hospital Sister on the nurse's point of view, and here are a few of her conclusions :—

(1) "It is not exactly a question of sex, but, human nature being what it is, the masculine atmosphere brought into the ward by male students is wholesome and counteracts the somewhat narrow environment of a hospital ward and life in a nursing school. We are all the better for it.

(2) "Young women are more industrious than men of the same age. But they have not their initiative or vitality. They want to know more details, they require more waiting upon, and nurses have little time to spare.

(3) "For some unknown reason medical women take their professional position very seriously, and unfortunately do not realise that trained nurses have any. They do not recognise nursing etiquette. They do not appear to realise where medical duties end, or nursing duties begin. Their relations in war service have made medical women as a class very unpopular with trained nurses.

(4) "As usual the Sisters and nurses do not count. The hospitals which have admitted women medical students have done nothing to organise the situation and define the duties of medical and nursing students, and of course no suggestion has been made in the hospital to remunerate Sisters and nurses, for teaching medical students innumerable practical methods they should learn, if their clinical course is to be of real value to them."

OUR PRIZE COMPETITION.

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

We have pleasure in awarding the prize this week to Miss Mary D. Hunter, Section Hospital, Kineton, near Warwick.

PRIZE PAPER.

Puerperal septicæmia is due to infection of the uterus after child-birth by streptococcus pyogenes—either alone or with other organisms, especially bacillus coli. The infection is brought to the patient in two ways: from without—namely, on the hands or instruments of the attendant—or it already pre-exists in the body. The uterus, which is normally sterile, may be infected before labour (frequent vaginal examinations tend to infect), or the vagina may contain active organisms, such as gonococcus or streptococcus, which are carried up on the hands or instruments. The disease is nearly always due to failure of asepsis or carelessness on the part of the nurse or doctor. In many cases there is retained placenta in the uterus, which causes absorption of septic material. Failure of cleanliness on the part of the midwife is often a means whereby infection is carried, fæcal stains on the body or bedclothes being quite sufficient to induce this, or unsterile sponges, towels, lubricant, &c., applied to the vulva. Anyone attending an obstetrical case should be thoroughly disinfected if they have been with an infectious patient or had to lay out a dead body, as infection is so easily carried to a puerperal woman. Prolonged labour, hæmorrhage, or albuminuria all favour infection. The disease starts with a rigor, and there may be repeated rigors. The temperature rises suddenly, usually about the third day, but sometimes earlier. This may fall, but if the pulse remains rapid it is not a good sign. The pulse is very quick, and becomes weak. Lochia is offensive, or may cease. The patient has no appetite, and her tongue soon gets dry and brown. At first there is often constipation, but in the majority of cases diarrhœa occurs later. The urine may contain albumin. Delirium may be present, and in many instances rashes appear on the skin. Great abdominal distension, insomnia, vomiting, or diarrhœa in the later stages foretell a fatal issue. Severe headache is generally complained of; restlessness is frequently a symptom.

Septic pneumonia and toxic degeneration of the heart or liver are lesions of this disease, the infection spreading to other parts of the body by means of veins, lymphatics, and other natural channels.

Early treatment is most essential, and is nearly always operative. The patient is placed under an anæsthetic, and the uterus explored for retained debris. Curettage is frequently done. Vaginal douching is always employed, and requires the strictest asepsis. If catheterisation is needed it must be done carefully and aseptically, and in any case the vagina requires swabbing whenever the pad is changed. Great cleanliness in vaginal examination is essential as a preventative. The patient should always have plenty of fresh air, and no soiled pads, &c., should be allowed to remain in the bedroom. To promote drainage Fowler's position is useful. Saline injections, either subcutaneously or per rectum, are given, and

previous page next page