

*Implements.*—All implements to be used about the person of the parturient and puerperal woman should be boiled for at least five minutes. In the case of a few articles that might be injured by boiling water, a bichloride solution 1 : 1000 should be employed for their disinfection, a full half hour at least being allowed for the immersion, and the bichloride solution being made up with boiled water.

#### THE CURATIVE TREATMENT OF PUERPERAL INFECTION.

The treatment of puerperal sepsis is both local and general. Locally, a thorough disinfection of the whole genital canal is called for in every case of puerperal infection. It may appear unnecessary, and may prove on actual experience to be even harmful, but no one can tell beforehand how necessary this procedure will be. In the vast majority of cases it will be productive of the greatest good. It is only occasionally useless and very rarely actually harmful. It should, as already stated, invariably precede all other treatment for puerperal infection. The method of disinfecting the genital canal may be described as follows: A double tenaculum, a large, dull curette, a placental forceps, and an intra-uterine catheter are boiled for fifteen minutes. The operator disinfects his hands and arms. The patient is placed in the dorsal posture across the bed, with her buttocks resting on a rubber pad. The external genitalia and the vagina are scrubbed with tincture of green soap in hot water and pledgets of cotton; the vagina is douched with a sublimate solution, 1 : 2000. The operator then seizes the anterior lip of the crevix with the tenaculum. An intra-uterine douche, sublimate solution, 1 : 2000, at least a quart, is administered. Then with the curette and the placental forceps in turn the uterine walls are gone over thoroughly in all directions, six to twelve times, till nothing is brought away but bright blood; a second intra-uterine douche concludes the treatment.

If the womb is flabby and large, with a tendency to flexion, so that the drainage of the uterine cavity is not good, I would recommend packing the cavity with iodoform gauze. I have found it of advantage in the majority of cases to pump into the uterine cavity, by means of a Davidson's syringe and a two-way catheter, a mixture of two drachms of iodoform, and two ounces of sweet oil.

In addition to cleansing the uterine cavity in the manner described, the operator should take the opportunity of carefully inspecting the visible portion of the parturient tract, and if on the cervix or in the vagina there are false membranes or areas of inflammation and localised infection, these should be carefully treated—best by the application of a strong solution of nitrate of silver, a drachm to the ounce.

It may be necessary to repeat the intra-uterine douches several times—in fact, several times a day for many days; in this case plain water only should be used. Nothing is gained whatever by the employment of strong chemical disinfectants which cannot always reach and destroy the infecting micro-organisms of the genital tract, but which do have a most depressing action upon the body-cells of the walls of that tract, reducing their resisting power against the invasion of attacking bacteria.

It is rarely necessary to repeat the curettement or the use of the placental forceps. It may be advisable to provide drainage from the uterine cavity by the insertion of a strip of gauze to the fundus. This is only necessary, however, in those cases of flabby, relaxed wombs which fall forward on themselves in such a manner as to prevent the free exit of the lochial discharge.

The general treatment is stimulating. The patient should have as much food of an easily digestible character, chiefly milk, as she can digest, and as much alcohol as she can consume without showing the physiological effects of it. Digitalis will be useful as long as the pulse is above 110. Strychnine may be combined with it in suitable cases. To tide the patient over emergencies, carbonate of ammonia in large doses by the bowel, and nitro-glycerine hypodermically may be required. Inhalations of oxygen may be of service. Absolute rest and freedom from all disturbances, mental and physical, must be insisted upon, and the patient should be given the best nursing that the family can afford.

(To be continued.)

### Appointments.

MISS BARTON has been appointed Superintendent of the new Nurses' Home in connection with the Chelsea Infirmary. Miss Barton was trained at the Royal Hants County Hospital, at Winchester, where we hear "she endeared herself to all her fellow-workers." She has also been specially trained in Maternity Nursing at the Clapham Maternity Hospital, so that she will bring ripe experience to the performance of her new duties. Miss Barton is a niece of the Archbishop of Dublin, and the Chelsea Infirmary Nurses are to be congratulated upon their Home being superintended by a cultured gentlewoman. We congratulate the Infirmary Board upon their selection, and trust they have taken care to define Miss Barton's duties and position, so that it may be possible for her to do her work without friction and worry.

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