

## A Case of Puerperal Septicæmia occasioned by a Fœtus Papyraceus in utero.

Several years ago, I had a somewhat strange experience which may be of interest to nurses and to the public as exemplifying the value of the present Act for the Registration of Midwives.

I had come to stay in a small village to recruit after a specially severe strain of work. Immediately on my arrival I was told of a poor woman in the neighbourhood who "had had a very bad confinement, and did not seem to get better, but only worse," and who "had no one to take care of her."

I went at once and found her husband in sole charge, the sick woman, the baby, and eight other children depending on his care.

I heard something of the history of the case from him. He had been laid up and out of work for months, and his wife had kept the family by going out to scrub and wash, walking a considerable distance to her work every day during the whole of her pregnancy. She was thirty-three. This was her ninth child. This day was the 19th day after delivery. An old woman, a professed "midwife" of the ancient *régime*, had been with her during her confinement, and continued to come in every morning and evening. Shortly after the birth of the child there had been an alarming hæmorrhage. The patient had become unconscious and had had hot bricks applied to her side. She had rallied, but "did not seem to mend."

On entering the bedroom one was struck by the foul odour. The patient was perfectly pallid, her lips blanched, her skin dry and hot, her pulse rapid and very feeble, her tongue loaded and dry. Her temperature was 102.6. There was no secretion of milk and no lochia. She was suffering from great thirst and a distressing feeling of exhaustion, but had no pain or tenderness.

I found the uterus large and soft, the fundus just below the level of the umbilicus.

I sent for a doctor, and in the meantime, as he lived at a considerable distance, I gave a creolin vaginal douche (with a Fountain irrigator), endeavouring to express any portion of the placenta or large clot that might be preventing involution from taking place.

The uterus contracted, and a strange-looking brown substance was to be seen protruding from the vulva. I found that it passed up through the os, and was firmly attached to the uterus.

I sent a second note to the doctor explaining further the state of things, and asking him to come without delay.

As soon as he arrived he removed the strange-looking foreign body.

It proved to be a flat, tough substance almost half an inch thick, of the size of a man's hand, very

much resembling tanned leather. Attached to it was a long rope of strong membrane terminating in a flattened oval about the size of a shilling. The stench which proceeded from it was beyond anything I have ever experienced. In a moment, the whole cottage was permeated with it, and it was some time before one could forget it.

Unfortunately in peeling it away from the side of the uterus a slight wound was made, evidenced by a drop of bright blood on the membrane at its point of attachment (the little oval piece).

In spite of an immediate intra-uterine douche (corrosive sublimate), the temperature rose at once markedly, and the symptoms were aggravated instead of relieved by the removal of "the piece of leather."

The virulently poisonous bacteria were evidently sucked up by the wounded spot in the uterus, and the prognosis did not look very cheerful.

The doctor expressed great relief that a trained nurse was willing to undertake the patient, and left the regulation of the diet, stimulants, &c., to me.

A battle for life ensued. I had before my eyes a vision of nine young children left motherless, and neglected from a miserable lack of ordinary skill and professional care at the time of the confinement.

The cause of the severe *post-partum* hæmorrhage was, of course, explained by the presence of this neglected foreign body, as also was explained the failure of involution up to the nineteenth day, and the septic condition of the patient.

In addition to the battle with puerperal septicæmia was the fearfully exhausted condition of the patient after the hæmorrhage, and the delay of nineteen days before any steps had been taken for her recovery.

However, there were some bright spots also. The husband was a sailor, and was accustomed to receive and obey orders, and I found that I had never had a more obedient probationer. Up to his lights he was perfectly trustworthy, and he never swerved to the right or the left of the exact letter of his instructions. He wrote down accurately every ounce of food that was taken while I was resting, the amount of sleep and other details that I required of him, and showed great intelligence in observation. He would have been well worth training as a male nurse.

Then, too, I had a perfect patient. It was very clear that by nature she was full of pluck and spirit. Though she had never seen me before, her faith in me and her affection and gratitude were most touching. She showed unmistakable signs of relief at being taken charge of and complete assurance that "now she was sure to get well right away." This unbounded confidence in her own recovery was undoubtedly a help towards it.

For five days after this, the septic fever raged. The temperature ranged from 103 to 104.2 deg., without marked remissions. Diarrhœa was persistent,

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