrude Hodgman, Assistant Professor at Yale University School of Nursing in a most interesting paper reported last month. By the kindness of Professor Hodgman we are able to print below the Case Study made by a student in relation to a patient admitted to the New Haven Hospital suffering from Toxemia of Pregnancy.

Mrs. — was admitted to the obstetrical department of the New Haven Hospital, March 31st, with toxemia of pregnancy. Her symptoms then were a blood pressure over 200, marked albuminuria, swollen feet and ankles, and severe headache. She was a white primipara, aged 29, with pregnancy to terminate May 5th. She was put at once on a milk and water diet with intake, output, urine and blood pressure carefully watched. The blood pressure and albuminuria continued to rise, and on April 3rd induction of labour was considered necessary. A bougie was inserted and on the following day a Voorhees bag. When the bag was expelled a manual dilatation of the cervix was done, and then a version extraction, and a small but viable premature was delivered. Cervical and perineal repair followed. The baby was at once transferred to the premature room of the children's ward. With the delivery over, Mrs. —'s condition improved rapidly and she was soon placed in the ward.

This patient is an agreeable, intelligent woman, normal in every way. She has been married two years, very happily, and is devoted to her husband. They both have been employed, so the pair have made their home in boarding-houses. This pregnancy has been hard from the first, and Mrs. — has been sick from the beginning. Her past history was negative and this her first experience with illness. Her physical condition throughout pregnancy tired and worried her. In addition she did not anticipate the baby's coming with much pleasure, for she dreaded the cares of housekeeping and baby tending after her previous domestic less life. So on admission to the hospital she was nervous, mentally depressed, and inclined to find fault with the whole situation.

Her recovery has been much facilitated by her contact with other patients. Had she been in a room by herself her mental depression would doubtless have continued longer. Between her physical condition, her lack of enthusiasm for the baby, and her separation from it after delivery, she tended to become very dejected. The breast pump has been used three or four times daily and her milk sent to the baby. But a breast pump makes small appeal to the sentiments of mother love which actual contact with the baby tends to inspire. Mrs. —'s interest in her own baby has developed largely through her observation of the mothers and babies in the ward around her. A sort of transferred emotion has established itself and she has begun to take more interest and pride in motherhood in general and in particular as it applied to herself. To encourage this she has been given various popular texts on motherhood and the care of babies. To keep her occupied and consequently happier, her help in making supplies for the ward has been solicited.

For the two weeks after delivery, then, Mrs. — made a

normal recovery, and her mental condition brightened in keeping with her physical progress. On April 16th however, her temperature rose sharply and, other findings being negative, a diagnosis of pyelitis was made. This setback, and the prolongation of her hospital stay, reacted at once on Mrs. —'s state of mind. She became quite hopeless of her recovery, grew depressed again, and began to find fault with everything in her environment. So new measures were necessary to stimulate her.

She has always been alert to her own symptoms, so now efforts were made to turn that tendency into constructive attention to her own care. She was set at the book-keeping for her intake chart, with the result that she forced fluids purposefully, and took pride in attaining the daily count of 7,000 cc. Her diet was salt free; that interested her at first because it set her apart from the other patients in the ward, and she enjoyed explaining the distinction to the newcomers. As the diet grew monotonous this lost its charm, however, and she complained again. Finally she was allowed oranges between meals, her favourite fruit. She was put on a back rest and given little extra nursing attentions. When asked to help with supplies now she was given something rather particular to do, as trying out a new variety of absorbent cotton for balls.

Gradually her disposition improved, and she settled into the position of oldest patient in the ward, with all accompanying authority. Although she still despaired of leaving the hospital she was at this time much more controlled in her moods. But now her temperature dropped nearer normal and the disproportion between her intake and output lessened. It was deemed possible to discontinue the special diet and the measured intake and output.

This freedom influenced her spirits at once and stimulated her tremendously. She was delighted to return to the regular diet, not even rebelling at the restriction against meat, which she had eaten twice daily before her illness. She enjoyed the rest from extra fluids and was first to remind the nurses that there was no longer a necessity for charting them. A nutrition worker's talk to the ward started her in planning diets for her return home and she exchanged recipes with the other mothers. She began to show more concern for her baby and to indicate that she would like to see it. When she was allowed to be up she visited the nursery and was shown how the babies were bathed. A visitor brought her materials and she undertook to embroider a baby dress. In every optimistic way she now started planning her life after she should go home and have her baby with her. And sure indication that the woman patient feels better mentally and physically, she combed her hair up on her head.

In a few days Mrs. — will go home and in a very cheerful, normal, wholesome mental state. She now feels no resentment towards the baby as the cause of her difficult experiences. She has established poise and right relations towards life and the world in general. Her abnormal physical condition was naturally turned from the depressing to the hopeful point of view. Efforts have been made throughout to turn any neurotically self-interested tendencies into practical hygiene. By companionship with the other mothers, and interest in them and their babies, her feeling towards her own baby has been stimulated. And the methods of mental hygiene which she was led unconsciously to practise have laid a foundation of strength and courage which make Mrs. — a finer woman.

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