The Midwife.

PUERPERAL INFECTION.

Dr. Furneaux Jordan, F.R.C.S., who delivered the Ingleby Lecture at the Birmingham University (which is reported in full in the *British Medical Journal*) on "Puerperal Infection, with special reference to Vaccine Treatment," spoke in part as follows:—

Causation.

When we think of the usual surroundings of the new-born babe, we must be surprised not that there is so much puerperal fever, but that there is not a good deal more. In direct contact with the patient, in direct contact with the doctor's or midwife's hands, in direct contact with any tear or wound that may be inflicted, are, in most of the working-class houses, blankets or sheets or clothes that, even if not describable as dirty, cannot by any stretch of the imagination be called surgically clean. It is surely legitimate to ask why sterilised towels should be placed all round the field of an operation and not around the field of a delivery, the latter being even more exposed to the risk of infection than the former. We take infinite pains to keep from an operation wound staphylococcus, *Bacillus coli*, *Streptococcus pyogenes*, &c. Do we, can we honestly say that we do, invariably take the same pains to keep them from a cervical or perineal tear in a confinement? The doctor in attendance will invariably tell you that he thoroughly sterilised his hands, that his forceps were boiled, also any sutures and needles that he used, but is there as much attention paid to cleansing the patient as there is to cleansing the doctor's hands? I think it may truly be said that there is not, and, as I shall show you in a few minutes, it is here that the danger lies. Before a difficult forceps case is finished, the hands of the attendant must frequently come into contact with the thighs, vulva, and abdomen of the patient, and although they may be thoroughly sterilised to start with, it is incredible that they remain so to the very end. If we hold the view that puerperal fever is only taken to a case from a previous one, that the causative germ comes into the room on the attendant's hands or instruments, and is not present on or in the patient, then the ordinary method of procedure would be sufficient; but let us examine this causative germ for a few minutes.

Dr. Jordan then proceeded to show that the streptococcus in the uterine discharge of 17 out of 21 cases of puerperal fever under his care had been proved to be quite distinct from any other, and suggests that it shall be called *streptococcus puerperalis*. He believes that this streptococcus is present in the contents of the bowel, and that the puerperal woman is very susceptible to its action. Its presence in the bowel will explain everything, including those cases in which in spite of many precautions fever occurs.

Treatment.

Preventive.—There can be little doubt as to the lines that should be followed in order to keep patients free from puerperal fever.

In the cases above referred to the *Streptococcus puerperalis* was associated three times with the *Bacillus coli*, the *Bacillus coli* was found alone in one case, a profuse growth of *Bacillus coli* with a few streptococci occurred in another, the *Staphylococcus aureus* in yet another, and lastly, a fine colony of streptococci unlike the *Streptococcus puerperalis* in another. Bearing these facts in mind, and also the theory that the *Streptococcus puerperalis* is present in the bowel, it will be recognised by all that absolute surgical cleanliness, not only of hands and of instruments, is essential, but equally essential is the absolute surgical cleanliness of the patient's skin. The whole area of the field of delivery should be thoroughly cleaned—the thighs, the vulva, and the abdomen—the hair should be clipped quite short, and if any obstetric operation has to be performed, I think it would be better to shave it off.

Since at the beginning of labour an enema is given to ensure as far as possible that the rectum shall be empty during the delivery of the baby, it follows that the neighbourhood of the anus has recently been infected by contact with the contents of the bowel. It is our especial duty to pay greater attention than we have done to cleansing the region of the anus. However well the rectum is emptied it usually happens that more or less of the bowel contents are expelled in the last part of the second stage of labour. It is wise to have a bowl of solution of mercury biniodide (1 in 1,000) close at hand with some biggish pieces of absorbent wool in it, and as any faecal matter escapes wipe it away thoroughly from front to back with the solution; thus will any possible infection be carried away from the vaginal opening. Care should be taken not to soil one's fingers in doing so—to be successful in this the pieces of wool should be of large size. Always wear a sterilised gown, and take three or four sterilised towels to place under the patient and over the edges of the patient's turned-up clothes and turned-down bedclothes. If there is a nurse in charge beforehand she can prepare the sterilised towels before the stage of labour at which they will be required is reached. We must cleanse our hands before we start cleansing the patient, and after cleaning the patient we must clean our own hands again, and then put on the gown and place our towels ready in position. Some of you will at this stage put on rubber gloves that have been boiled, others will not. If a man has absolute faith in the power

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