

nant, deprived of sunlight, impregnated with dust, tainted with foul odours and mephitic gases, not only may contain disease-germs and spores in larger proportion than it should, but also has a most depressing effect upon an individual subjected to its influences, reducing the vitality and resisting power of that individual until there occurs perhaps microbic invasion of the system that would have been successfully resisted had the body-cells preserved their normal combatative power against pathogenic bacteria. The lying-in room, therefore, should be sunny; should be well ventilated—best by an open fire-place—and it should not possess a stationary wash-stand or any other connection with the sewer; nor should it be too near the bath-room and water-closet. If there is a stationary wash-stand in the room, its outlet should be kept stopped, water should be allowed to stand in it, and the overflow holes should be plugged with small corks or putty. If the bath-room immediately adjoins the lying-in room, the door between should be stripped.

If the room is heated by a hot-air furnace, the intake for the air and the sanitary condition of the cellar may need investigation. The Nurse should be cautioned not to leave trays of food, an unemptied bed-pan or a commode in the room over night or for any length of time. An antiseptic vulvar pad should be worn during the continuance of the lochial discharge, so as to protect the genital orifice from contact with the atmosphere, and the materials of which this pad is composed, or rather the antiseptics with which it is impregnated, should be chosen with a view of keeping the bloody discharge from decomposing should it soak through the pad, and thus be exposed to atmospheric contamination. The best materials for this purpose in my experience are salicylated cotton and carbolized gauze.

*Water.*—The water used for douches, if they are employed, or for washing of the vulva and perineum may be the source of fatal infection. All the water used about a puerper should be boiled beforehand for at least half an hour. It is not sufficient to make a germicidal solution, as, for example, of corrosive sublimate, in the belief that all germs in the water are killed by the antiseptic employed. Tetanus bacilli will live for hours in a 1:4000 bichloride of mercury solution and the other antiseptics usually employed in obstetric practice—lysol, kresin, creolin—may be perfectly inert against many dangerous pathogenic germs during the time that usually intervenes between the preparation of an antiseptic solution and its use upon a patient. I have seen three women contract tetanus from intra-uterine douches of unboiled water (creolin 2 per cent.) during a time when

the water of Philadelphia was unusually turbid in consequence of freshets in the Schuylkill Valley.

*The Patient.*—The parturient and puerperal woman may be infected by disease-germs carried upon her person, especially in the pubic region; by her personal clothing, by the bedclothing and mattress, by the vulvar pads, and the pads upon which the buttocks rest, by the material used to wash off the vulva and perineum, and especially by pathogenic bacteria lodged in the vaginal or uterine mucous membranes before labour or even prior to conception.

To ensure the greatest obtainable degree of personal cleanliness, the woman falling in labour should be given a full bath, special attention being paid to scrubbing the genital region most thoroughly with soap, hot water, and a soft-bristle brush or a wash-rag. After the bath the woman should put on clean clothes throughout. The mattress on her bed should not be soiled by the discharges of previous labours, by urine, fæces, or other putrescible matter. It should not have been used in any case of contagious or infectious disease, and it should be protected by a rubber cloth that has been carefully scrubbed clean. The bedclothing should be clean, the bed being freshly made up for the labour. The pads on which the buttocks rest during labour and afterwards should be made of nursery cloth, prepared in the way described in my directions to the Nurse (boiled and dried). It is scarcely necessary to say that a pad when soiled should be thrown away and not used again. The vulvar pads should be made of carbolized gauze and salicylated cotton, the best materials for disinfecting a bloody discharge. The Nurse should make them up with sterile hands as they are required, or, if she makes a number at a time, they should be wrapped in a clean towel and taken out for use with sterile hands. The material used to wipe off the genital orifice, the mouth of the urethra, and the perineum should be absorbent cotton soaked in a 1:1000 solution of sublimate for at least half an hour before its use. During the second stage of labour these pledgets of cotton are employed to wipe away fæces as it emerges from the anus, always in the direction from before backward.

Care must be exercised to remove blood and blood clots from the vulva before putrefaction sets in. This is best done by placing the woman on a bed-pan, letting a stream of boiled water run over the parts, and, if necessary, using cotton to wipe them off. This should be done about six times in the twenty-four hours for the first four or five days, and then two or three times a day until the discharge ceases.

(To be continued.)

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