

## CLINICAL NOTES ON SOME COMMON AILMENTS.

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### PUERPERAL SEPTIC DISEASE.

Before leaving the subject of wound infection, I wish to say a few words about a special type of the disease which should be of interest to nurses, if only because what they—and we practitioners, too—do, or leave undone, makes such a vast difference to the patient—I mean the infection of the raw surface or “wound” left after childbirth in the genital canal, and which we know as puerperal fever, or, as I prefer to call it, puerperal septic disease.

Before we study the details of this type of infection it may be as well to recall a little of the history of the subject. At the earlier part of the last century almost every woman who came into a lying-in hospital to be delivered, lost her life in the process. As a rule, all went well at the confinement, and until about two days after, when the unfortunate woman became feverish, delirious, and died in about two days, or sometimes even in twenty-four hours from the onset of the symptoms. No one came into these institutions unless she was destitute, or had been overtaken in labour before she could reach her destination. And this state of things had persisted for many years until a Viennese physician named Semelweiss found that when he had compelled all students and nurses, who attended the lying-in women, to wash their hands in a solution of chloride of lime (bleaching powder) before touching the patient, and not to come (in the case of students) direct from the dissecting room or the post-mortem theatre to the bedside of the patient, this thing no longer happened. Instead, only about one-tenth of the patients suffered from this child-bed fever, as it was called, at all, and the lying-in hospitals of Vienna, were transformed from pest-houses into places a little more worthy of the *Mater Misericordiae* to which most of them were dedicated. In time, as the rest of the medical profession adopted the methods and abused the man—a custom which has not yet gone out of fashion—the same results were obtained in the hospitals of other cities, and in consequence of Semelweiss' teaching (and of its developments, made possible by the elaborations of antiseptic and aseptic surgery) lying-in hospitals became places of absolute safety as far as puerperal fever was concerned. The man himself was rewarded with the hatred and sneers of his colleagues, and with a pauper's grave.

I have said that puerperal fever has been banished from the lying-in hospital. In private practice it persists, and though not to any extent rampant, it yet claims annually the deaths of very many women, and the crippling of many more. We have only to stand for a few moments and watch the long string of pale-faced, prematurely aged women in the dismal procession to the gynæcological departments of our general and special hospitals to realise this. There we see women who, until their confinement—often their first one—were bright, healthy people, taking a pride in their house and family, and who have been reduced in a few weeks by an attack of preventible infection to weary-eyed drudges, harried day and night by dragging pelvic pain, and almost wishing that they had perished in their illness. Of all the patients who attend these hospitals about one-half, at a low estimate—and the proportion has been put by a sagacious gynæcologist as high as two-thirds—owe their misery to septic infection following a confinement or miscarriage. Have we much to boast about after all? Would it not be better to make a pilgrimage of penance to the grave of the man whose heart we, as a profession, broke?

But to return to the details: Puerperal Sepsis is, as I have said, simply a variety of wound infection, and the wound exists already in the uterus after every confinement, at the place where the placenta, or after-birth, is attached during pregnancy; as this organ comes away after the child is born, a raw surface is left. In a normal labour, that is to say, one in which the child is delivered without any interference whatever from outside, this wound is soon closed by the contraction of the uterus itself, and, inasmuch as in health the womb does not contain any germs, infection does not take place.

Very few labours, however, are normal in this sense, for largely as a consequence of modern development, the wearing of corsets, and so on, the causes being too numerous to be detailed here, the muscles of the pelvis are not so strong in a civilised woman as in a savage, and the outlet of the arch formed by the pelvic bones, through which the child has to pass in delivery, is somewhat narrower. Consequently it has become the custom for a parturient woman to be attended by some one, physician or nurse, who, in order to ascertain whether labour is progressing satisfactorily, has to make an internal examination to discover the position of the presenting part of the child.

Now the hands of the attendant may, or may not contain organisms of some kind or other—unless they have been carefully sterilised and, preferably, also encased in rubber gloves,

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