The Midwife.

THE TREATMENT OF PUERPERAL SEPSIS.

A most interesting contribution to the Congress of the Royal Institute of Public Health at Hastings, was the lecture delivered by Mr. Monro Ferguson, M.D., F.R.C.S., on the "Treatment of Puerperal Sepsis." This, he said, fell under two heads (1) Prophylactic Treatment and (2) Treatment of the Established Case. Mr. Ferguson dealt with the former at considerable length but we can but give a short summary of his remarks.

The necessity for careful supervision of the pregnant woman was stressed and for observance in keeping her physical condition good. In order to bring about an appreciation of the prophylactic treatment of puerperal sepsis the speaker discussed modern views on the spread of infection. Until a few years ago cases developing puerperal sepsis, following upon labour, in which there had been no interference and no examination, were regarded as the result of autogenous infection. This is now recognised as being of comparatively rare occurrence and it is considered that the majority of such severe infections arise by the droplet spread from the nose or throat of a carrier who may be the medical attendant, the nurse, some relative, or even the patient herself.

Two matters of great prophylactic importance are (1) that no one suffering from cold or sore throat should attend a woman in labour and visitors should be reduced to a minimum during the first week of the puerperium: (2) proper masks should be worn by all attendants. These should be of several thicknesses of gauze; a popular one is that with a slot into which an ordinary piece of foolscap paper (equal to the size of the mask) can be inserted, thus preventing effectively the passage of organisms. Once a mask has been put on it should not be touched again.

Labour should be regarded as a surgical operation but, as it is impossible to render the field of operation sterile, antiseptics must be used in addition to the usual asepsis. The drum of sterile dressings is a great boon and the rubber gloves worn should, when possible, be dry sterilised. The wearing of these gloves does not relieve the attendant from sterilisation of the hands; the gloves are an additional safeguard and an important one. In domiciliary midwifery, asepsis is difficult of attainment and when major interference is called for the patient should be taken to hospital.

Recently several most effective antiseptics have come into the market and the best known of these is Dettol. Formerly liquor cresol saponis, or some proprietary preparation of it, was mostly used in domiciliary midwifery but it cannot be used in sufficient concentration to be effective without irritation to the skin. Mercurial antiseptics have been demonstrated to be inefficient especially when blood or pus is present. Dettol is practically non-irritant and is effective in a thirty per cent. solution or as Dettol cream in the same strength. By its use the genitalia and thighs can, after washing, be rendered effectively sterile. The hands or rubber gloves can, in an emergency, be re-sterilised by washing in soap and water and rubbing with Dettol. Obviously all precautions, including the use of masks, must be taken when carrying out the toilet of a patient during the puerperium.

Lacerations are liable to become infected and careful inspection of the parts involved, after normal labour, and efficient suture of any lacerations are matters of prophylactic importance. It is not advised that the cervix be examined after every labour, but vaginal examination must be carried out and special attention given to the lateral areas of the lower posterior vaginal wall. It is not enough to repair a perinæum by stitching with silk-worm gut; the vaginal tissues must be sutured with catgut.

In most maternity hospitals provision is made for the segregation of frankly septic cases and also of the suspect and potentially septic; this makes the prevention of puerperal sepsis an important factor in the planning of such hospitals.

Mr. Ferguson divided the treatment of frankly septic cases into four groups according to the class of case. (1) Cases due to infection of injuries to the birth canal and their sequelæ. (2) Cases of sepsis due to infection localised to the uterus and not due to infection by a virulent streptococcus. (3) Cases due to infection of the uterus by *streptococcus hæmolyticus group A*, as proved by bacteriological examination, usually associated with septicæmia. (4) Numerous sequelæ of the last group as they require special treatment.

Next there was described the general symptoms arising in each case and the treatment pursued, exceedingly interesting, but, for the most part, lying outside the province of the nurse, although diet restrictions in certain cases have to be strictly observed. The necessity for good general nursing was stressed in all connections. The lecturer next dealt with immunological methods of treatment and then went on to discuss the sequelæ to the spread of streptococcal infection outside the confines of the uterus —peritonitis, salpingitis, thrombophlebitis and pyæmia.

Lastly, he discussed surgical treatment of uterine sepsis by hysterectomy. Although it did not refer very directly to the duties of the nurse, the whole lecture was insistent and convincing of the responsibility that lies in the conscientious observance of every rule of asepsis.

CENTRAL MIDWIVES BOARD.

EXAMINATION PAPER,
August 2nd, 1939.

Candidates are advised to answer all the questions.

1. Describe the bladder and give its relations to the neighbouring structures.
   What bladder complications may occur in the puerperium and how are they recognised?
2. What are the important constituents in the diet of a pregnant woman?
   What advice on diet would you give to such patients?
3. A primigravida has been in the second stage of labour for two hours and is making unsatisfactory progress. What are the common causes of such delay?
   How are they discovered?
4. A primigravida begins to bleed severely soon after the child is born. What would you do in such a case if the nearest doctor was 10 miles away?
5. What is meant by (*a*) presentation and (*b*) prolapse of the umbilical cord?
   How would you treat these complications until the arrival of the doctor?
6. What rashes may occur on the buttocks of a baby during the first 14 days after birth?
   What may cause them?
   How may careful nursing help to prevent them?

FIRST EXAMINATION,
August 2nd, 1939.

Candidates are advised to answer all the questions.

1. Describe the circulation in, and the uses of, the placenta.

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