

Symptoms and Diagnosis of Puerperal Infection.

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The Patient.—A careful examination should be made of every woman's vaginal discharges in the beginning of labour. If there is leucorrhœa or any pathological condition of the vaginal secretions, the vagina should be thoroughly scrubbed out with tincture of green soap, hot water, and pledgets of cotton, and should then be doused with a bichloride of mercury solution 1 : 2000, a little clear water being employed at the end of the douche to wash out any residual sublimate solution that might poison the patient, or do harm to the infant's eyes in its descent through the birth-canal.

It should be borne in mind, in the conduct of the labour, that excessive bruising, long-continued presence of the maternal tissues, extensive injuries, all conduce to microbic invasion of the parts by reducing their vitality and by affording, through solutions of continuity, a ready entrance into the system. The proper conduct of labour, therefore, is an extremely important item in the preventive treatment of puerperal sepsis.

Finally, in the management of the third stage of labour and of the early puerperium the greatest care should be exercised to evacuate the uterine cavity of all putrescible matter and to secure, as far as possible, firm contraction of the womb. The presence of dead foreign matter within the uterine cavity will pretty surely attract saprophytes, and an imperfect involution of the womb will favour the direct invasion of the uterine sinuses and blood-channels by microorganisms, and the absorption of the products of microbic activity into the circulation and into the lymph-spaces.

The Physician.—The physician should not carry infectious germs upon his person or clothing into the lying-in chamber, and he should be scrupulously careful not to insert pathogenic germs into the woman's vagina in the course of his examinations. If a general practitioner is in attendance upon infectious and contagious diseases, he should either give up obstetric practice entirely or, if he cannot do so, he should take a full bath and change his clothing completely before attending a woman in labour.

It is a wise precaution to carry in one's obstetric bag a long linen gown, or a pair of duck trousers and a cheviot shirt. The change of clothing should be made in another room

before seeing the patient at all, or at any rate before making an examination.

In the preparation of his hands for an examination the method recommended by Fürbringer is to be preferred. This consists in a ten-minutes scrubbing of the hands with a nail-brush, hot water, and tincture of green soap, followed by a most thorough scrubbing with alcohol, and this followed by immersion of the hands in a 1 : 1000 bichloride of mercury solution for at least two minutes. The examining finger should then be anointed with carbolic vaseline (5 per cent.), and in making the examination the vulvar orifice should be exposed by lifting up the upper buttock as the woman lies upon her side, so that the finger can be inserted directly into the vagina without becoming contaminated by being swept over the skin near the anus or pubes while searching for the vulvar orifice. As every examination entails upon the woman some risk of infection, the examinations should be limited in number as much as possible. The best results ever obtained in obstetrical practice, as regards both morbidity and mortality, have been secured by an almost entire elimination of the vaginal examination, which has been replaced in the practice of some enthusiasts by abdominal palpation, and even by rectal examinations. It is unnecessary, however, and is moreover inadvisable, to give up the vaginal examination altogether. Much may be learned by abdominal palpation, so that there is little necessary information to be gained by examining *per vaginam*, but there are some conditions that can be learned in no other way. A few vaginal examinations in the course of labour are therefore indispensable. No harm is done by these examinations if their number is restricted, and if sufficient care is exercised to secure perfect cleanliness of the examining hand, and to conduct the examination in the way described above.

Nurse.—The Nurse should adopt the same precautions in regard to personal cleanliness that have been recommended for the physician. She should not have come from a contagious or infectious case. She should put on fresh clothing throughout for attendance upon the obstetrical patient. She must take a full bath; scrubbing her hair and scalp well with soap and water, and rinsing her hair in a 1 : 1000 sublimate solution, which is then washed off with pure water. Her hands should be carefully prepared according to the method above described before any manipulation of a patient's genital region or of her breasts. It would be her duty, also, in the care of a puerpera, to enforce the sanitary and aseptic regulations described already under their appropriate heads.

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