

A Course of Lectures on Puerperal Fever.

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Of late years considerable attention has been directed to the disease, or rather group of diseases, which we know as puerperal fever. On the one hand, the coming into force of the Midwives' Act has made some knowledge of the subject essential, not only to midwives, but also indirectly to anyone who intends to take up private nursing as a profession.

An acquaintance with the details, not only of the nursing, but also of the pathology and clinical features of the disease is, moreover, now required of those who intend passing the examinations of the Central Midwives' Board. I feel, therefore, that lectures dealing with the subject with some attempt at completeness, while intended primarily for the Sisters at Monsall Hospital, where puerperal fever is

treated on surgical lines, may not be altogether unsuitable for publication in such a journal as this.

Each lecture will be complete in itself, and the subjects will be:—

- (1) The Anatomy and Pathology of Puerperal infections generally.
- (2) The causes of infection before time of delivery and subsequently.
- (3) The local signs of Puerperal infection.
- (4) The signs of systemic infection.
- (5) The treatment of Puerperal infections—(a) Local, and (b) General.
- (6) The outlook in Puerperal cases.

I will first refer briefly to the anatomy of the genital organs, and the accompanying

diagram will, perhaps, make my meaning more clear.

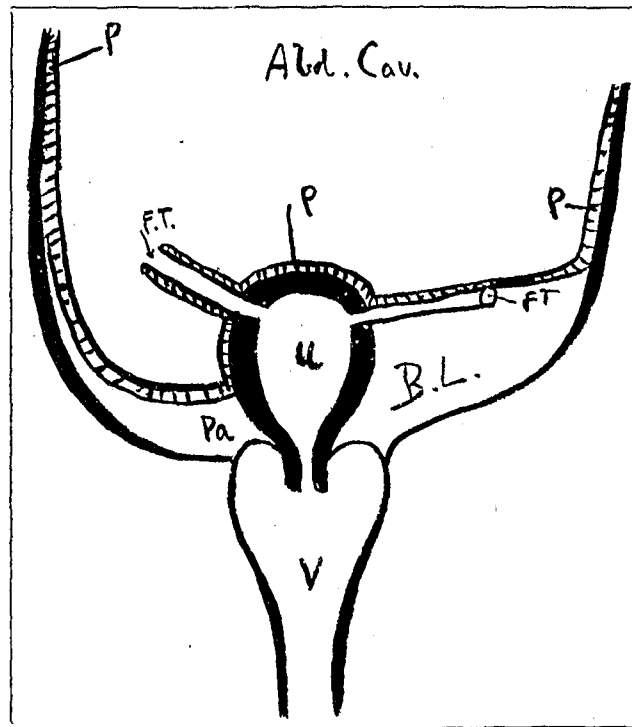
Into the vagina (*v*), which is, after delivery, a wide canal, the uterus (*u*) projects. It is divided into a neck or cervix and a body. The neck projects into the vagina, and the body lies for the most part inside the general peritoneal cavity (*abd. cav.*), which also contains the bowels and other parts of the digestive system. On the right side of the diagram is shown the level of the peritoneum (*p*). The uterus is supported, or, rather, slung, in the peritoneal cavity by the broad ligaments (one of which (*B.L.*) is shown on the left half of the diagram), which reach from the uterus to

the sides of the bony pelvis. In these ligaments run the fallopian tubes (*F.T.*), the outer ends of which open directly into the peritoneal cavity, and they also support the ovaries, with which, however, we have not much to do in this connection.

Round the neck of the uterus and such part of its body as is below the peritoneal cavity, is wrapped some loose connective tissue which acts as a packing and is known as the parametrium (*Pa.*); it is con-

tinuous with the inside of the broad ligaments, the outside being formed by folds of the peritoneum itself.

From the anatomy of the parts, it is obvious (1) that any infectious matter introduced into the vagina can get quite easily and directly, firstly, into the cavity of the uterus, and, secondly, from thence through the fallopian tubes into the peritoneal cavity itself; (2) that such infectious matter would, under ordinary circumstances, be prevented from getting into the parametrium (round the uterus) by the barrier formed by the roof of the vagina and cervix, but that if this was destroyed by a laceration or wound it could travel, not only round the uterus, but also into the inside of



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