

of the uterus. Drainage of the uterus is facilitated by allowing the patient to spend a portion of each day sitting up in bed by which any collection of lochia in the vagina is prevented.

With the nurse will rest the responsibility of the recognition of the first symptoms of puerperal sepsis, which may come on almost at once after the confinement, or may not show themselves for a week or more; the greater number of cases, however, develop on the third day. As a rule the earlier the symptoms the more serious is the case.

A sudden rise of temperature should at once raise suspicion in the nurse's mind, especially if it go over 101 deg., and remain high both at night and morning. A slight rise of temperature which soon falls is of common occurrence, and is of no importance, but a continuous high temperature is of ill omen. A rise may be associated with constipation or with the flow of milk into the breasts, but does not last any length of time. A rigor, during which the thermometer may mark 103 deg. or more is sometimes the first sign of a bad attack of sepsis.

The pulse increases in rapidity, and beginning at 120 per minute becomes uncountable if the disease progresses to a fatal termination. The patient in some cases has an appearance of great pallor with sunken features, and an anxious expression; in others the face is flushed and the sick woman complains but little of her condition.

The lochia are sometimes entirely suppressed, in other cases they become very offensive in smell, or may even apparently have undergone no change. Slight offensiveness with a slight rise of temperature is not uncommon, and as a rule is soon rectified by the use of a vaginal douche.

The flow of milk, which has probably just commenced, is checked, and may disappear entirely, the head aches constantly, sleeplessness comes on accompanied with restlessness, the tongue is furred and afterwards becomes dry. There is great thirst, often vomiting, abdominal tenderness, much muscular weakness, and sighing respiration. The urine is scanty and loaded with urates, and either diarrhoea or obstinate constipation is present.

The lesions of the varied forms of the disease comprise sloughing and softening of the uterine and vaginal walls, thrombi or clots in the adjoining veins, cloudy degeneration of the heart muscle, involvement of liver, spleen and kidneys, infarcts, that is, portions of clot carried from the veins into the lungs; pleurisy, pericarditis, and either a general or a localised peritonitis.

The treatment of the disease is both local and constitutional. In exactly the same way as in other parts of the body we endeavour to remove all sources of infection, all breeding grounds of germs and manufactories of poison, so do we in cases of puerperal sepsis. This must be done as soon as there is a reasonable probability, judging from the symptoms, of infection having taken place, if benefit is to result. The patient is anaesthetised

and a thorough digital examination is made of the uterine cavity with a view to detect the presence of a portion of placenta, of a large clot or of a piece of the membranes. Removal of this, and a gentle irrigation with a disinfectant or a swabbing out with a cotton-wool covered probe soaked in Izal will probably remove the cause of the sepsis, and the effect will cease.

A most important part of the treatment is the administration of a liberal amount of nourishment—often a very difficult matter. The food should be fluid, and while easily digestible should be of a nourishing nature. Milk, eggs, broth, beef tea, soups, tea with plenty of milk in it, should be given every two hours in as great variety as possible. Orange or lemon water should be taken ad lib. to relieve the thirst, and at the same time the more fluid is taken the greater amount of the toxin is washed out of the body. If there be inability to retain the food nutrient, enemata may tide the patient over a critical period.

The patient should be kept in a semi-recumbent position as this will facilitate drainage from the uterus. As in all septic conditions great attention should be paid to the patient's back in order to prevent bed-sores. Sponging if the temperature continue above 103 deg. will give relief. The nurse must be careful with regard to all soiled linen to see that it is properly disinfected, and that all swabs, &c., after being used, are burnt. The discharges in these cases are terribly poisonous and infective, and serious consequences have happened to many nurses who through pricking themselves with a pin which they were using to fasten a bandage on the patient, or through some cut or abrasion of the skin have introduced the toxin and the germs into themselves.

A PATHETIC BUNDLE.

A small bundle of tiny clothes, neatly folded, little petticoats fashioned and laundered by tender mother hands. Frock and "pinny." Little woolly jacket. Gay shoulder ribbons bearing the creases of the bows. A soft baby bonnet with the impress of the downy head upon it. What is there in this little bundle that brings a lump in the throat and tears to the eyes. What is the dumb appeal it makes? It was a Sister in a poor neighbourhood, who took them out of a cupboard, where the clothes for distribution are kept. She fingered them reverently and gently. "These," she said, "belonged to a little baby who was killed in an air raid. It was an only child, and her mother has sent them for some other woman's baby."

INFANT MORTALITY.

Mr. Long gives the following figures as to the deaths of children under one year in England and Wales:—

Six months ended March	31, 1913	..	47,274
" " "	31, 1914	..	48,965
" " "	31, 1915	..	50,219
" " "	31, 1916	..	41,971

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