

MIDWIVES' UNION SECTION

Mental Changes in Pregnancy and the Puerperium ^{*}—(Concluded)*From 'The Nursing Times'*

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The first question to be discussed is whether the patient should be treated in her own home. From all points of view it is very much better that she should be removed to an institution especially equipped for the purpose, but in certain circumstances it may be the nurse's lot, temporarily at any rate, to look after a patient in her own home.

TREATMENT

Generally speaking, should insanity occur during the last week of pregnancy it is better to keep the patient in her own home, in order that the child may not bear the stigma of having been born in an asylum. In the event of the patient being kept at home, at least three nurses will be necessary—two for the day and one for night. She should be in a room on the ground floor with protected windows. All means of suicide should be guarded against—gas taps protected, fires closed, and no knives or sharp instruments within reach. The patient's food should be cut up for her, and she should be either fed or only allowed to feed herself with a wooden spoon or some blunt utensil. After delivery the baby should be taken from its mother, and any other young child in the house should be isolated from the patient. Too much stress cannot be laid upon the fact that, however mild the symptoms may appear, there is always a risk of sudden attempts at suicide or even homicide. No matter how well guarded the patient may be, there is only one golden rule whereby to obtain security—that the patient should on no occasion be allowed out of the nurse's sight. This involves accompanying her to the bath-room and lavatory.

As an example, I know of a patient who, suffering from puerperal insanity, appeared to be quite well. The nurse left the room for about two minutes; during that interval the patient got out of bed, ran upstairs to the roof of a high building and jumped to the pavement about 100 feet below.

From the therapeutic side measures should be taken to secure adequate nourishment and sufficient rest for the patient. Very often the medical man in charge will prescribe sedatives as paraldehyde, bromide or chloral. If it is possible to secure rest in the open air, so much the better. The diet should be plentiful and include a liberal allowance of milk. If food is refused, the patient should be fed through a nasal tube. At least three pints of milk, three ounces of sugar and three eggs should be administered within the course of 24 hours.

Very often a midwife confronted with her first case of insanity is so nonplussed at having such an unusual type of case to nurse that she is apt to forget that the patient is a puerperal woman. The breasts, of course, must be attended to specially, as suckling will not be allowed. Very great care is necessary to avoid all risks of infection, which would naturally aggravate the

* A lecture delivered during the Kent County Council Post-Certificate Course for Midwives.

mental symptoms. Many insane patients are very uncomplaining, and may go for hours with a full bladder or for days without mentioning that there has been no evacuation of the bowels. It is the nurse's duty to see that nothing of this nature occurs. If necessary, a catheter will have to be passed, and strict attention must be paid to the regularity of the bowels. Free action of the skin is very beneficial. Incontinence and loss of sphincter control sometimes occur, and these points demand scrupulous care.

The question of induction of abortion during insanity of course arises. Many obstetricians would recommend this procedure in every case, but, having regard to the fact that the insanity occurring during pregnancy is usually of an unfavourable type—often dementia præcox—and more particularly to the fact that when abortion takes place naturally, or delivery at term, the course of insanity is not influenced, others suggest that abortion should be induced only in exceptional cases in which there is a great fear of death during labour, and particularly so if the insanity appears to be the direct outcome of this dread. There are cases in which women have had two or three pregnancies and on each occasion have had a mental breakdown. In these cases it would be justifiable not only to induce abortion, but also to sterilise. Sterilisation of the mentally defective is too broad a question to be discussed here.

Madras Government Midwife Board Examination

1. Describe in detail the following parts :—

(a) Vulva.	(c) Cervix.
(b) Fallopian tube.	(d) Ischium.
(e) Sacral promontory.	
2. Describe exactly how you would manage a case of labour with twins. What complications may arise? Indicate briefly how you would deal with each.
3. State in detail how you would feed a motherless infant.

(a) 4 days' old.	(b) 1 month old.
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4. Give exactly the meaning of the following terms :—

(a) Taking up of the cervix.	(c) Gastro-enteritis.
(b) Pre-eclamptic toxæmia.	(d) Puerperal sepsis.
(e) Ophthalmia neonatorum.	

