

## OUR PRIZE COMPETITION.

### WHAT FORM OF INFECTION IS LIKELY TO FOLLOW THE RETENTION OF THE PLACENTA AFTER DELIVERY, AND WHAT ARE ITS CHARACTERISTICS?

We have pleasure in awarding the prize this week to Miss Helen Cynthia Ashley, Royal Halifax Infirmary, Halifax.

#### PRIZE PAPER.

Sapræmia, or localised sepsis, is the infection which is caused in the first place by retained pieces of placenta, but septicæmia, or blood-poisoning, may eventually follow. Sapræmia is caused by a certain class of germs which find dead tissue necessary for their existence. They live and multiply on the pieces of dead placenta which are retained in the uterus, and the poisons which these waste products throw off are absorbed by the uterus, and so the infection is set up. This condition may predispose to septicæmia by diminishing the resisting power of the body. Severe cases of sapræmia may be mistaken for mild cases of septicæmia, and the nature of the case is often only proved to be sapræmia by the rapid recovery of the patient after the removal of the retained piece of placenta. Its characteristics are—

The local symptoms are marked. The patient may complain of after-pains, which in some cases are due to retained products. On examining the abdomen the uterus will be found to be tender, and larger than it normally should be—that is, involution is not progressing favourably. The lochial discharge is very offensive, and may be excessive.

There will also be the usual symptoms of fever—*e.g.*, rise of temperature, increased pulse rate; also the respirations may be quickened. The patient may complain of headache, pain in back and limbs; also of great thirst. She may also have loss of appetite, a furred tongue, and be troubled with constipation.

Whenever any or all of these symptoms or signs are present, the nurse or midwife must at once report the case to a registered medical practitioner, who will perform the necessary operation of emptying and douching out the uterus, and also give directions for the treatment which is to follow.

If the infection is purely sapræmia, the patient should make a rapid recovery after the removal of the retained and waste products.

#### HONOURABLE MENTION.

The following competitors are accorded honourable mention:—Miss L. H. Buck, Miss Gladys Tatham, Miss N. Playne, Miss E. Newsome, Miss E. Frost, Miss S. A. G. Lett, Miss S. Simpson.

Miss E. Douglas' paper unfortunately arrived too late to be included in the competition.

Some competitors who mention the treatment of cases of retained placenta suggest hot vaginal douches, but make no mention of the removal of the cause of the trouble from the uterus. It must be borne in mind that the placenta is retained, not adherent. Its removal, therefore, may be accomplished by means of drugs administered by mouth causing contraction of the uterus, and consequently the expulsion of the retained portion, or by an intra-uterine douche, by means of which the retained placenta may be washed out, or by manual exploration of the uterus and removal of the piece of placenta. If the symptoms indicate that the condition is present it is not usually advisable to wait for the action of drugs, which may, after all, fail in their effect, for every moment is of importance to the patient, as the absorption of toxins is going on until the offending cause is removed. Immediate washing out of the uterine cavity affords the most satisfactory form of treatment, and usually the decomposed piece of placenta is returned with the douche, the temperature comes down, and the symptoms subside. It must be remembered that if a patient shows symptoms of rise of temperature and general malaise, which usually are present after a few days if there is retained placenta, she comes under the conditions in which, if a midwife is in attendance, medical help must be sent for—*i.e.*, "in all cases of illness." If a midwife or nurse is directed to give an intra-uterine douche she must remember that in skilled hands it is most efficacious; in unskilled hands, very dangerous. The dangers are: (1) The uterine wall may be pierced by the tube if not skilfully inserted. It should therefore be passed between two fingers of the left hand in the cervix, and thus guided within the uterus. The uterine tube used should be grooved, so that the fluid injected may readily flow back. The pressure should be slight, otherwise the fluid may pass through the fallopian tubes into the peritoneal cavity; therefore the douche-can should be very little above the patient. The fluid used should be sterile, and of a non-poisonous character, as a strong solution of such an agent as perchloride of mercury may become absorbed at the placental site, or find its way through the fallopian tubes, and poisoning ensue. It is also important that upon the withdrawal of the tube pressure should be made on the fundus of the uterus to ensure the expulsion of all fluid.

It is unnecessary to emphasise that the douche must be given under strictly aseptic conditions.

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