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sweet babes in their cots; such a pretty sight.

One cannot but feel a little sorry for the mothers,

that they are parted from them except when

nursing them; but we were told the system

answers well, so no doubt it is good for both

mother and babe. The mother is certain to get

more sleep and rest by this means.

There is a Social Service Department attached
to the hospital, with a special experienced nurse
in charge, where pre-natal care is given. It is both
interesting and gratifying to learn that pre-
natal care is becoming a recognised Department of
Social Service Work, not alone in our own country.

History repeats itself, even after many centuries.

Our thanks are due to Lycurgus, the great Spartan
lawgiver, who first taught us this obvious duty!

He surely would have given his blessing to those
who conceived the happy idea of providing a
roof garden for a maternity hospital!

Beatrice Kent.

PIUERPERAL SEPSIS.

A very interesting lecture on the above subject
was delivered by Mr. Gordon Ley, F.R.C.S.,
Registrar and Pathologist at the City of London
Lying-in Hospital, City Road, E.C., to the
members of the Nurses Club, on Wednesday,
December 8th. The Club formed in 1914 is
composed of pupils trained in the hospital, all
being invited, on completion of their training to
enrol themselves as members and thus keep in
touch with their training school. Many have
availed themselves of the opportunity, and the
post-graduate lectures have been arranged for
their benefit.

The lecturer described the various forms of
puerperal sepsis, including sapremia, septicaemia,
pyemia, parametritis, and white leg, with their
appropriate treatment. He said that it was
impossible to draw a hard and fast line between,
sapremia and septicaemia, but the former word
was generally used in speaking of the less grave
forms of septic poisoning.

SAPRAEMIA.

Sapremia then indicated a toxic condition
produced by absorption of the products of de-
composition. It must be assumed that the organ-
isms causing these live on dead tissue—never living
tissue—but fragments of retained placenta, clots
and membrane. The absorption of the toxins
produced caused a rise of temperature.

The usual onset was about the third day, but
it might be later or earlier. The first symptom
was headache always, the mother nearly always
felt ill, disinclined to eat. The temperature was
generally moderate, for the reason that cases
styled sapremia were usually of a mild type.

The physical signs, i.e., those found on the
examination of the patient were a furred tongue,
and a bulky uterus in cases in which that organ
had become infected. This did not hold good in
cases of infection of the perineum.

The lochia might or might not be offensive.
It depended on the amount of decomposing tissue.

Offensiveness of the lochia was a symptom which
was only unpleasant to the nurse. Cases which
were foul smelling usually did well, and indicated
that the products of dead tissue in the uterus were
draining away freely.

SEPTICAEMIA.

Septicaemia.—Septicaemia implied that the
organisms themselves had invaded the patient's
tissues, were growing on the patient's tissues, and
had got into the blood stream. The symptoms
were usually apparent on the fourth day after
labour, but might be earlier. The earlier they
appeared the worse the patient was.

The lecturer showed the chart of a patient
who died from ante-partum infection, an un-
common condition, but one which could not be
altogether excluded. The patient was suffering
from albuminuria and he decided to induce labour.
This was done by the introduction of bougies.
The vagina was first swabbed out with iodine,
the bougies touched nothing but the cervix, and
the patient was not previously examined. On
the second day, i.e., the day after the bougie was
inserted, the temperature was normal. On the
third day it rose to 104.4 degrees. On the
evening of the 4th day the patient was delivered
of twins in a state of decomposition. The
temperature then dropped, and varied from 102
degrees to 101 degrees for four days, when the
patient died. There seemed to be no doubt
that the case was one of ante partum infection.

As to the symptoms of septicaemia, the patients
generally felt none; they felt well, and ate well,
and could not understand why they were kept in
bed. The same condition might be observed in
pulmonary tuberculosis.

On the other hand the patient looked extremely
ill. The temperature chart was of a typically
up and down character, and rigors were common.
A rigor was co-incidental with a flood of micro-
organisms into the blood stream of the patient.

When one examined the patient she appeared ill,
and the pulse was rapid, and it was a symptom of
serious import if the pulse stayed up when the
temperature was down. The tongue, in most of
these cases, was smooth, moist and glazed, though
in some cases it might be dry, hard, and cracked.
The uterus was generally contracted, the condition
was suppressed. While cases of sapremia generally
get well the prognosis in septicaemia was grave,
and the earlier the condition began the graver
it was.

Pyemia was a condition resulting from septi-
cemia, it was septicaemia which had attempted to
cure itself and failed.

In a thrombosed blood vessel the septic organisms
 grew on a clot, the clot broke down in the throm-
bosed vein adjacent to the uterus and was carried
to a distant organ where the infection became
localised. It was thus the end of septicaemia.
The symptoms also were those of long-continued
septicaemia. One found abscesses and suppurating
tissues.