"Work thou in well-doing is the mission of man."

What is the use of life?

Man's actions here are of infinite moment to him, and never die or end at all. "Mere existence without object and without effort is a poor thing. To make the world more worthy of God, and home hearts wiser and less accursed is the pole star of an earnest life."

God's business is always our business, and here we are fellow-workers with Him "then work for the profit of many more than your mortal eye shall see." "I should wish it could be said of me that I always plucked the thistle and planted the flower where I thought the flower would grow."

The question each man has to answer at the end of life's journey is, "What didst thou do?"

"Do each act as if the stake were Heaven, and that thy last deed ere judgment day."

STUDENT NURSES' SECTION

Vellore Unit.—

A new unit of 28 members have been formed at the Missionary Medical Hospital, VELLORE, North Arcot. At the first meeting of the pupil nurses, the students elected their committee and decided to re-elect every six months.

Local Secretary: Miss PITTMAN, Nursing Superintendent.

The General Nursing Council for England and Wales Preliminary State Examination

Tuesday, 3rd February, 1931

Anatomy and Physiology

Compulsory.—1. Give a brief description of the heart, and state where it lies in the body.

Compulsory.—2. Describe the process of digestion in the small intestine.

3. Describe the following, giving in each case its position, structure and function:—

- (a) Oesophagus.
- (b) Tonsil.
- (c) Eustachion Tube.
- (d) Conjunctiva.
- (e) Tendon of Achilles.

4. What is the purpose of respiration? What conditions determine its frequency?

Hygiene and Nursing

Compulsory.—1. What is meant by "taking" the temperature, pulse and respiration? What methods may be employed in each case?

Compulsory.—2. For what domestic purposes is water required? Mention the chief sources of supply.

- 3. Describe in detail how you would admit a new patient to the ward.
- 4. By what methods can a hospital ward be ventilated?

Final State Examination

General Nursing

Compulsory.—1. Give an account of the nursing of a patient suffering from Diabetes Mellitus, including such treatment as you have seen given for this disease.

Compulsory.—2. Enumerate the principal causes of discomfort to a patient after a laparotomy, and state some means which may afford relief.

Compulsory.—3. Describe exactly how you would give a hot pack? What would you teach a probationer assisting you in its administration?

4. What is ophthalmia? Enumerate some of the causes. Describe the treatment which may be ordered for such a condition.

5. Why are rubber gloves used in surgical work? How would you treat them before and after use?

6. (a) How is diphtheria antitoxin obtained?

(b) How is an autogenous vaccine obtained?

For what purpose is each preparation given?

Medicine and Medical Nursing Treatment

Compulsory.—1. What do you understand by (a) continuous fever, (b) remittent fever, (c) intermittent fever? Illustrate your answer by diagrams. In what disease are these different types of fever most characteristically displayed?

Compulsory.—2. What symptoms would you expect in a case of Pulmonary Embolism? Describe by patient's general condition and appearance, and give a detailed account of the nursing of such a case.

3. In what circumstances is it advisable to feed a patient entirely (per rectum)? Describe in detail how you would do this.

4. You are sent down to a country house to a patient who has had severe vomiting for several days. What information can you obtain from the patient or his relatives which is likely to be of importance to the physician who is coming shortly after your arrival?

Surgery and Gynaecology and Surgical and Gynaecological Nursing Treatment

Compulsory.—1. What do you understand by "Colostomy?" Enumerate two conditions for which this operation is performed and discuss any special precautions you would take in the nursing of a case for the first week after this operation.

Compulsory.—2. What is the common cause of a vaginal discharge in a patient of (a) eighteen, (b) fifty, (c) eighty years of age? What treatment is likely to be prescribed in each case?

3. What do you understand by Pott's Fracture?

What signs would make you suspect a patient had sustained one?

4. What is Haematoma? How does it occur and what treatment would you use as a first-aid measure?