

## OUR PRIZE COMPETITION.

### HOW DOES PUERPERAL SEPTICÆMIA ARISE? DESCRIBE THE COURSE AND MANAGEMENT OF THE DISEASE.

We have pleasure in awarding the prize this week to Miss S. A. Backhouse, Trained Nurses' Institute, St. Bartholomew's Hospital, London, E.C. 1.

#### PRIZE PAPER.

Puerperal septicæmia, or septic infection in childbirth, is the term applied to the invasion of the body by pus-forming organisms. It is one of the most serious diseases to which women are liable during the puerperium, and it begins as the direct result of the introduction of bacteria into the vagina and uterus—

1. By septic hands.
2. By septic instruments.
3. By carrying up septic matter from the vulva or vagina on fingers or instruments into the uterus.

The course of the disease depends upon the nature of the infecting bacteria and their power of penetrating into the tissues. These organisms may gain entrance into the circulation either through the lymphatic vessels of the genital tract, or through the blood vessels coming from the same place. According to the path by which the bacteria reach the system general septic infection may be divided into two forms, *i.e.* :—

- (a) Lymphatic sepsis.
- (b) Venous sepsis, or pyæmia.

In lymphatic sepsis the symptoms usually come on 24 to 50 hours after infection, and begin with a severe rigor, temperature rises to 104°-106° F., pulse rate 130-140 per minute; the patient may be bathed in cold sweat. The lochia and milk stop if they have appeared. The patient is sleepless and looks extremely ill, face pinched, has yellow tongue, angles of mouth and nose drawn down, eyes sunken, may be very depressed. In the worst cases, however, the patient may say she feels well; this condition is known as euphoria, and is a very bad sign. A general septic peritonitis accompanies these symptoms. The patient seldom lives for more than one week, death often taking place in a couple of days. Temperature rises the entire time, heart fails rapidly.

(b) In venous sepsis the first symptoms usually appear about the tenth day after delivery; the patient may have had an apparently normal puerperium up to that date, or she may have suffered from a local septic infection of the uterus. The first symptoms are a severe rigor, rise of temperature 104° to 106°, pulse rate 110-130 per minute. In a few

hours the temperature falls to normal, and the patient may appear to be as well as previous to attack. Another rigor follows, however, in from 12 to 24 hours, and is followed by others at shorter intervals. After several of such rigors the temperature remains constantly high, and varies between 100° F. and 106° F. In from three days to a week after the onset of the symptoms, abscesses may form in different parts of the body, the formation of each abscess being marked by fresh rigors. The patient may recover, or die from exhaustion due to long-continued suppuration, from septic pneumonia, peritonitis, heart disease, or from abscesses forming in vital organs.

Management of the disease :

(a) *In Lymphatic Sepsis.*—Immediately the first symptom occurs send for medical aid. As a rule, the treatment adopted consists in first douching the vagina and uterus, on the chance that the attack may be due to local infection. If, however, the symptoms do not rapidly improve, it is useless to continue douching. Hypodermic injections of a vaccine prepared from the same type of organism as that with which the patient is affected, or an appropriate serum, sometimes prove of value and are usually tried. Some medical practitioners regard alcohol as the drug of most avail, and the patient is given literally as much as she can be induced to take.

(b) *In Venous Sepsis* summon medical aid immediately. Support the patient's strength in every way by giving the most nutritious and easily digested food. While the temperature is high, alcohol may be ordered by the doctor according to the severity of the case. Give fluids *ad lib.* Regulate the bowels, keeping them well open. Try to induce sleep by sponging, &c. If there is clotting in the veins coming from the uterus an operation is often advisable, with the object of removing or tying the vein, or even of removing the uterus. A suitable vaccine or serum is also used in these cases as in lymphatic sepsis. If there is an accompanying septic endometritis or vaginitis it must be treated, while if abscesses form in joints they must be opened at once, in order to prevent, if possible, the destruction of the joint.

#### HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Florence Thomas and Miss A. Hellard, whose papers are very able, Miss M. Byard, Miss Dora Vine, Miss P. Thompson.

#### QUESTION FOR NEXT WEEK.

Describe the onset of tetanus and the nursing care of a patient suffering from this disease.

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