The Midwife.

THE CONDUCT OF LABOUR AND PUERPERAL SEPSIS.

Dr. J. H. E. Brock, M.D., B.Sc.Lond., D.P.H., F.R.C.S.Eng., late hon. physician to the Westminster General Dispensary, contributes an extremely interesting article to the *Lancet* of August 16th, from which we print extracts below, and advise midwives to read in full the article on this vitally important subject.

From the large majority of general practitioners who accept midwifery as part of their usual work, the dread of puerperal sepsis is never absent. When looking back nearly forty years one contrasts the methods of that day with the present technique the enormous improvement is borne in upon one. To gauge results by hard figures is to admit, however, the comparatively small reduction in the mortality rate from puerperal sepsis. Indeed, the returns for the last seventy years prove that, for some of the earlier years, the death-rate was almost identical with some quite recent ones. Dr. Victor Bonney, in his admirable address on the Continued High Maternal Mortality of Child-bearing, the Reason and the Remedy, deplores that, while in every other domain of surgery death from sepsis has almost been abolished, in midwifery it has hardly diminished.

Some points bearing on the question have not, in my opinion, been sufficiently brought into the light of day, or made to bear the responsibility rightly belonging to them. I believe the reason for the high death-rate from puerperal sepsis resides in these facts; and not until their proper importance in the conduct of labour is accorded to them can we hope to attain asepsis.

I am of opinion that the reason why there is such a large amount of sepsis still rampant in parturition is *that the woman begins her labour with the vaginal canal, and sometimes the uterine canal, surgically unclean.*

The Conduct of Labour.

The problem, therefore, that the medical attendant has to solve is to deliver the child through a septic maternal passage, with a vulva and perineum also heavily infected. A portion of the problem has been already solved and has resulted in wiping off some part of the death-rate from sepsis, but part remains to answer still.

Concerning the surgical preparation of patient and attendant Dr. Bonney has dealt completely. One point as regards the toilet of the patient might be added—that the vulva should be shaved as for any other surgical operation. No doubt it would be a good deal opposed by patients, but I think it very important, in view of the impossibility of sterilising hair and the great danger of introducing septic organisms into the vagina, should interference be imperative. Should interference not be necessary this could be dispensed with.

What should be our attitude towards the vagina during the conduct of labour? Most certainly by every possible means we should avoid the necessity for internal examinations.

Avoidance of Internal Examinations.

It is well known that women who have delivered themselves before the arrival of the medical attendant, very rarely come to any harm. This was in my mind when making the assertion above that—provided there had been no interference—the perineum and vulva play but a small part in the causation of sepsis. The rule in the conduct of labour ought to be to avoid interfering with the genital passage wherever possible. It matters not whether the perineum and vulva be made as far as possible aseptic, and the medical attendant's technique be also rigorously aseptic, if he is going to conduct the labour by frequent examinations carried up as far as the cervix, through a vagina which, in the majority of cases, is contaminated with a variety of organisms. The perfectly aseptic gloved finger, if the vagina is septic, is capable of carrying up organisms from its walls, and smearing them on the inside of the cervix, and thus bringing them within reach of the most dangerous zone of the operation area—the placental site. If my contention is correct, that conjunctival infection of the child is proof of sepsis of the maternal passage, then it becomes evident that to introduce even an aseptic finger into the vagina and carry it up to the inside of the cervix is fraught with considerable risk, and should only be done if unavoidable.

As far back as 1885, when I was a resident student at the Rotunda Hospital, Dublin, no patient was allowed to be examined more than once during the course of labour; and then only after thorough preparation of hands and forearms with soap and water, and nailbrush, followed by soaking the hands in perchloride of mercury solution for three minutes. I have no doubt our patients on the midwifery list, when we were students, escaped septicæmia because they usually summoned us late in the course of labour when the head or presenting part was in the middle or lower part of the cavity of the pelvis and fairly through the os; when danger of inoculating the cervix by examination was over; or, frequently, the child was born before our arrival. It was also the time of douches; and usually the vagina was washed out after labour.

Nature's Method of Sterilising the Vagina.

I have tried to show the undesirability of vaginal examinations during labour, on account of the

previous page next page