with a pad of antiseptic wool, or other absorbent material; the napkins that are used for this purpose are not absorbent and certainly far from sterile, and, in fact, when there is another child in the house they are apt to be taken from the batch that is used to keep him clean.

In practice it is surprising—in considering a series of cases—how frequently one finds that the onset of an attack of puerperal sepsis occurs about three or four days after delivery, or even later. Inasmuch as the incubation period of most puerperal infections does not exceed forty-eight hours, it follows that infection results in a case not from anything that is done at the time of delivery, but from subsequent procedures, generally vaginal douches or septic napkins. This is rather an important point in one way because it not infrequently happens that the doctor or midwife who has attended the patient during the confinement, but has not had occasion to make any internal examinations subsequently, gets blamed quite unjustly for an attack of puerperal sepsis arising on the fourth day.

We now come to the treatment of puerperal sepsis itself, and it would be possible to write a volume on this subject alone, as it is fraught with several difficulties, which have arisen partly from the fact that opinions are divided amongst obstetricians as to the extent to which operative interference is indicated or justifiable. I shall, therefore, content myself with indicating the main points which guide us in dealing with the different types of case.

We attempt to do two things, to remove the source of infection if this be possible, and to assist the patients' leucocytes in their efforts to combat the organisms or their toxins.

The first thing is to examine the uterus thoroughly with the gloved finger, the patient being in the lithotomy position. If a piece of loose placental tissue be found inside—as is very often the case—it will suffice to remove it and to swab the lining membrane of the uterus with some antiseptic. An intra uterine douche is sometimes given, but there is with this the risk of washing septic material up the Fallopian tubes into the peritoneal cavity. This class of case usually does well; given that the patient is seriously ill, it is much better to find retained placenta than not, as far as the outlook for the patient is concerned.

But we may find that there are no loose masses, but that the uterus is inflamed throughout, the lining membrane being saturated with micro-organisms. Here opinions differ; some surgeons remove the lining membrane with a curette and swab the raw surface with a powerful antiseptic, while others hold that nothing active should be done, in the belief that one is more likely to do harm than good thereby.

If streptococci can be found in the circulating blood by bacteriological examination, local treatment is not of much avail, but if the organisms have travelled up the tubes into the peritoneal cavity, and general peritonitis follows, the only hope for the patient lies in opening and draining the abdomen without delay.

But whatever may be done, or left undone locally, we have to encourage the patient's powers of resistance by all means in our power, and here the most useful measure undoubtedly lies in the administration of large quantities of saline solutions under the skin of the axillæ or breasts. These have a twofold action; they encourage the production of fresh leucocytes in the body, and they also stimulate the kidneys so that toxins are more easily excreted. Quinine is also useful in some cases, and it is generally necessary to use stimulants fairly freely. In any case the patient requires very careful nursing, and there is perhaps no class of case in which the surgeon is so dependent upon the nursing for a successful result. The main point is to consider no case of puerperal sepsis hopeless until she is dead.

AN ADDRESS OF WELCOME TO QUEEN MARY.

The *Nursing Journal of India* for December announces that the combined Associations of Superintendents and Nurses hope to present an Address to Her Imperial Majesty Queen Mary while in India. The lettering of the Address will be done in a beautiful shade of blue, very clear and distinct type on a rough-edged paper with an artistic simple gold bordering. The cover is one of royal blue calfskin lined with white satin, and the following inscription in 18-carat gold :—

"Presented to Her Imperial Majesty Queen Mary by the Trained Nurses' Association, and the Association of Nursing Superintendents of India, December, 1911."

MEMORIAL TO MISS NIGHTINGALE.

It is announced that the £6,000 required for the proposed statue to Miss Florence Nightingale has been practically secured by private subscription. All nurses will be very glad that this small sum has at last been contributed. It is hoped that the statue will be placed in Waterloo Place, London, a splendid site, opposite the Crimean Memorial, and therefore eminently suitable for the purpose.

previous page next page