The Treatment of Puerperal Fever.

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The previous lectures have dealt with the causes of puerperal septic disease and the effect which it has on the patient both locally and in general. We have now to consider its treatment.

As a matter of fact, it is quite wrong to talk about the treatment of any disease. The only occasion on which anyone undertakes to treat a disease is when he has, unfortunately, to write an examination paper on the subject. In practice we treat the patient, not the disease, and we must not lose sight of the distinction between the symptoms or signs of the illness itself and those which indicate the effect which it is having on the patient. Another way of putting this is to say that we must always take the patient's powers of resistance into account.

Consequently, there is no royal road to the treatment of any disease, and this is especially true in the case of puerperal fever, the effects of which are so *different in different patients*, and one of the most difficult things I know is to what extent one ought to interfere, how much the patient is going to do herself, and how much surgical help she really wants.

Another reason why one should not be too dogmatic is that all authorities are by no means agreed, even on the important points in the treatment of puerperal sepsis; so, while I must of necessity describe what I have found to be the best methods, I want to make it quite clear that there are other procedures which others have advocated with equal conviction, which you will meet with, in all probability, in your practice as time goes on, and which you will be required to assist in carrying out. You must not, therefore, think for a moment that what follows is the only correct method of treating any individual case.

I need not dwell on the preventive treatment, as that should be obvious if the causes of infection are understood. It may, however, be summarised somewhat, and, as far as the nurse is concerned, we may say that puerperal sepsis may be due to sins, either of omission or commission. The former are:—

(1). Neglecting to disinfect adequately both the external genitals of the patient and the hands before making each internal examination. Personally, I should go further, and say that the use of rubber gloves by the nurse at a confinement is essential.

(2). Omitting to cover up the vulva after delivery, and to keep it covered with an antiseptic pad, until all discharges have ceased.

The sins of commission are:—

(1). Making unnecessary vaginal examinations, even with sterile hands.

(2). Giving vaginal douches, either immediately after labour or during the puerperium, unless they are directly ordered by the doctor. If they are prescribed, they must be given from a douche can with a sterile nozzle, and not with a Higginson's syringe.

Coming now to the curative treatment, which is mainly surgical, the first essential is *that a thorough examination should be made* with the parts well exposed. For this, it is not, as a rule, necessary to give chloroform or ether. About one hour before the time fixed for the examination, a dose of about two ounces of brandy is given in hot water, with a little of the liquid extract of liquorice to disguise the flavour of the alcohol. Half an hour later a hypodermic injection of morphia is administered. For the examination, the patient is placed in the lithotomy position, and the cervix well exposed and drawn down with forceps. If necessary, the mouth of the womb is dilated until it admits the finger easily. With an assistant pushing down the uterus by pressure through the abdominal wall it is sometimes possible to detach a piece of placenta with the finger, but as a rule, owing to the fact that the organ has not contracted as it should have done, it is not possible thus to reach every part of its interior. Some idea, however, can usually be got of the extent to which the uterus is inflamed or otherwise diseased.

With a large, sharp curette, the entire mucous membrane is then removed by scraping, and the raw surface thus produced is swabbed thoroughly and firmly with whatever antiseptic is preferred. Personally, I usually employ undiluted izal fluid, but the important point is not so much what drug is used as the thoroughness with which the application is made. When nothing more can be detached with the swab, the interior of the uterus is packed with some antiseptic gauze and a vaginal plug of the same material is inserted also. Neither intra-uterine or vaginal douching is employed at this stage, and the plugs are taken out in 24 hours or so. In the majority of cases nothing further in the way of intra-uterine treatment is required. Any lacerated surfaces in the vagina or cervix can be touched with the antiseptic at the same

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