

—sweet babes in their cots; such a pretty sight. One cannot but feel a little sorry for the mothers, that they are parted from them except when nursing them; but we were told the system answers well, so no doubt it is good for both mother and babe. The mother is certain to get more sleep and rest by this means.

There is a Social Service Department attached to the hospital, with a special experienced nurse in charge, where pre-natal care is given. It is both interesting and gratifying to learn that pre-natal care is becoming a recognised Department of Social Service Work, not alone in our own country. History repeats itself, even after many centuries. Our thanks are due to Lycurgus, the great Spartan lawgiver, who first taught us this obvious duty! He surely would have given his blessing to those who conceived the happy idea of providing a roof garden for a maternity hospital!

BEATRICE KENT.

### PUERPERAL SEPSIS.

A very interesting lecture on the above subject was delivered by Mr. Gordon Ley, F.R.C.S., Registrar and Pathologist at the City of London Lying-in Hospital, City Road, E.C., to the members of the Nurses Club, on Wednesday, December 8th. The Club formed in 1914 is composed of pupils trained in the hospital, all being invited, on completion of their training to enrol themselves as members and thus keep in touch with their training school. Many have availed themselves of the opportunity, and the post-graduate lectures have been arranged for their benefit.

The lecturer described the various forms of puerperal sepsis, including sapræmia, septicæmia, pyæmia, parametritis, and white leg, with their appropriate treatment. He said that it was impossible to draw a hard and fast line between sapræmia and septicæmia, but the former word was generally used in speaking of the less grave forms of septic poisoning.

#### SAPRÆMIA.

Sapræmia then indicated a toxic condition produced by absorption of the products of decomposition. It must be assumed that the organisms causing these live on dead tissue—never living tissue—but fragments of retained placenta, clots and membrane. The absorption of the toxins produced caused a rise of temperature.

The usual onset was about the third day, but it might be later or earlier. The first symptom was headache always, the mother nearly always felt ill, disinclined to eat. The temperature was generally moderate, for the reason that cases styled sapræmia were usually of a mild type.

The physical signs, i.e., those found on the examination of the patient were a furred tongue, and a bulky uterus in cases in which that organ had become infected. This did not hold good in cases of infection of the perineum.

The lochia might or might not be offensive. It depended on the amount of decomposing tissue.

Offensiveness of the lochia was a symptom which was only unpleasant to the nurse. Cases which were foul smelling usually did well, and indicated that the products of dead tissue in the uterus were draining away freely.

#### SEPTICÆMIA.

*Septicæmia.*—Septicæmia implied that the organisms themselves had invaded the patient's tissues, were growing on the patient's tissues, and had got into the blood stream. The symptoms were usually apparent on the fourth day after labour, but might be earlier. The earlier they appeared the worse the patient was.

The lecturer showed the chart of a patient who died from ante-partum infection, an uncommon condition, but one which could not be altogether excluded. The patient was suffering from albuminuria and he decided to induce labour. This was done by the introduction of bougies. The vagina was first swabbed out with iodine, the bougies touched nothing but the cervix, and the patient was not previously examined. On the second day, i.e., the day after the bougie was inserted, the temperature was normal. On the third day it rose to 104.4 degrees. On the evening of the 4th day the patient was delivered of twins in a state of decomposition. The temperature then dropped, and varied from 102 degrees to 101 degrees for four days, when the patient died. There seemed to be no doubt that the case was one of ante partum infection.

As to the symptoms of septicæmia, the patients generally felt none; they felt well, and ate well, and could not understand why they were kept in bed. The same condition might be observed in pulmonary tuberculosis.

On the other hand the patient looked extremely ill. The temperature chart was of a typically up and down character, and rigors were common. A rigor was co-incident with a flood of micro-organisms into the blood stream of the patient. When one examined the patient she appeared ill, and the pulse was rapid, and it was a symptom of serious import if the pulse stayed up when the temperature was down. The tongue, in most of these cases, was smooth, moist and glazed, though in some cases it might be dry, hard, and cracked. The uterus was generally contracted, the condition painless, the lochia normal or almost entirely suppressed. While cases of sapræmia generally got well the prognosis in septicæmia was grave, and the earlier the condition began the graver it was.

*Pyæmia* was a condition resulting from septicæmia, it was septicæmia which had attempted to cure itself and failed.

In a thrombosed blood vessel the septic organisms grew on a clot, the clot broke down in the thrombosed vein adjacent to the uterus and was carried to a distant organ where the infection became localised. It was thus the end of septicæmia. The symptoms also were those of long-continued septicæmia. One found abscesses and suppurating tissues.

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